Dermatologic Surgery: Lessons Learned Along The Way

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I HAVE NO ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN RELATION TO THIS PRESENTATION.
PRE OP
WIDE UNDERMINING
1 WEEK POST MOHS
SUTURES REMOVED
12 DAYS POST CLOSURE
72 WEEK POST MOHS
CLOSURE OF SKIN LACERATIONS UNDER TENSION

S LIDDER, M DAVIS, AND B DHEANSA
ANN R COLL OF SURGEONS OF ENGLAND 2012 JAN; 94
BASOSQUAMOUS CARCINOMA: CONTROVERSY, ADVANCES, AND FUTURE DIRECTIONS

Caroline Z. Tan, BA*, Kerri E. Rieger, MD, PhD, * and Kavita Y. Sarin, MD, PhD

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ISSN: 1076-0512 Dermatol Surg 2017;43:23-31

DOI: 10.1097
MARGIN STATUS IN SHAVE BIOPSIES OF NON-MELANOMA SKIN CANCERS
IS IT WORTH REPORTING?

• OBJECTIVE: TO ADDRESS THE ACCURACY OF MARGIN EVALUATION IN SHAVE BIOPSIES OF NON-MELANOMA SKIN CANCERS

• RESULTS: 47 CONSECUTIVE CASES WERE COLLECTED, INCLUDING 20 SQUAMOUS CELL (43%) AND 27 BASAL CELL (57%) CARCINOMAS. 11 OF 47 CASES (23%) WITH NEGATIVE MARGINS AT INITIAL DIAGNOSIS DEMONSTRATED POSITIVE MARGINS UPON DEEPER-LEVEL EXAMINATION. 8 OF 27 BASAL CELL CARCINOMAS (30%) AND 3 OF 20 SQUAMOUS CELL CARCINOMAS (15%) WERE ERRONEOUSLY CLASSIFIED AS “NEGATIVE”

ALICIA M SCHNEBELEN, MD; JERAD M. GARDNER, MD; SARA C. SHALIN, MD, PhD
DEPARTMENT OF PATHOLOGY, UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
PREDICTIVE VALUE OF MARGINS IN DIAGNOSTIC BIOPSIES OF NON-MELANOMA SKIN CANCERS

Twelve of 148 squamous cell carcinomas (8.1%) had negative biopsy margins and all of the subsequent excisions were free of residual tumor. Nine of 87 basal carcinomas (10.3%) had negative biopsy margins, seven of those nine (77.8%) had residual tumor present in subsequent excisions.

JACKSON JE, KELLY B, PETITT M, UCHIDA T, WAGNER RF JR.

DIVISION OF DERMATOLOGY, DEPARTMENT OF MEDICINE, UNIVERSITY OF CALIFORNIA LOS ANGELES SCHOOL OF MEDICINE, LOS ANGELES, CALIFORNIA, USA.
### Check in: Rooming

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<th>Patient Identification</th>
<th>EMR reviewed/updated</th>
<th>Consent obtained</th>
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### Time out: Prior to 1st Excision (Stage I)

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<th>Patient ID</th>
<th>Site confirmed, clearly marked</th>
<th>Path report reviewed</th>
<th>Postural concerns</th>
<th>Pacemaker/defib</th>
<th>Allergies (latex, lidocaine, dressings)</th>
<th>Communicable diseases</th>
<th>Blood thinners</th>
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EFFECTIVENESS AND SAFETY OF SURGICAL EXCISION IN THE TREATMENT OF DIGITAL MUCOID CYSTS

Multiple Therapies For Treating Digital Mucoid Cysts:
- Cryotherapy
- Injection with intralesional triamcinolone
- Drainage
- Excision
- CO2 Laser

Galina Balakirski, MD*, Christoph Loeser, MD, Jens M. Baron, MD*, Edgar Dippel, MD, and Laurenz Schmitt, MD*

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ISSN: 1076-0512 Dermatol Surg 2017;43:928-933
DOI: 10.1097/DSS.1096
a Cryptic set of phrases developed in our office communicating either a good action or a less than desirable one had just occurred
BOXED VS PACKAGED GLOVES

Boxed (Non Sterile) Gloves

Packaged (Sterile) Gloves
COMPARISON OF STERILE VS NON STERILE GLOVES IN CUTANEOUS SURGERY AND COMMON OUTPATIENT DENTAL PROCEDURES: A SYSTEMATIC REVIEW AND META-ANALYSIS

Jerry D. Brewer, MD1; Alexandra B. Gonzalez, MD2; Christian L. Baum, MD1; et al; Christopher J. Arpey, MD1; Randall K. Roenigk, MD1; Clark C. Otley, MD1; Patricia J. Erwin, MLS3

Author Affiliations

DROPPING AN INSTRUMENT ON THE FLOOR
COMMUNICATE WITH PATIENTS THE EVENING AFTER A PROCEDURE
EXTRA THIN, HYDROCOLLOID DRESSING

Use of an extra thin, hydrocolloid dressing is designed to reduce the risk of further skin breakdown due to friction.
ASSISTING PATIENTS TO VEHICLES
USE OF A HYDROPHILIC POLYMER AND POTASSIUM FERRATE POWDER FOR HEMOSTASIS
NAIL GLUE FOR FISSURES

ADVANTAGE OVER CRAZY GLUE IS IT MAY BE USED MULTIPLE TIMES
“STICKER” SIGN: SQUAMOUS CELL CARCINOMA

After researching over 30 reputable sources, only one resource, Polley Clinic Dermatology & Dermatologic Surgery located in Wilson, NC was found to have noted that Squamous Cell Carcinomas can feel like a “sticker,” or a “thorn” is present inside the lesion. Below are just a few of the sources that had no indication of the “Sticker” Sign:

Stanford, Mayo Clinic, American Academy of Dermatology, AOCD, UCSF, Skincancer.org, Healthline, WebMD, Dermnetz, Harvard, and Medscape
BLAST

A METHOD FOR DEALING WITH DISPLEASED PATIENTS

Author: Albert Barneto, founder of Café Rocket
BLAST

When dealing with upset patients, we often become anxious, defensive, or angry. BLAST is quite effective for defusing, redirecting, and correcting these situations. Simply say to yourself “This is going to be a BLAST,” as you enter the room.
Believe

Express belief, even if the patient is exaggerating, lying, or incorrect.
LISTEN

STOP THE MIND AND MOUTH AND LISTEN TO WHAT THE PATIENT IS SAYING. GIVE THE PATIENT A “MAGIC MINUTE” TO EXPRESS ALL OF THEIR GRIEVANCES.
APOLOGIZE

APOLOGIZE FOR WHAT THE PATIENT IS EXPERIENCING AND THEIR UNMET EXPECTATIONS. A SINCERE APOLOGY CAN HELP TO DIFFUSE THE PATIENT’S FEAR, FRUSTRATION, AND ANGER.
SATISFY

ATTEMPT SOLVING THE PATIENT’S CONCERNS. EXPLAIN REASONABLE OPTIONS, THE TIME FRAME FOR IMPROVEMENT, AND WHETHER THE PROBLEM CAN BE COMPLETELY RESOLVED.
THANK

WRAP UP THE ENCOUNTER THANKING THE PATIENT FOR THE SECOND CHANCE; FOR ALLOWING YOU THE INFORMATION THAT SOMETHING OCCURRED THAT UPSET THEM; FOR STAYING IN YOUR PRACTICE.