

EVALUASI PREOPERATIF DAN TATALAKSANA PASIEN

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PREOPERATIVE PREPARATION

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UNIVERSAL PRECAUTIONS, STERILIZATION, and MEDICAL EVALUATION

Many dermatologic surgical procedures are so uncomplicated that extensive patient evaluation is unnecessary. But physicians should not be lulled into complacency because of the apparent simplicity of the surgery. Patient evaluation, appropriate to the surgery, is a necessity to reduce the possibility of surgical complications. Patient evaluation can be viewed in terms of general considerations, as well as those more relevant to the surgery being contemplated. During the evaluation of the patient, it is also an ideal time to establish a rapport and to discuss possible complications and expectations pertinent to the anticipated surgery. Possible side effects should be documented and be a part of the patient consent form (1).

Any medical history evaluation or questionnaire will satisfy every dermatologic surgeon, but all such inquiries should explore elements of general health, allergies to systemic and topical agents, current medications, bleeding tendencies, and wound healing (poor healing, keloids, or hypertrophic scars) (1, 2), atherosclerosis heart disease, hypertension, cardiac pacemaer, renal disease, diabetes, immunosupression, and pregnancy (2).

As with any surgery, there should be an appropriate review of the patient's history prior to any procedure. Any allergy to local anesthetics, antibiotics or dressings should be established and made clear at the head of the clinical notes (2,3).

Special care should be taken to assess patients with diabetes and peripheral vascular disease (2) prior to distal limb surgery (3).

Because of the necessity for leg bandaging, it is advisable for women to stop taking oral contraceptives 4-6 weeks prior to having varicose vein injection. It is important to ensure an alternative form of contraception during the time. Cessation of oral contraceptives is not necessary for other forms of minor surgery (3).

Most patients will need reassurance that the operation will be free from pain after the initial anaesthetic injection. It should be mentioned that the local anesthetic will only numb the operative site and that the surrounding skin will retain normal sensation (3).

It is important to re-examine and mark the site of any subcutaneous lesion prior to the injection of local anesthetic, as the volume of the injected fluid can make the lesion difficult to define (3).

The practice of skin surgery in the physician's office requires familiarity with :

1. Surgical technique
2. Careful planning
3. Instruction of ancillary personnel
4. Patient education
5. Proper preparation of the surgical site

6. The surgical instruments
7. The patient (4)

Universal precautions to prevent the transmission of infectious diseases are paramount to protecting the physician, the medical staff, and the patient (4).

UNIVERSAL PRECAUTIONS

The first prerequisite for the proper maintenance of universal precautions is education of all office staff who may potentially be exposed to infectious material, particularly blood

- All personnel who may come in contact with blood should be vaccinated against hepatitis B.
- We usually recommend testing the patient for serologic evidence of potential infectious disease.
- The use of surgical gloves and the use of barrier clothing, such as gowns, face masks, and eye protection.
- Proper disposal of sharp, disposal surgical instruments, such as needles, scalpel blades, in special puncture-proof containers (4).

Universal precautions

1. All workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All workers should take precautions to prevent injuries caused by needle, scalpels, and other sharp instruments or devices during procedures; when cleaning use instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle-stick injuries, needle should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal.
4. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

6. Pregnant-health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission (4).

Simple surgical procedure, such as shave or punch biopsies :

- Need no special scheduling.
- These procedure can be done rapidly as the need arise (4).

More complex surgical procedures in the office will benefit from :

- Careful
- Deliberate consideration of how best to integrate the surgeries into the office schedule.
- To do more complex surgeries at the beginning of the week and avoid surgery on Friday so patients can be seen the day after surgery for a postoperative check (4).

COMPONENTS OF THE PREOPERATIVE CONSULTATION :

1. Medical history
2. Surgical history with an emphasis on past dermatologic and/ or cosmetic procedures
3. Complete medication list including use of over-the-counter (OTC) drugs, vitamins and nutritional supplements
4. Problem-focused physical examination
5. Social history
6. Detailed explanation of the proposed procedure, treatment alternatives, and informed consent (5).

Universal precautions are one aspect of the planning required before surgery. Other aspects include the following :

- Preoperative medical evaluation
- Informed consent
- Standby medications and equipment
- Sterile technique
- Sterilization of instruments
- Preoperative patient preparation (skin, hair, drapes)
- Preoperative medications (e.g., antibiotic prophylaxis to prevent skin infections, endocarditis prophylaxis) (4)

PREOPERATIVE MEDICAL EVALUATION

MEDICAL HISTORY

A complete medical history and review of system before minor skin surgery may not be necessary. Item that should be include in the history include the following :

- Current medications, especially platelet-inhibiting agents such as aspirin, nonsteroidal antiinflammatory drugs (NSAIDs) and dipyridamole; coagulation-inhibiting agents such as Coumadin; beta-blocking agents (2,4); phenothiazines; tricyclic antidepressants; thyroid hormones; and monoamine oxidase inhibitors (2).

- Allergies, especially to antibiotics, tapes/ adhesives, iodine, latex, local anesthetics, surgical wound dressings, pain medications (2,4,5).
- Cardiac disease (e.g., any condition requiring endocarditis prophylaxis (e.g., valve disease), uncontrolled hypertension, epinephrine sensitivity, angina, pacemaker, (electrosurgery precautions) (2,4,5)
- Other illnesses and medical conditions (e.g., seizure disorder, hematologic disorder or bleeding diathesis, joint replacement (endocarditis prophylaxis), high-risk groups (injection drug users), diabetes (2,4).
- Pregnancy (2,4,5).
- Keloids or hypertrophic scars (2,4).
- Infectious diseases (e.g., hepatitis, AIDS, tuberculosis) (2,4)

Local anesthetics can cross the placental barrier and may accumulated preferentially in the fetus. Potential complications from use of local anesthetic during pregnancy include both fetal bradycardia and central nervous system toxicity. Several studies examining the use of lidocaine during pregnancy have shown no increase in adverse fetal events or teratogenicity. Epinephrine is frequently combined with lidocaine, should be used cautiously. Appropriate pregnancy antibiotics include penicilline, cephalexin and erythromycin base (5).

The blood pressure and pulse rate should be part of all preoperative dermatologic surgical evaluations. A history of hypertension, angina, a previous myocardial infarction, and some arrhythmias may restrict the use of epinephrine. Electrosurgery may interfere with some cardiac pacemakers but, with careful usage, should present little problem (1,5). Epinephrine should be used with caution in patients taking beta-blocking agents, tricyclic antidepressants, thyroid hormones, and monoamine oxidase inhibitors because of the risk of severe hypertension (2).

For minor skin surgery under local anesthesia, blood pressure does not need to be monitored unless the patient has a history of hypertension that is not controlled (4). Uncontrolled hypertension may lead to increased bleeding during surgery (4,5). It is prudent to be more careful with fragile patients, such as the elderly, and to be particularly careful with the use of epinephrine-containing anesthetics in patients with a history of angina, cardiac disease, or a sensitivity to epinephrine. It may help to warn patients that they may develop an increased heart rate or a feeling of anxiety after injection of lidocaine with epinephrine (4).

SURGICAL HISTORY

Targeted questions can be used to identify patients at high risk for perioperative complications. Once identified, patients at risk for particular surgical complications can be counseled appropriately (5).

COMPLETE MEDICATION LIST PREOPERATIVE MEDICATIONS

The most important part of medication history is to find out if the patient is taking aspirin NSAIDs, and warfarin increase excessive bleeding in the intraoperative or postoperative

period (2,4,5). The patient stop taking aspirin at least 1-2 weeks before any surgical procedure. Aspirin and NSAIDs that can also have an effect on platelet function (1,2,4,5). The effect of aspirin is irreversible inhibition of platelet function (2). NSAIDs and walfarin need to be stopped 2 -7 days before a procedure because the effect of NSAIDs on platelets is reversible (2,4,5). The effect of aspirin on hemostasis in a patient with an otherwise normal hemostatic sysmtem is usually minor, with prolongation of template bleeding time increasing from a control 4.18 min to 5.83 min 2 hr after ingestion of 300 mg of aspirin (30) (1). Aspirin has an irresible effect on platelets (1,2,4), and its use requires that the patient wait 2 weeks after discontinuing use for new platelets to replace the old ones (4).

Minor procedures, such as skin biopsy, may not require stopping aspirin use (4). Coumadin can also be a potential cause of excess bleeding (4,7), but it does not cause the same degree of excess bleeding as aspirin. For minor skin procedures, Coumadin does not need to be stopped before surgery (4). If the procedure is complex, stopping the Coumadine about 2 to 4 days before surgery (2,4). However, the risks of stopping the Coumadin (thrombosis, embolism, and stroke) must be weighed against the benefit of surgery. Coumadin can be restarted about 2 days after surgery when the chance of hematoma formation decrease. Pressure dressings can help minimize the risk of hematoma. In general, rather than stopping oumadin we prefer to take exceptional care in using electrosurgery for hemostasis, which does not require interruption of anticoagulation (4).

A history of an antibiotic allergy may be relevant if prophylactic antibiotics are given. Antianxiety medications such as triazolam, diazepam, or lorazepam can be useful in the very anxious patient. If these medications are administered sublingually (under the tongue), the onset of action can be quicker than when they are administered orally. These medications should not be given to a patient who will be driving home. All patients given introperative or preoperative sedatives must be accompanied by an adult, must be counseled not to drive on the day of the surgery, must be observed postoperatively until the sedative effect has diminished (4).

Nutritional supplements (garlic, ginseng, ginger, ginkgo) have also been shown to have anticoagulant effects, although their impact on dermatologic surgery is unknown. Vitamin E or α -tocopherol as a potential anticoagulant. All nutritional supplements, including multivitamins, are to be discontinued 7 days before the surgical procedure (5).

Tobacco use may adversely effect dermatologic surgery by enhancing cutaneous vasoconstriction, impairing wound healing, and increasing wound infection (5). The patient will discontinue tobacco use 1 – 2 weeks before and after surgery (2,5).

Alcohol is to be avoided for 2 days before the surgical procedure (2,5).

ROBLEM-FOCUSED PHYSICAL EXAMINATION

It is not advisable to do skin surgery on patients who have unstable angina because the epinephrine in the local anesthetic can precipitate angina. It is worth having nitroglycerin in the office to deal with this potetial situation. Patients who have uncontrolled diabetes

mellitus may have impaired wound healing. Closer follow-up after surgery may help avoid potential problems with these patients (4,5).

SOCIAL HISTORY

Physicians should try to assess the suitability of a particular patient for a given procedure. Is the patient able to comply with the postoperative care instructions? Is a caretaker (spouse, relative) available to assist with wound care? (5)

INFORMED CONSENT

Thorough discussion with the patient regarding the benefits and risks of the planned surgical procedure and the alternatives to surgery that are available is essential before surgery, and all of the patient's questions can be answered (2,4,5). If the patient is mentally incompetent or younger than age 18 years, from the patient's legal guardian (2). For many routine minor procedures, such as skin biopsy, a written consent may not be needed. However, written consent is always obtained for procedures that may have more significant adverse consequences, such as scarring or functional effects (4).

STANDBY MEDICATIONS AND EQUIPMENT

It is helpful to have injectable Benadryl and epinephrine available for subcutaneous injection in case of an anaphylactic reaction to anesthesia, latex, or other medication. It may also be helpful to have an Ambu bag, an insertable airway, oxygen, a cardiac monitor, and a defibrillator in the office, but these items are not absolutely necessary (4).

STERILE TECHNIQUE

Absolut sterile technique is not necessary for many of the minor skin surgical procedures performed (e.g., cryosurgery, electrosurgery, shave biopsy, curettage, incision and drainage, and other small surgical procedures in which the wounds are left open to heal without suturing. Although all instruments must be sterile before use for these procedures, the physician may use nonsterile gloves (4). Gloves should be worn for surgical procedures and whenever there is any risk of coming into contact with blood or body fluids (3,5). Sterile drapes are not needed. We use single-use scalpels and needles that are disposed of at the end of the procedure (4). No hat or mask or special clothing for minor procedures. For simple skin surgery ordinary clothing may be protected by a disposable plastic apron (3).

Sterile technique is necessary when performing surgery in which the wound will be closed, such as with suturing or staples. Careful instruction of ancillary surgical personnel in sterile technique is necessary (4).

Protective glasses

Fine blood spots can be commonly found on surgeon's protective glasses even after simple skin surgery. Consideration should therefore be given to the routine wearing of protective glasses for all routine minor surgery (3).

STERILIZATION OF INSTRUMENTS

Before sterilization, instruments must be cleaned of blood and debris. The instruments should be placed in sterilization bags with indicator strips to ensure the sterilization process is effective. Gauze, cotton-tipped applicators, electrosurgery tips, and glass containers can all be steam sterilized by putting them in the sterilization bags (4).

PREOPERATIVE PATIENT PREPARATION

Preparation of the skin.

There is no need to scrub up for most minor surgical procedures. The hands can be simply washed using 4% chlorhexidine (Hibiscub) detergent solution or 7.5% povidone iodine (Betadine) detergent solution. Dried with clean paper towels and gloves worn. Some doctors prefer to use only soap and water. A formal scrub should be undertaken prior to more involved or length procedures (3).

The most common preoperative preparations to be used on the skin include alcohol, Betadine (povidone-iodine), and Hibiclens (chlorhexidine) (3,4). Hibiclens are that it has longer-lasting antibacterial effect than Betadine and the risk of contact sensitivity may be less, but it is more toxic to the eye if it accidentally drops into it. Caution must be taken when using alcohol or Hibiclens tincture to be sure that all of the alcohol has evaporated before any cautery is performed in the area. This eliminates the possibility of ignition of the solution, the surrounding drapes and gauze, and the physician (4).

The most important part of the preoperative preparation of the skin is the mechanical rubbing of the antiseptic onto the skin with a sterile gauze. The goal of the preoperative preparation of the skin is to reduce the bacteria on the skin surface by scrubbing the skin with a good antiseptic such as Betadine or Hibiclens. Betadine must be allowed to dry on the skin for its effect to be optimal (4). When contaminated lesions such as keratoacanthoma or ulcerated basal cell carcinoma are excised, it is advisable to leave a cotton wool ball soaked in antiseptic solution directly on the lesion for several minutes prior to the surgery (3).

Preparation of hair

The best method of hair removal over a surgical site is to use scissors to cut the hairs. Using scissors is preferable to using a disposable razor when the hair is long enough to interfere with the operation or the application of dressing (3,4), and because a close shave causes minute abrasions and cuts into the skin that can increase the chance of infection. For elective procedure, the site can be shaved by the patient 2 days before surgery. The scalp is the area of the body in which the hairs can most interfere with surgery. Plestering down the hair with water, petrolatum, or ointment can decrease the number of hairs that interfere with surgery without causing a noticeable loss of hair during the postoperative period (4).

Drapes

The use of sterile fenestrated aperture (drape with a hole) is necessary when suturing is performed so that the sutures do not drag over nonsterile skin (4). Sterile drapes are not necessary for small procedures (3), such as a shave biopsy, where suturing is not

performed (4). A medium-sized disposable paper towel with a central window can be used for larger cases (3).

Premedication

Premedication is usually unnecessary for minor procedures in adults, but may be used in children, anxious adults and for more complicated or lengthy surgical procedures. Keeping a relaxed, reassuring and jovial atmosphere is more important than a sedative. A simple regime in adult is to use Temazepam 10 – 30 mg 1 hour before surgery. In children, diazepam 2.5 – 5 mg or trimeprazine 3- 4 mg/kg 1-2 h before surgery. The trimeprazine is liable to cause postoperative restlessness when pain is present (3).

Antibiotic prophylaxis

Preoperative antibiotic such as oral cephalexin, dicloxacillin, or clindamycin may be recommended for use with the patient who has a higher risk of infection, contaminated or infected lesions; a lesion in an area of increased bacteria, such as the axilla, ear, or mouth; a lesion on a hand or foot, especially in patients with peripheral vascular disease; the operation might take more than 1 hour or if the wound was open for more than 1 hour, diabetic patient, patient with neutropenia (4).

However, more extensive procedures such as

- Dermabrasion
- Hair transplantation
- Flaps
- Nail surgery

May require more comprehensive evaluation (1)

DERMABRATION

Herpes simplex may disseminate on the denude skin of a dermabraded site during the healing phase. Acyclovir has been used as treatment and also prevent this occurrence inpatient with history of recurrent herpes simplex. Acyclovir is given 1-2 days prior to dermabrasion and continued during the time of healing.

Skin refrigerants are used in dermabrasion for anesthesia, hemostasis, and to establish a firm surface. Some of the refrigerants have been associated with increase scarring. This may be due to the loss of natural depth landmarks and also because the surgeon freezes or dermabrades too deep, or cryonecrosis. The margin of safety of new agent, Cryoesthesia (-30 - -60; containing Freon 11 and 12).

Isotretinoin has been associated with unusual postoperative scarring after rmabrasion, and the mechanism is not known (1).

HAI R TRANPLANTATION

The main concern for preoperative evaluation of patients to undergo hair transplantation is bleeding problems. Therefore, a careful personal and family history of bleeding diatheses should be elicited as well as evaluating drugs that affect hemostasis, such as aspirin. The tests prior to hair transplant surgery : (1) platelet count, (2) thromboplastin time, (3) prothrombin time, (4) bleeding time (1).

CRYOSURGERY

For extensive cryosurgery, such as cryoabrasion, evaluate for cryopathies and diseases in which cryopathy more frequently occurs. Measuring cryoglobulins and cryofibrinogens. If cryosurgery is used in acral areas, then Raynaud's phenomenon and other vasospastic or peripheral vascular disease should be assessed (1).

ELECTROSURGERY

The electromagnetic emission from electrosurgery may interfere with cardiac pacemakers. The use of a biterminal electrode can more safely direct current flow away from the heart. Some suggest the use of laser surgery for patients with cardiac pacemakers (1).

TOENAIL SURGERY

The most specific evaluation is the adequacy of the peripheral vascular system. Investigation should be directed at assessing vascular disease such as intermittent claudication or evidence of arteriosclerotic disease in other sites as the heart or the brain. Peripheral pulses should be palpated before toenail surgery. Cutaneous signs of vascular insufficiency include thin shiny skin, thickened ridged nails, absence of dorsal digital hair, and dependent rubor followed by a pallor with elevation. Appropriate consultation and vascular flow studies may be indicated (1).

SURGERY IN ANATOMIC DANGER ZONES

Four anatomic areas are commonly referred to as danger zones because the motor nerves in these areas run superficially. These are the superficial temporal, zygomatic, marginal mandibular branches of the facial nerve, and the spinal accessory nerve as it courses through the posterior triangle of the neck. Damage to these nerves can result in significant motor deficits. If surgery is necessary, blunt dissection and minimization of incisions is important. Prior to undergoing any surgery, the patient must be made fully aware of the risks and consequences should damage to these nerves occur (1).

SURGERY NEAR THE EYE

Possible complications that can result when doing surgery near the eye range from ectropion, corneal abrasion, and lacrimal system injury to retrobulbar hemorrhage when performing a blepharoplasty. When doing extensive surgery near the eye, it is wise to have the patient obtain a presurgical eye examination to document visual acuity. If the patient claims to have any change in acuity resulting from the surgery, a comparison between pre- and postsurgical acuity can be helpful (1).

The operative evaluation of candidates for dermatologic surgery is often as important as the surgery itself. Fortunately, the risk and complications of minor skin surgery occur infrequently. Cosmetic surgery, requires a minimum risk of complications since patients' expectations are so high. Most dermatologic surgery can be performed under local anesthesia, even patients who have significant medical problems or are elderly can undergo these procedures safely. More time should be spent explaining a procedure and possible risks, because an anxious patient usually lacks understanding about what is going to happen. Patients are more cooperative and relaxed once they understand the procedure and its expected results (6).

Patients with skin cancer are highly motivated to undergo treatment as soon as possible and cosmetic result is usually secondary and not the main concern. Cosmetic dermatologic surgery patients may not have objective disease but are motivated to have surgery for a variety of reasons (6).

The preoperative psychological evaluation of dermatologic surgery patients is difficult to teach and is learned through experience. Patient satisfaction is determined not only by the technical quality of the surgery performed but also by a good physician-patient relationship (6).

The preoperative consultation for patients undergoing cosmetic dermatologic surgery includes some basic determinations:

1. Patient request; the patient describes the problem to be corrected.
2. Physical examination; the surgeon evaluates the patient on his/ her request and plans treatment.
3. Medical evaluation; to determine if there are contraindications to the procedure.
4. Psychological assessment; which begins at the first meeting and continues through surgery and during all follow-up visits (6).

The preoperative psychological assessment includes :

1. Motivations for surgery; internal motivations to undergo aesthetic surgery include a patient's desire to change his/ her appearance in order to improve self-image or to meet a personal standard of physical attractiveness. Externally motivated patients, either respond to pressure from others (spouse, friend, or relative) to change their appearance.
2. The patient's expectation; which critically influence the patient's perception of surgical outcome, should be realistic, and the patient should not believe that surgery will improve occupational problems, solve financial difficulties, resolve personal conflicts, or render physical perfection.
3. Understanding of the risk and implications of surgery; the patient needs to understand the procedure completely. The patients should also understand that the surgeon cannot predict the final outcome precisely.
4. Anxiety level; no anxiety indicates denial and a possible failure of the patient to fully comprehend the risks of surgery.
5. Ego strength; an individual with normal ego strength is stable, capable of tolerating the stress of surgery, and will not be governed by irrational fears or fantasies (6).

Cosmetic surgery consultations should be scheduled and not hurried (6).

Good candidates for cosmetic surgery can be grouped as having either major or minor disfigurements. Patients with minor disfigurements can also be good candidates for cosmetic surgery. Correction of a specific problem can be very satisfying. Patients with personality disorders, surgery should be best avoided in these patients because they will not be satisfied with the result. Referral to another surgeon, when the patient is a good candidate but has a poor personality (6).

On the day of surgery, the surgeon should appear happy, efficient, and organized. The patient should greet the patient and establish that the surgery is a happy event. The surgeon's perspective about the operative outcome can strongly influence the patient's reactions to the operative results. This important that intraoperative problems be dealt with quietly and efficiently (never say "oops" during the procedure) (6).

PREOPERATIVE CONCERNS (7)

I. PRE-OPERATIVE ASSESSMENT GOALS

A. PREOPERATIVE EVALUATION AND PLANNING IS ESSENTIAL TO THE BEST SURGICAL OUTCOME

1. The nature of the lesion or presenting problem
2. the anatomic structure that may be affected
3. Medical condition(s) of the patient
4. Factors that may affect wound healing

B. MEDICAL HISTORY

1. Allergies, including anesthetics, antibiotics, topical dressings and latex
2. Medicines, including anticoagulants, immunosuppressive, neurologic and cardiac agents
3. Use of alcohol and tobacco, and overall nutritional status
4. Patient's overall health
 - a. In severe coronary artery disease, limitation or omission of epinephrine in local anesthesia may be appropriate
 - b. Patients with valvular heart disease or prosthetic valves at risk for bacterial endocarditis
 - c. Implanted electrical devices (pacemaker, pumps, defibrillators) require electrosurgical precautions
 - d. Raynaud's or vasospastic disease for epinephrine avoidance
 - e. Edema may delay wound healing in affected extremities
 - f. Diabetes mellitus
 1. Delayed wound healing
 2. Increased risk of postoperative wound infection
 3. Small vessel disease with ischemic risks
 4. Observe for signs of hypoglycemia during procedure
 - g. Infectious diseases
 1. Hepatitis/ HIV/ immunosuppressed patients may be predisposed to postoperative infection and delayed wound healing
 2. Herpes Simplex virus – antiviral prophylaxis should be used where appropriate
 3. Adherence to universal precautions should be used for all procedures

C. LABORATORY EVALUATION

Blood work and imaging studies will be at the discretion of the surgeon

SOCIAL ISSUES

1. Visiting nurse referral
2. Social services

II. INFORMED CONSENT

A. DETAILED EXPLANATION OF THE PROCEDURE

B. EXPLANATION OF TREATMENT ALTERNATIVES

C. EXPLANATION OF RISKS AND BENEFITS OF THE PROCEDURE

D. BE CERTAIN THAT THE PATIENT IS COMPETENT TO GIVE INFORMED CONCENT

CONCLUSION

Outpatient skin surgery requires careful preparation to ensure optimal results and safety of patient and medical personnel. Universal precautions to prevent the transmission of contagious disease. Brief medical evaluation by the physician before performing minor procedures. Sterilization of equipment, sterile technique, informed patient consent, preoperative preparation of the operative site, and preoperative medications

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