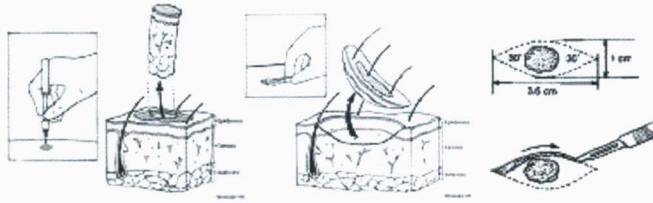


**Basic Skills Qualification Common Skin Procedures:
Punch Biopsy Shave Biopsy/Excision Excisional Biopsy**



Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Informed consent obtained		
Identifies lesion and describes appropriate rationale for technique choice (punch, shave, or excision)		
Selects and administers appropriate anesthetic		
Demonstrates good technique for punch biopsy		
Demonstrates good technique for shave biopsy		
Demonstrates good technique for excisional biopsy		
Sends specimen to pathology when indicated.		
Demonstrates appropriate post-procedural patient education and follow-up plan for suture removal if indicated.		
Completes documentation of procedure		

Faculty: _____

Date: _____

Indications:

Punch Biopsy

- Obtain full-thickness tissue sample for histopathology
- Complete removal of skin lesion < 5mm.

Shave Biopsy

- Removal of protruding portion of raised skin lesion when full thickness sample isn't required.

Excisional Biopsy

- Technique used in removal of an entire skin lesion when full-thickness specimen is needed.

Contraindications:

- Significant coagulopathy
- Patient with allergy to anesthetics, preservatives, or other materials which are used for procedure
- If melanoma is suspected, partial-thickness biopsy is contraindicated. Do not use epinephrine in local anesthetic for biopsies involving ear nose, digits, or penis.

Complications:

- Infection, bleeding, scarring, pain, missing correct diagnosis by wrong technique and inadequate sample, allergic reaction to agents used during procedure

Procedural Steps:

- For ALL skin biopsies, obtain informed consent from the patient.

Punch:

1. Prepare site with antiseptic
2. Place ring of local anesthetic around lesion
3. Use appropriate sized tool (2-5 mm)
4. Stretching skin away from site, perpendicular to lines of minimal tension, may reduce scarring
5. Push biopsy tool vertically into the skin, rotating it to cut through skin and subcutaneous tissue.
6. Withdraw tool, push down with fingers on each side of biopsy
7. Gently grasp specimen with forcep, cut at subcutaneous base with sharp tissue scissors
8. Provide hemostasis with direct pressure, may consider aluminum chloride if needed.
9. Large punch biopsies require 1 or 2 interrupted sutures.

Shave:

1. Prepare site with antiseptic
2. Instill local anesthetic within dermis beneath skin lesion
3. Excise lesion by shaving with slightly bowed, flexible, single- edged razor, or with scalpel blade (blade is kept parallel to skin)
4. Skin defect after removal should be essentially level, or minimally depressed
5. Provide hemostasis with direct pressure, 5.5 pen cautery.
6. Silver nitrate for hemostasis (can cause discoloration of skin)

Excisional:

1. Set up for sterile procedure and prepare site with antiseptic
2. Anesthetize area using field block
3. Use surgical marking pen to outline planned margins of excision, orienting the long axis of the biopsy parallel to lines of minimal skin tension.
4. Shape of the ellipse should have length measure 3 times width, with 30° corners
5. Using a #10 or #15 scalpel, make incision along outline
6. Free up corner of ellipse, and excise full thickness of skin from end to center, then opposite end to center and put in specimen jar.
7. Undermine skin edges and close with simple, single layer sutures.

Reference: Pfenninger JL et al. *Pfenninger & Fowler's Procedures in Primary Care*, 1st ed. Saunders: 1994. pp 229-236