Snip and Clip
Office skin procedures

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Disclosures
- I do not have any relationships that would alter the content I am sharing with you, including those with any pharmaceutical companies.

Objectives
- To be able to identify appropriate rashes/lesions/masses to address in a primary care office.
- To be able to competently manage the aberrant skin condition from evaluation to decision making about the results.
- To be able to perform the following techniques for skin biopsy: punch, shave, or excisional biopsy.
- To be able to complete procedures for skin lesion removal. Specifically: cryo system, excision, and shaving.
- To be able to complete procedures for comfort or removal of skin tags, carbuncles/furuncles, aberrant lesions, and sebaceous cysts.
Benefits of being proficient at performing office skin procedures

1. Provide greater information about a lesion/rash/etc. to then be able to treat a patient in a most timely manner.
2. Offer a more convenient option for care.
3. Offer a more cost effective alternative to specialist care.
4. Begin the diagnosis process.
5. Provide relief of pain.
6. Managed care company – “above cap”.
7. Generate income for your practice.
8. Relieve the burden on physicians who do not have the inclination, proficiency of skills or time to deal with simple skin issues.
9. Job security!

Overview of the anatomy of the skin

- Our skin is our largest organ, not only does it protect our bodies, helps to keep our body temperatures appropriate, and is often intricately tied to our self-image.
What can happen to skin?

- Rashes
- Viral infections
- Bacterial infections
- Fungal infections
- Parasitic infections
- Pigmentation disorders
- Tumors/cancers
- Trauma
- Other conditions

Dermatologic Examination

- Perform complete cutaneous exam including scalp, nails, between toes, etc.
- Identify primary lesions
- Identify secondary lesions
- Identify pattern of cutaneous involvement
- Trunk vs. extremities
- Involvement of mucous membranes
- Involvement of palms/soles

Melanoma

Asymmetry
- If you draw a line through this mole, the two halves will not match, meaning it is asymmetrical, a warning sign for melanoma.

Border
- The borders of an early melanoma tend to be uneven. The edges may be scalloped or notched.

Color
- Having a mix of colors or another warning signal. A number of different shades of brown, tan, black, or black and blue. A melanoma may also become red, white, or blue.

Diameter
- Melanomas usually are larger in diameter than the size of the eraser on a No. 2 pencil (0.08 in or 0.20 mm), but they may sometimes be smaller when first detected.

Evolving
- When a mole is evolving, see a doctor: Any change—in size, shape, color, or another feature—can be a warning signal.
What is it that you see?

Skin lesion guide

Primary morphology  Examples

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freckles</td>
<td>Viral Xanthem</td>
<td>Secondary Syphilis</td>
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</table>

Macules
Vesicles

A. Vesicle
B. Herpes Zoster
C. Tinea Cruenta
D. PUPP syndrome of pregnancy
E. Pityriasis rosea

Secondary Morphology

**CONFIGURATION**
- Linear
- Annular
- Nummular
- Target (Bull's eye)
- Serpiginous
- Reticulated
- Herpetiform
- Zosteriform

**LOCATION AND DISTRIBUTION**
- Lesions are single or multiple
- Particular parts of body are affected (e.g. soles or palms, scalp, mucosal membranes)
- Distribution is random or patterned, symmetric or asymmetric
- On sun exposed vs. non-sun-exposed parts of body

**SIZE OF LESION**

**SYMPTOMS PATIENT IS EXPERIENCING**

To treat or to biopsy
Basic Steps

- Informed consent
- Anesthesia
- Prep area
- Remove lesion
- Control bleeding
- Close wound
- Post procedure instructions

Skin biopsy: consideration

- Biopsy does not substitute for good clinical skills
- Biopsy promptly
- Risks by patient, location
  - Bleeding
  - Infection
  - Nerve damage
  - Scar formation
  - Damage to underlying structures
  - Failure to make diagnosis
  - Lesion recurrence
  - Pain

Skin Biopsy: Indications

- Diagnosis
  - All suspected neoplastic lesions
  - All bullous disorders
  - To clarify a diagnosis when a limited number of entities under consideration
- Therapy
  - Removal of irritating, benign lesion
  - Removal of precancerous or cancerous lesion
Skin Biopsy: Contraindications

- Relative
  - Lesion of face (especially eyelids, nose)
  - Use of anticoagulant
  - Bleeding disorder
  - Infection at the site
- Absolute
  - Pigmented lesion should never be shaved

How can you determine what the rash is?

- Depends upon your comfort level
- What are the treatment options?
- What tools do you have to assist you?
  - Punch Biopsy
  - Scraping/KOH

Skin Biopsy: Site Selection

- Non-bullous lesions
  - Choose lesions with most advanced inflammatory change
  - 1-4 mm lesions: biopsy center
  - > 4 mm biopsy edge, thickest part, or most discolored
- Bullous lesions
  - Choose lesions 24-48 hrs. old (more specific pathology)
  - Avoid lesions with secondary changes
  - Attempt to remove entire vesicles
  - Biopsy bullae at their edge
Skin biopsy: what site?

- Areas to avoid if possible
  - Cosmetically important areas
  - Deltoid and chest (hypertrophic scarring area)
  - Skin over tibia (delayed healing esp. in diabetics)
  - Areas where incidence of secondary infection is higher
    - groin, axilla
  - Round wounds to be pulled in the direction of skin tension lines known as Langer’s lines

Langer’s Lines

Supplies and Instruments

- Gloves
- Isopropyl alcohol, povidone-iodine or chlorhexidine
- Sterile gauze 4x4
- Cotton tip applicators
- Cloth or plastic drapes
- Surgical marking pen
- Syringe 3 ml
- Needles 23 gauge (draw up solutions) 25-30 gauge for injection
- Lidocaine 1% or 2% and Lidocaine with epinephrine
- Ethyl Chloride
- Disposable punches #3 - #5 (will need sutures materials)
- Band aid
- Cables or elastic wrap
- Formalin specimen bottle
- Pathology request form
- Patient instructions
Punch Biopsy

- Size 3-5 mm
- Punch over 3 mm must be sutured
- Stretch skin to natural tension
- Grasp specimen at lowest point and cut with scissors

Performing a Punch Biopsy

- Cleanse skin with agent of choice
- Raise intradermal welt with anesthetic
- Stabilize skin with thumb and forefinger stretching it slightly perpendicular to normal skin tension lines.
- Place punch perpendicular to the skin and apply firm, constant, downward circular pressure.
- When the punch reaches the SQ fat, there is a “give”
- Remove the punch and apply downward pressure at the sides of the wound to pop up the core.
- Elevate the core with forceps or tweezers and cut at base with small tissue scissors.
- Apply pressure at the wound with gauze and prepare for closure
- 3mm – apply pressure and will heal by secondary intention
- 5mm – suture unless contraindicated (infection or poorly healing skin)
Shave Biopsy

- DO NOT use for pigmented lesions, if an unsuspected melanoma is removed, it cannot be properly staged.
- A depressed scar, the size of the initial lesion is likely to occur.
- Quick, do not require sutures.
- Consider for seborrheic or actinic keratoses, skin tags, warts, superficial basal or squamous carcinomas.
- Raise the lesion with a wheal of injected anesthetic.
- Lesion is stabilized at base with tweezers or toothed forceps, then cut at base.
- Stop bleeding, electric cautery, silver nitrate, Monsel's.
- Provide instructions for post procedure care.

Innovative Shave Bx Technique

- Assure you have all descriptors of the lesion
- Decide on direction of incision, mark where you are going to incise or have a firm picture in your mind
- Cleanse area, shave if necessary
- Use topical anesthetic spray if needed, otherwise proceed with injection
- Incise from apex to apex, then incise again deeper and at angle towards center of lesion.
- Carefully raise lesion and cut away from skin.
- Remove and place in formalin preservative container for lab.
- Apply pressure to limit bleeding, assure skin will approximate, apply benzoine, steri strips, and tegaderm.
Eliptical Excision

Sending specimen to pathology

- Make sure your specimens are clearly labeled with patient name, date, and location
- If multiple specimens label with LETTER and location
- Letter and location should correspond to what is on requisition
- Include lesion or rash, characteristics of each.
- Rash - areas of body involved, pruritic?, duration, primary and secondary morphology, how sample was obtained
- Lesion – location, size, characteristics, how lesion was obtained (punch, shave, excision, etc.)

Acrochordon

- Skin tags  ROOT OF THE WORD
- Acquired. Look like a small piece of soft, hanging skin.
- Harmless growths
- Not associated with any major medical conditions
- Increased weight, heredity, large breasts
- Typical location: base of neck, underarms, eyelids, groin folds, and under breasts
- May be as small as a flattened pinhead size bump, but can be as large as a large grape or even a fig (5 cm)
- Invariably benign
- Do not become cancerous if left untreated
- Can mimic seborrheic keratosis, moles, warts, cysts, milia, neurofibromas and nevus lipomatosus.
- Skin tags may become irritated and red from bleeding or black from twisting
Skin tags continued

Ways to remove skin tags
- Tie off at narrow base with a piece of dental floss or string.
- Freeze tag with liquid nitrogen.
- Burn tag using electric cautery.
- Remove tag with scissors, with or without anesthesia.

Furuncles, Carbuncles and Sebaceous cysts

Furuncle
- Infection of the pilosebaceous unit
  - Consists of the hair shaft, the hair follicle, the sebaceous gland which makes sebum, and the erector pili muscle which causes the hair to stand up as it contracts.
  - Usually occurs on neck, face, armpits, buttocks. Begins as a small, tender, red nodule that becomes painful and fluctuant.
  - Predisposing factors: Obesity, oral steroids, diabetes.
Carbuncle
- Multiple furuncles grouped together. Carbuncle usually involves the deeper layers of the skin.
- Is a swollen lump under the skin. It may be the size of a pea or a golf ball.

Carbuncles
- Assemble your supplies. Wear a gown and mask if desired (or if MRSA is suspected).
- Prepare the patient – offer options, explain procedure, reassure, assure comfortable position.
- Anesthetize.
- Incise.
- Obtain culture.
- Pack with iodoform gauze.
- Cover.
- Instruct patient that choice is usually made without benefit of culture, and therefore often default to choices covering for CA-MRSA. Culture of purulent material recommended for any patient who is treated with antibiotics.
- MRSA-pan resistant (MRESA,选择 provides 90-95% coverage) TMP-SMX DS 1-2 pills PO twice daily or doxycycline 100mg PO twice daily or clindamycin 300-450mg PO q8h. Follow susceptibility profile of culture and adjust if needed.

Sebaceous cyst
How to incise and drain cysts

Universal precautions

Materials:
- Skin cleansing materials – alcohol, povidone-iodine or chlorhexadine
- Local anesthetics – 1% Lidocaine (epi if not a digit or single vessel blood supply)
- 5-10 ml syringe
- 25 or 30 gauge needle
- Scalpel (11 blade or 15 blade)
- Small curved hemostat
- Normal saline – single-use or sterile bowl
- Large syringe with splash guard
- Swabs for bacterial culture
- Wound packing material
- Scissors
- Gauze – large amount 1-2 inches
- Tape
- Obtain informed consent – risk/benefit

Procedure
- Take time to prepare your environment
- Apply skin cleanser
- Anesthetize top of wound
- Incise the abscess
- Disrupt loculations
- Obtain culture
- Identify any deep tracts that extend into surrounding tissue
- Gently irrigate with normal saline
- Pack wound
- Cover with gauze and tape
- ANTIBIOTICS? (know your regional management guidelines)

I&D of Sebaceous cyst
Excision of the actual cyst

Warts

How to tackle a wart?
- Duct tape?
- Creams/topicals
- Cryoprocedure
- Shave/Cautery Destruction
- Bleomycin (refer to dermatologist or podiatrist who does this in your area)
Cryosurgical treatment

Results are comparable to liquid nitrogen.

Ultra-portable, easy to use.

CFC Free and ozone-friendly

Used to treat skin lesions such as common warts, planter warts, flat warts, acinic keratoses, seborrheic keratoses, skin tags (acrochordon), age spots (lentigo), condyloma acuminata and molluscum contagiosum.

Cryosurgery


Percent Resolution

0 to 100

Cryo

<table>
<thead>
<tr>
<th>Type of lesion</th>
<th>Approx time</th>
<th>Number of treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mollousum contagiosum</td>
<td>20 seconds</td>
<td>1-3 thaw cycles</td>
</tr>
<tr>
<td>Verucca plantaris</td>
<td>40 seconds</td>
<td>1-4 at an interval of 2 weeks</td>
</tr>
<tr>
<td>Acinic keratoses</td>
<td>15 seconds</td>
<td></td>
</tr>
<tr>
<td>Skin tags</td>
<td>40 seconds</td>
<td></td>
</tr>
</tbody>
</table>
Billing for Skin Procedures

- **Diagnosis code= ICD 9 codes**
  - Must be coded to highest level of specificity
  - 078.10 Viral warts, unspecified
  - 078.12 plantar wart
  - 216.___ Benign neoplasm of skin of ___.
    - E.g. 216.6 skin of upper limb including shoulder
  - 238.2 Neoplasm of uncertain behavior of skin
  - 701.9 Unspecified hypertrophic and atrophic conditions of skin
  - 702.1 Inflamed seborrhiec keratosis
  - 706.2 Sebacceous cyst
  - 708.9 Unspecified Urticaria

- **CPT code**
- **Size**
- **Method**
- **Number**

CPT codes

- 11200 Removal of skin tags, multiple fibrocutaneous tags, any area up to and including 15 lesions
- 11201 Same as above each additional 10 lesions
- 113___ Shaving of epidermal or dermal lesion — identify location and size
  - 11301 Shaving of single lesion trunk, arms or legs, 0.5 cm or less
  - 11307 Shaving of single lesion scalp, neck, hands, feet, genitalia, lesion 1.1-2.0cm
- 114___ Excision benign lesion
  - 11401 Excision, including margins, trunk, arms, legs, 0.6-1.0cm
  - 11406 Excision, including margins of trunk, arms, legs over 4.0 cm.
- 11000 Punch biopsy of one area
- 11101 Add for additional punch
- 17000 Cryo of one lesion, not a wart
- 17003 Cryo of non-wart lesions 2-4

Now that you have the report...
Pathology Report

- Read report carefully
- If further excision is recommended follow through on this
- If malignant melanoma refer to plastic surgeon immediately
- Consult if needed
- If you are not sure, collaborate and refer if needed!