Office Procedures

Procedures
- Skin Biopsy
- Punch
- Shave
- Excisional
- I&D
- Lesion removal
- Digital Block
- Toenail removal
- Subungual Hematoma excision

Skin preparation
- ALLERGY Check
- 1-10% povidone-iodine solution
- Alternatives
  - Chlorhexidine
  - H2O2
- Keep all out of skin
Anesthesia for procedure

- 1-2% Lidocaine
- Maximum
- Reducing pain of injections
- Small needle
- Addition of bicarb 8.4% 1:10 solution
- Room temperature at least
- Inject slow

Adding bicarb

Administration of anesthetics can be painful. To alleviate some of the discomfort, consider buffering the anesthetic solution with sodium bicarbonate. Use a small-gauge needle (25 gauge or smaller) for administration, and inject slowly.

Maximal safe doses of lidocaine for local anesthesia have been determined. For adults, a maximum of 4.5 mg of lidocaine per kilogram of body weight can be administered, whereas as much as 7 mg/kg can be used if the lidocaine solution has 1:100,000 epinephrine added as a vasoconstrictor.

. Be prepared to wait three to ten minutes for adequate anesthesia.

With each injection instill enough lidocaine to produce visible soft tissue swelling

Pediatric patients and patients who are extremely anxious may benefit from pretreatment of the injection area with a topical anesthetic. Pretreatment eliminates the initial pain that occurs when the needle perforates the skin. Small-diameter needles also decrease the pain associated with injection. Fortunately, for most dermatologic procedures, a 30-gauge needle can be used to infiltrate tissue.

Tissue irritation caused by local anesthetics is related to the acidity of the infiltrated solution; therefore, increasing the pH of the mixture can decrease associated discomfort. The addition of epinephrine to an anesthetic solution decreases the pH of the solution, making it more acidic (pH 3.5-4.5) and leading to a more painful injection. The solution can be neutralized by the addition of sodium bicarbonate 8.4% to minimize discomfort. For example, sodium bicarbonate 8.4% can be added to lidocaine with epinephrine in a 1:10
ratio to achieve a solution pH similar to that of tissue fluid (pH 7.3-7.4). Discomfort associated with distension of the tissues during the injection of local anesthetics is caused by the rate of injection and the volume of fluid injected. To limit the pain, the anesthetic should be slowly administered to allow the stretch receptors time to accommodate the new volume of fluid. In addition, the volume of solution injected should be the smallest volume needed to achieve a loss of sensation at the surgical site.

Complications
Local effects

Local effects are usually a result of the injection technique. These effects include pain, ecchymosis, hematoma formation, infection, and nerve laceration. Pain is always felt when a local anesthetic is injected; however, associated discomfort can be minimized by using good technique. Several factors, including needle puncture of the skin, tissue irritation resulting from the anesthetic, and distention of tissues caused by infiltration, are responsible for the discomfort associated with the use of local anesthetics.

The formation of ecchymosis or a local hematoma is a result of the perforation of cutaneous blood vessels. Ecchymosis and hematoma are even more pronounced when the patient has a bleeding diathesis or when the patient has been taking aspirin or other anticoagulants. If hematoma formation occurs, the patient should be evaluated. The hematoma may require drainage with an 18-gauge needle, followed by the application of a pressure
dressing. Infection is an additional local complication of anesthetic use that usually occurs when proper sterile technique is not used. Cleansing the skin surface with alcohol is adequate in otherwise clean or noninfected areas. If signs of infection are noted, treatment includes appropriate culture studies and antimicrobial therapy. If abscess formation occurs, drainage may also be required.

Nerve laceration, although rare, may occur during the infiltration of a local anesthetic. Clinical indications of nerve laceration include paresthesias, shooting or sharp stinging sensations, and excessive pain during needle insertion. **Systemic effects**

Systemic effects usually occur when blood concentrations of local anesthetic increase to toxic levels. Effects are most often encountered after the unintentional intravenous injection or administration of an excessive dose of an anesthetic.

**Systemic** toxicity resulting from excessive blood levels of anesthetics is clinically manifested as adverse reactions in the CNS and cardiovascular system. The CNS is affected in a predictable and dose-dependent fashion. As serum levels of lidocaine increase, effects on the CNS become more severe.
Skin Biopsy

- Indications
  - make or confirm a clinical diagnosis
  - Rashes or suspicious lesions
  - remove a skin lesion
  - determine whether margins of excision are adequate

Skin Biopsy Types

<table>
<thead>
<tr>
<th>Skin Biopsy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punch biopsy</td>
<td>Partial or full thickness of skin for lesion</td>
</tr>
<tr>
<td>Incision biopsy</td>
<td>A skin biopsy is performed to confirm the diagnosis or treatment</td>
</tr>
<tr>
<td>Biopsy punch</td>
<td>A small punch removes the suspicious lesion</td>
</tr>
<tr>
<td>Shave biopsy</td>
<td>A horizontal section of the skin is removed for diagnosis or treatment</td>
</tr>
<tr>
<td>Incisional biopsy</td>
<td>A specimen of the lesion is removed for diagnosis or treatment</td>
</tr>
</tbody>
</table>

Punch biopsy

- Uses
  - Partial or full thickness of skin for lesion
  - Suspected carcinoma lesion
  - Actinic keratosis
  - Lichen
  - Nevus
  - Verruca vulgaris
  - Rashes
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Punch biopsy

- Procedure
  - Informed consent
  - Cleanse wound
  - Anesthetize

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Punch biopsy

- Contraindications
  - Lesions on eyelid, lip, or penis
  - Infection at site of the biopsy
  - Bleeding disorder
  - Deep lesions or on the face

- Punch biopsy video

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Punch Biopsy

- Post-op care
  - Non stick dressing and pressure dressing
  - May steristrip if 2mm punch
  - Patient instructions
    - Wound care
      - Return to office for suture removal - diagnostic follow-up
  - Documentation
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Shave biopsy

- **Uses**
  - Skin tags
  - Benign nevi
  - Epithelial tags
  - Small basal cell carcinomas
  - Actinic keratosis
  - Seborrheic keratosis
  - Verruca vulgaris

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Shave biopsy

- **Indications**
  - Confirm or make a diagnosis of a skin lesion
  - Determine definitive treatment of a skin lesion
  - Remove a disfiguring or painful lesion

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Shave biopsy

- **Contraindications**
  - Infection is suspected at biopsy site
  - Bleeding disorder
  - Melanoma is suspected – do NOT use shave
  - Refer for eyelid, lip, face, penis or deep lesion
Shave biopsy

- Procedure
  - Informed consent
  - Cleaning
  - Anesthetize
  - Sterile Procedure

- Shave biopsy with derma blade
- Shave biopsy with a scalpel at 1:28 minutes

Shave Biopsy

- Post-op care
  - Non stick dressing and pressure dressing
  - Patient instructions
    - Wound care
    - Return to office for suture removal – diagnostic follow-up
  - Documentation

Excisional biopsy

- Uses
  - most often used for complete removal of a lesion
  - Large skin tags
  - Basal nevi
  - Suspicious cancerous lesion
  - Verucca vulgaris
  - Lipomas
Excisional biopsy

- **Indications**
  - Confirm or make a diagnosis of a skin lesion
  - Determine definitive treatment of a skin lesion
  - Remove a disfiguring or painful lesion

- **Contraindications**
  - Infection is suspected at biopsy site
  - Bleeding disorder
  - Refer for eyelid, lip, face, penis or deep lesion

- **Procedure**
  - Informed consent
  - Cleaning
  - Anesthetize
  - Sterile Procedure
  - Excisional biopsy
Excisional Biopsy

- Post-op care
  - Non stick dressing and pressure dressing
  - Wound care
  - Return to office for suture removal – diagnostic follow-up
  - Documentation

Too funny not to show....

- Mole removal

Skin biopsy

- What to do with specimen
  - Specimen placed in a solution (ex: formaldehyde)
  - In a sterile container if infection is suspected.
  - ? culture
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Incision and Drainage

- I & D done of abscess
- Used to diminish pain
- Promote healing

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Incision and Drainage

- Indications
  - Drainage of pus for comfort
  - Collection of pus to guide treatment
- Use
  - Small abscesses that enlarge
  - Large abscesses

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Incision and Drainage

- Contraindications
  - Abscesses on the face in the triangle of the bridge of the nose and corners of the mouth
  - Cellulitis
  - Obtain a culture of the abscess
  - Debilitating disease
  - Compromised immune system
Incision and Drainage

- Procedure
  - Informed consent
  - Cleanse the area and 5cm surrounding
  - Sterile technique
  - Procedure
  - Packing
- ID video

Incision and Drainage procedure

- Post-op care
  - Non stick dressing
  - Patient instructions
    - Wound care
    - Return to office for diagnostic follow-up
  - Documentation

Digital block

- Indications
  - Nail removal
  - Ingrown toenail procedures
  - Sutures to fingers or toes
  - Dislocation reduction
  - Removal of foreign body from fingers or toes
Digital block

Understanding anatomy

Procedure
- Informed consent
- Cleanse the skin
- Anesthesia – No epi and consider adding bicarb
- Great toe – three sided only
- What not to do:
  - Do not use lidocaine with epinephrine.

Complications
- Intravascular injection
- Neuritis
- Hematoma
- Infection
- Systemic toxicity and limb injury
**Postprocedure**

Enter a procedure note in the medical record describing the procedure and the quantity and type of anesthetic used. Repeat the neurologic exam, and document postprocedure findings. Counsel the patient to avoid extreme heat or cold while the digit remains anesthetized.

Remember to not amount of lido used.
Toenail removal

- Contraindications
  - DM
  - PVD
  - Peripheral neuropathy
  - Anticoagulant therapy
  - Bleeding abnormalities

Toenail removal

- Procedure
  - Informed consent
  - Cleansing
  - Anesthesia

Toenail removal

- Post-op care
  - Non stick dressing
  - Patient instructions
  - Wound care
  - Documentation
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Toe nail removal
- Video with interesting tourniquet
- Video of procedure

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Subungual hematoma evacuation
- Indications
  - Hematoma from trauma
  - Relief of pain
  - Prevent infection
- Principles
  - Determine vascular and neuro status
  - Test for instability of the digits join
  - X-ray first if suspicion of fracture
  - Injury less than 4 hours old
  - Tetanus prophylaxis

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Subungual hematoma evacuation
- 2 methods
  - Cautery
  - Paperclip
Subungual hematoma

- Contraindications
  - Hematoma greater than 50% of nail surface
  - Crushed or fractured nail
  - Known history of poor healing
  - Suspected bone fracture

Subungual hematoma

- Post-op care
  - Patient instructions
  - Wound care
  - Documentation

Subungual hematoma

- video of paperclip
Documentation

- Encounter form sample
- Actual procedure
- Patient consent
- Biopsy versus excision
- Any closure (need size, location, how closed)
- Patient tolerance of procedure
- All instructions given to patient

Coding

- CPT codes
  - 11300-303 – shaving of epidermal or dermal lesion – single lesion of trunk, arms or legs
  - 11305-308 – shaving of epidermal or dermal lesion – single lesion of neck, scalp, hands, feet or genitalia
  - 11400-406 – excision benign lesions – trunk, arms or legs
  - 11420-426 – excision malignant lesions – neck, scalp, hands, feet or genitalia
  - Add modifier 22 or 09922 for unusual or complicated excision

More coding

- CPT
  - 11100  skin lesion
  - 10060  incision and drainage of abscess
  - 10061   incision and drainage of abscess: complicated or multiple
  - 10080  incision and drainage of pilonidal cyst; simple
  - 10140  incision and drainage of hematoma or seroma or fluid collection
More coding

- 11730-32 Nail removal, partial or complete
- 11750 Permanent nail removal, partial or complete
- 11740 Subungual hematoma evacuation
- 11100 A skin biopsy code
- 01460 anesthesia for all procedures on integumentary system of lower leg, ankle and foot
- 01800 anesthesia for all procedures on integumentary system of the forearm, wrist, and hand

Costly coding mistakes

- Incorrectly documenting the details of the procedure
- Size or location of the lesion
- Number of lesions
- Length of the laceration
- Type of skin closure
- Whether debridement was performed
- Size of margins excised.
- Submitting one code when two or more codes should be used

Costly coding mistakes

- Using the wrong codes.
- Improperly documenting the patient's complaint
- Improperly documenting your reason for removing the skin lesion
- Using incorrect terminology to describe what you did
References

- Multiple YouTube videos
- DynaMed (EBP paid subscription)
- Wound Closure Manual, Ethicon, 1999
- Saunders Manual of Medical Practice, Rakel, R; W. B. Saunders, Philadelphia.