

Skin Surgery Checklist

1. Pre-Procedure

- Clinical assessment (lesion type, size, site, risk factors), (Dermoscopy)(Consent)
- Medical history reviewed (e.g., anticoagulants, Warfarin(Get INR), diabetes, steroids)
- Surgical PLAN made (technique, margins, closure method)
- Unsure: Biopsy punch (types/uses/danger), shave, incisional, excisional

2. Equipment & Setup

- Sterile field • Skin prepped (chlorhexidine (no eye/ear) or povidone-iodine)
- Instruments: scalpel (15 blade), forceps, scissors, needle holder, sutures (Disposable vs autoclave)
- Incision aligned with RSTLs. Facial expression/smile.
- Mark out pathology.
- Draw surgical margin (2–5 mm BCC, 5–10 mm SCC, 2mm melanoma), (Ellipse ratio 3:1)

3. Anaesthesia

- Lignocaine with or without adrenaline used (finger/nose tip/penis)
- Buffer with bicarbonate if needed (1:10)(pH 7.2), Emla for kids 1h before

4. Procedure

- Danger zones: Temporal, medial canthus, mandibular edge, Erb, fibula head
- Depth to subcutaneous fat slightly everted
- Hemostasis achieved (cautery or suture)

5. Wound Closure

- Deep dermal absorbable sutures (Vicryl vs Vicryl Rapide vs Monocryl) (Pulley suture)
- Epidermal non-absorbable sutures (Nylon) Simple vs Continuous vs Mattress
- Suture choice based on site: - Face: 5-0 to 6-0 (remove in 5–7 days)
 - Trunk: 3-0 to 4-0 (remove in 10–14 days)
 - Limbs: 3-0 to 4-0 (remove in 10–14 days)
- Dressing Vaseline vs antibiotic ointment

6. Postoperative

- • Written wound care instructions provided with date of suture removal.

Derm Surgery: Danger Zones and Relevant Anatomy

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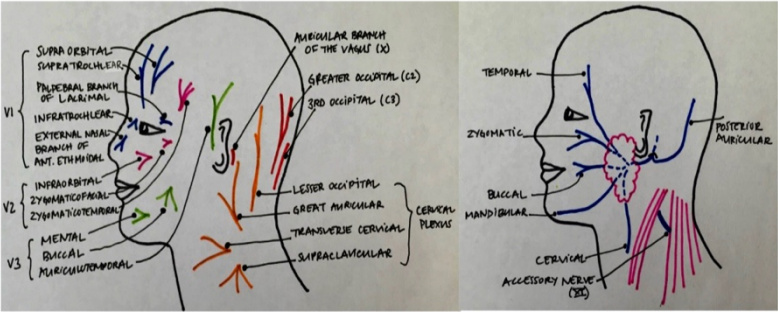


FIGURE 1: SENSORY INNERVATION

Sensory innervation of the face is primarily from the 3 branches of the trigeminal nerve (CN V) — the ophthalmic nerve (V1), the maxillary nerve (V2), and the mandibular nerve (V3). Four branches of the cervical plexus innervate the head/neck. Innervation from the dorsal rami of the cervical nerves is also shown. The auricular branch of the vagus nerve (Arnold's nerve) supplies innervation to the skin of the ear canal, tragus, and auricle.

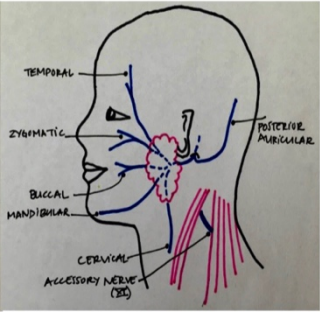


FIGURE 2: MOTOR INNERVATION

Innervation of the facial muscles is from the 5 branches of the facial nerve (CN VII). The nerve emerges from the stylomastoid foramen and passes through the parotid gland. The spinal accessory nerve (CN XI) is also shown in this diagram; it innervates the SCM and trapezius muscles.

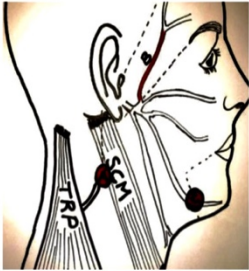


FIGURE 3: DANGER ZONES FOR MOTOR NERVE INJURY

Nerve	Location	Function	Defect
A: Spinal accessory nerve (CN XI)	Identify the posterior triangle (boundaries are posterior border of sternocleidomastoid (SCM), anterior border of trapezius (TRP), and superior border of clavicle). Then draw a vertical line down from the mastoid process 6 cm to posterior border of SCM. Emerges within 2 cm of this point, called Erb's point (A).	Innervates trapezius muscle	Shoulder droop, winged scapula, inability to abduct arm
B: Temporal branch of facial nerve (CN VII)	Draw a line from the earlobe to the lateral brow. Then draw a line from the tragus to the HIGHEST forehead crease. Nerve courses through this zone before diving under frontalis muscle.	Innervates frontalis muscle	Ipsilateral eyebrow droop, inability to raise eyebrow, inability to close eye completely
C: Marginal mandibular branch of the facial nerve (CN VII)	Draw a circle centered on the mandible, approximately 2 cm lateral and 2 cm inferior to the oral commissure.	Innervates lip depressors	Ipsilateral lip elevation, drooling, crooked smile

PLANES OF DISSECTION/UNDERMINING		
Location	Plane	Structures to avoid
Scalp	Subgaleal	Scalp arteries (subgaleal plane is relatively avascular); Hair follicles
Forehead	Deep subcutaneous fat above frontalis fascia; subgaleal on large defects	Supraorbital and supratrochlear arteries and nerves; Subgaleal plane is relatively avascular
Eyebrow	Subcutaneous fat deep to hair bulbs (for larger defects, above frontalis)	Hair follicles
Eyelid	Above the muscle (orbicularis oculi)	Lacrimal gland and drainage system on lower lid; orbicularis oculi
Ear	Above perichondrium	
Nose	Upper 2/3 above the muscle; lower 1/3 above perichondrium	Nasociliary nerve, angular artery; deeper plane is relatively avascular
Temple	Superficial subcutaneous fat	Temporal branch of the facial nerve; superficial temporal artery
Cheeks	Mid-deep subcutaneous fat below hair follicles; above SMAS for larger defects	Parotid duct, buccal/zygomatic branches of the facial nerve; facial artery at melolabial fold
Mandible/chin	Mid-deep subcutaneous fat below hair follicles; above SMAS for larger defects	Marginal mandibular branch of the facial nerve; facial artery at cheek-chin junction
Lip	Above the muscle (orbicularis oris)	Branches of the labial artery; vascular orbicularis muscle
Neck	Superficial subcutaneous fat	Cervical branch of facial nerve and major blood vessels in anterior cervical triangle; spinal accessory nerve in posterior cervical triangle
Trunk/extremities	Deep subcutaneous fat/above the fascia	Larger veins in forearms, dorsal hands, and feet; peroneal nerve in lateral lower leg

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