



# Skin Surgery Proforma

Please attach patient details

**Consultant:**  
**Surgeon:**  
**Date:**

**PMH:**

Pacemaker Y/N  
Smoker Y/N

**Allergies:**

Latex Y/N

**Drug History:**

Aspirin Y/N Clopidogrel Y/N  
Warfarin Y/N

NOAC Y/N

INR result/date \_\_\_/\_\_\_

**Provisional diagnoses & size of lesion (largest diameter):**

	1	2	3
<b>BCC</b> nod sup morph	___ mm	___ mm	___ mm
<b>SCC</b>	___ mm	___ mm	___ mm
<b>Dysplastic naevus/MM</b>	___ mm	___ mm	___ mm
<b>Other:</b>			
<b>Rash:</b>			

**Consent: Y / N**  
**Local Anaesthetic and Volume (please circle):**

1% 2% Lidocaine  
Adrenaline: Y/N  
Other:  
Block:  
Total Volume:

**Procedure performed:**

	1	2	3
Incision biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C & C	<input type="checkbox"/> x__	<input type="checkbox"/> x__	<input type="checkbox"/> x__
Punch Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excision Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Excision margins**

1. Peripheral: \_\_\_ mm Deep: mid fat/ other \_\_\_  
2. Peripheral: \_\_\_ mm Deep: mid fat/ other \_\_\_  
3. Peripheral: \_\_\_ mm Deep: mid fat/ other \_\_\_

**Sutures:** Interrupted  Running interlocked   
Subcuticular  Other \_\_\_\_\_

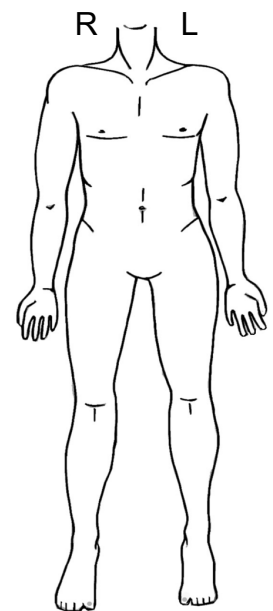
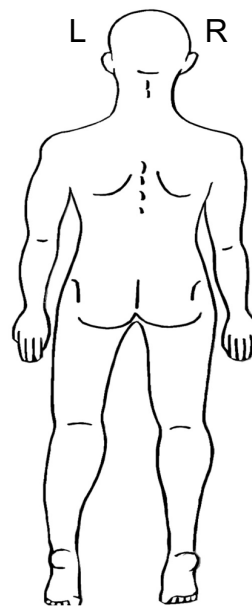
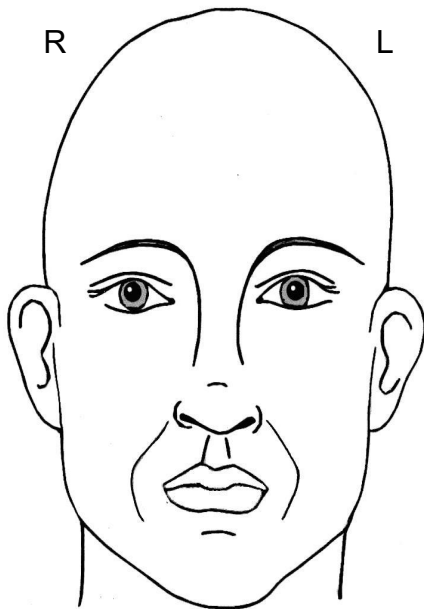
**Subcutaneous:** /0 Vicryl x  
/0 PDS x

**Cutaneous:** /0 Prolene x  
/0 Ethilon x  
/0 Novafil x  
/0 Vicryl rapide x

**Repair:**

	1	2	3
Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complex repair	<input type="checkbox"/> (See back)		

**Site:**



**Post-operative advice:**

Wound Care Advice Leaflet Y/N  
Antibiotics: Bactroban 2% Y/N  
Removal of sutures: GP/OPD 5-7 days Head/Neck  
10-14 days Body/Limbs  
Follow Up: DERM GP PENDING HISTO/MDT

**Samples:** HISTO, IMF, MICRO, OTHER

**Print Name:**

**Signature:**

**Date:**

Surgical Pack No:

**Other Operation Notes:**