

MINOR OP OR NOT ?

WHAT AND WHERE TO REFER









<http://dermis.net>







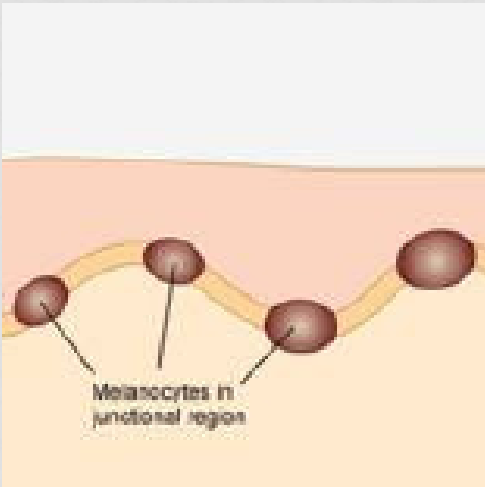
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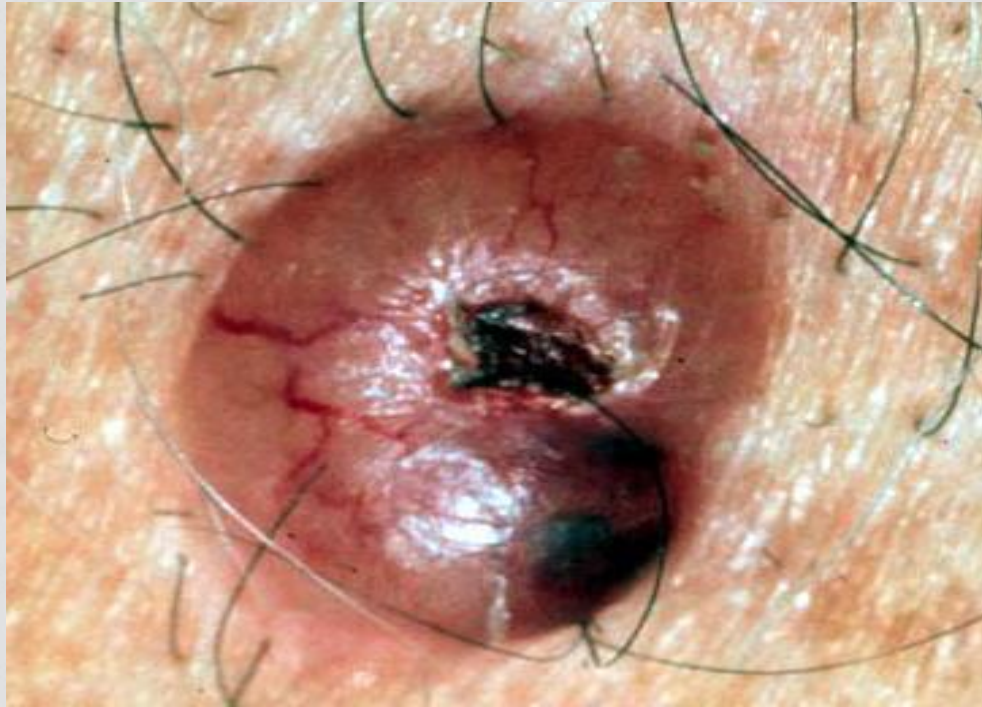






























<http://dermis.net>

GLASGOW CHECKLIST

- **Major features**
 - Change in size
 - Irregular shape
 - Irregular colour
- **Minor features**
 - Largest diameter $\geq 7\text{mm}$
 - Inflammation
 - Oozing
 - Change in sensation
- Any lesions with any major feature or 3 minor features are suspicious

Normal Mole	Melanoma	Sign	Characteristic
		Asymmetry	when half of the mole does not match the other half
		Border	when the border (edges) of the mole are ragged or irregular
		Color	when the color of the mole varies throughout
		Diameter	if the mole's diameter is larger than a pencil's eraser

Photographs Used By Permission: National Cancer Institute

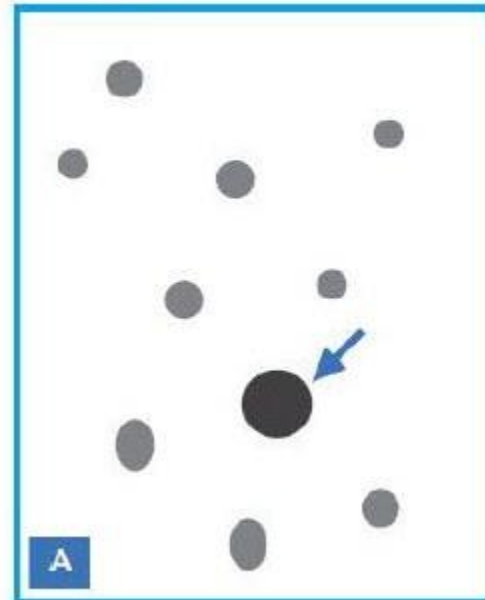
NICE 2006

- Precancerous lesions can be treated by GP or referred
- Suspected BCC must be referred to secondary care
- Suspected SCC and MM must be referred on 2WW pathway
- Uncertain diagnoses must be referred rather than biopsied in primary care

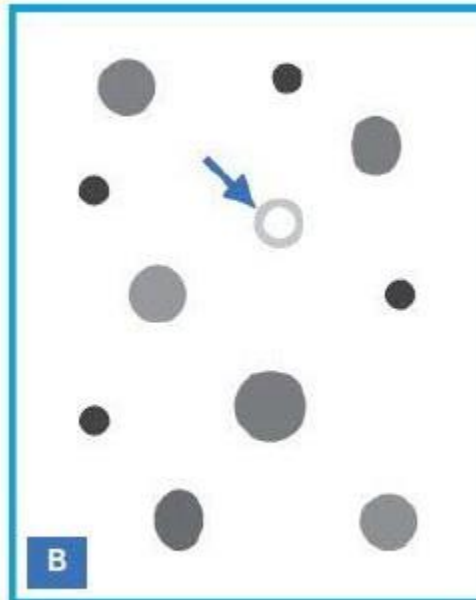
THE UGLY DUCKLING , MACRO & MICRO VIEW



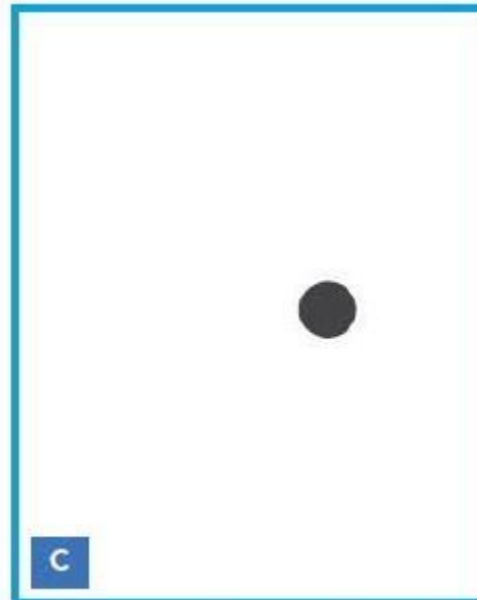
Medscape



A



B



C

Source: © 2010 The Skin Cancer Foundation



<http://dermis.net>

FITZPATRICK SKIN TYPE



Skintype I
White skin
Red hair
Freckles, no moles
No tan
Celtic



Skintype II
Pale skin
Blond hair
Many moles
Light tan
Caucasian



Skintype III
Pale skin
Darkblond hair
Many moles
Tans easily
Caucasian



Skintype IV
Pigmented skin
Dark/brown hair
Few moles
Caucasian, Southern Europe



Skintype V
Pigmented skin
Black straight hair
No moles
Asian, Indian



Skintype VI
Dark skin
Black, curly hair
No moles
African

FAMILIAL ATYPICAL MOLE AND MELANOMA SYNDROME

- High total body naevi count (>50), some of which are
- clinically atypical.
- (Not all 50+ naevi have to be clinically atypical)
-
- FH of MM in one or more first or second degree relative (Not a family history of FAMMM – needs to be of MM)











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Reassure

Review

1-2 months

- Measure, describe, record in notes

- Photograph (linear scale, macro setting, consent)

Refer

Suspicious lesions (NICE guidelines), difficult areas

Remove















<http://dermis.net>





THINK BEFORE PROCEEDING

- **What is the best procedure?**
-
-
-
- Is this within my capability?
-
-
- Is this possible under local anesthetic?
-
-
- Will the skin close without tension?
-
-
- Am I in a difficult area?



CONSENT

- You “must” give patients the information they want or need about – (12 points)
 - (a) the diagnosis and prognosis
 - (b) any uncertainties about the diagnosis or prognosis, including options for further investigations
 - (c) options for treatment, including the option not to treat
- Other possible treatments available

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OPTIONS

- Do Nothing
- Cryotherapy
- Curettage
- Shave Excision
- Elliptical Excision
- Flap or Graft

FACILITIES





PHOTOGRAPHY

3 levels of consent:

Level 1 – Confidential Record
Level 2 – Confidential Record and Teaching

Level 3 – Confidential Record,
Teaching

and Publication



Supplementary Guidance

General Medical Council
Regulating doctors
Ensuring good medical practice

Making and using visual and audio recordings of patients

Introduction

1 In our guidance *Consent: patients and doctors making decisions together*, we say:

2 Whatever the context in which medical decisions are made, you must work in partnership with your patients to ensure good care. In so doing, you must:

- listen to patients and respect their views about their health
- discuss with patients what their diagnosis, prognosis, treatment and care involve
- share with patients the information they want or need in order to make decisions
- maximise patients' opportunities, and their ability, to make decisions for themselves
- respect patients' decisions.

2 In our guidance *Confidentiality* we say:

6 Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care. But appropriate information sharing is essential to the efficient provision of safe, effective care, both for the individual patient and for the wider community of patients.

3 This supplementary guidance is intended to provide more detailed advice about how to comply with these principles when making or using visual and audio recordings of patients.

4 Serious or persistent failure to follow this guidance will put your registration at risk.

Scope of this guidance

5 This guidance covers visual and audio recordings of patients made and used in any circumstances where doctors work in a professional capacity. This includes recordings made:

- on healthcare premises² within or outside the UK, and/or
- as part of the assessment, investigation or treatment of patients' condition or illness, and/or
- for purposes such as teaching, training or assessment of healthcare professionals and students, research, or other health-related uses which are not designed to benefit the patient directly, described as 'secondary purposes' in this guidance.

6 'Recordings' in this guidance means originals or copies of audio recordings, photographs, and other visual images of patients that may be made using any recording device, including mobile phones. It does not cover copies of written records.

Pathology slides

7 'Recordings' in this guidance does not include pathology slides containing human tissue (a distinct from an image of such a slide). Photographs of microscope slides may be made without consent for the purpose of care or treatment of a patient, or for a secondary purpose, provided that images are

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AUDIT

- Procedures within your level of experience
- Complication rates
- Histology results
- Training
- Assistants