Manchester University NHS Foundation Trust

Perioperative planning for local anaesthetic (LA) skin procedures within the plastic surgery department of Manchester Foundation Trust (MFT)

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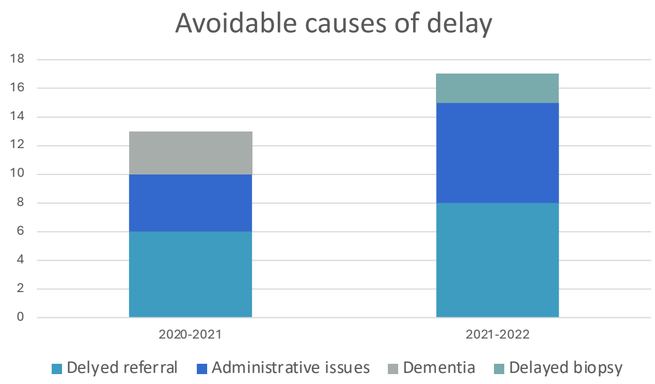
Introduction

Departments who provide operative management of confirmed or suspected skin cancers must observe the 'NHS standard contract for cancer: Skin (Adult)'. This directive stipulates that all suspected skin cancer referrals should be seen by a clinician within 14 days and first treatment should take place within 62 days of GP referral or specialist upgrade.

We have conducted several quality improvement projects within the plastic surgery department of MFT to identify causes of treatment delays, allowing us to develop a series of clinical pathways. Through implementation of these pathways, there has been a reduction in the number of surgical cancellations, improving our adherence to the NHS standard and ultimately improving the care we provide to our patients.

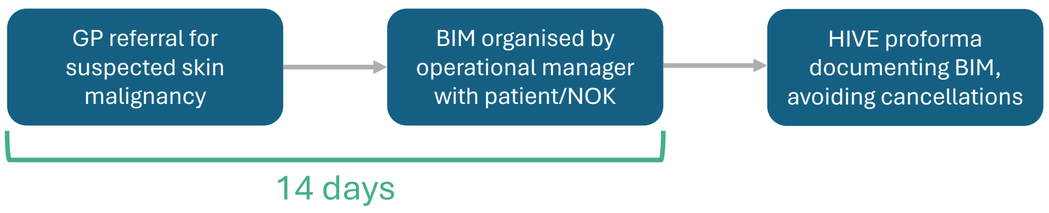
Interventions

We identified numerous recurrent clinical and administrative factors which resulted in cancellation of LA skin cancer cases. The clinical pathways we have developed to combat these delays in treatment are readily accessible within the MFT intranet.

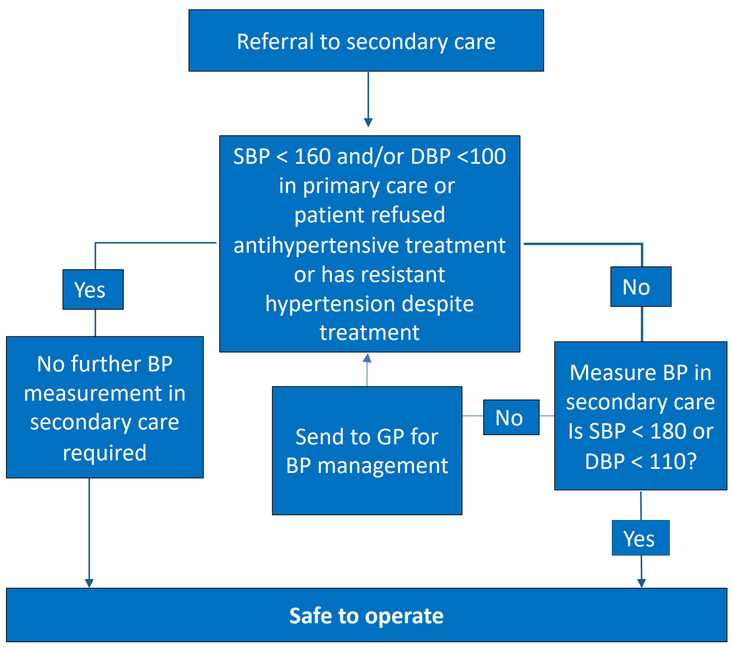


Dementia

From the first data collection cycle, one of the avoidable delays identified was the patient factor of co-morbid dementia. Implementation of a streamlined BIM and documentation of outcomes proforma resulted in no cancellations due to dementia in the second data collection period.



Hypertension



Pacemaker

Patient has cardiac device: If thermocautery NOT available, follow advice below			
Check peri-operative management below depending on cardiac device			
Cardiac Device	Pre-op	Intra-op	Post-op
Cardiac loop	No Action required		
Pacemaker **1.Patient up to date with routine follow -up?** **2.Diathermy to be used on lower abdomen / lower limbs / arms distal to elbow only?**	If Yes to both – no action	Monitor during surgery to ensure no inhibition	No action unless adverse event
	If No to either question • EPR Request Pre-op • Check with Pacemaker dept. on day of surgery regarding awareness of surgery • Call again when patient in anaesthetic room • Cardiac physiologist will advise and document need for post op check	As above	Post op check
ISC/SICD	EPR request to deactivate prior to surgery and for re-activation post-surgery		Device to be re-activated

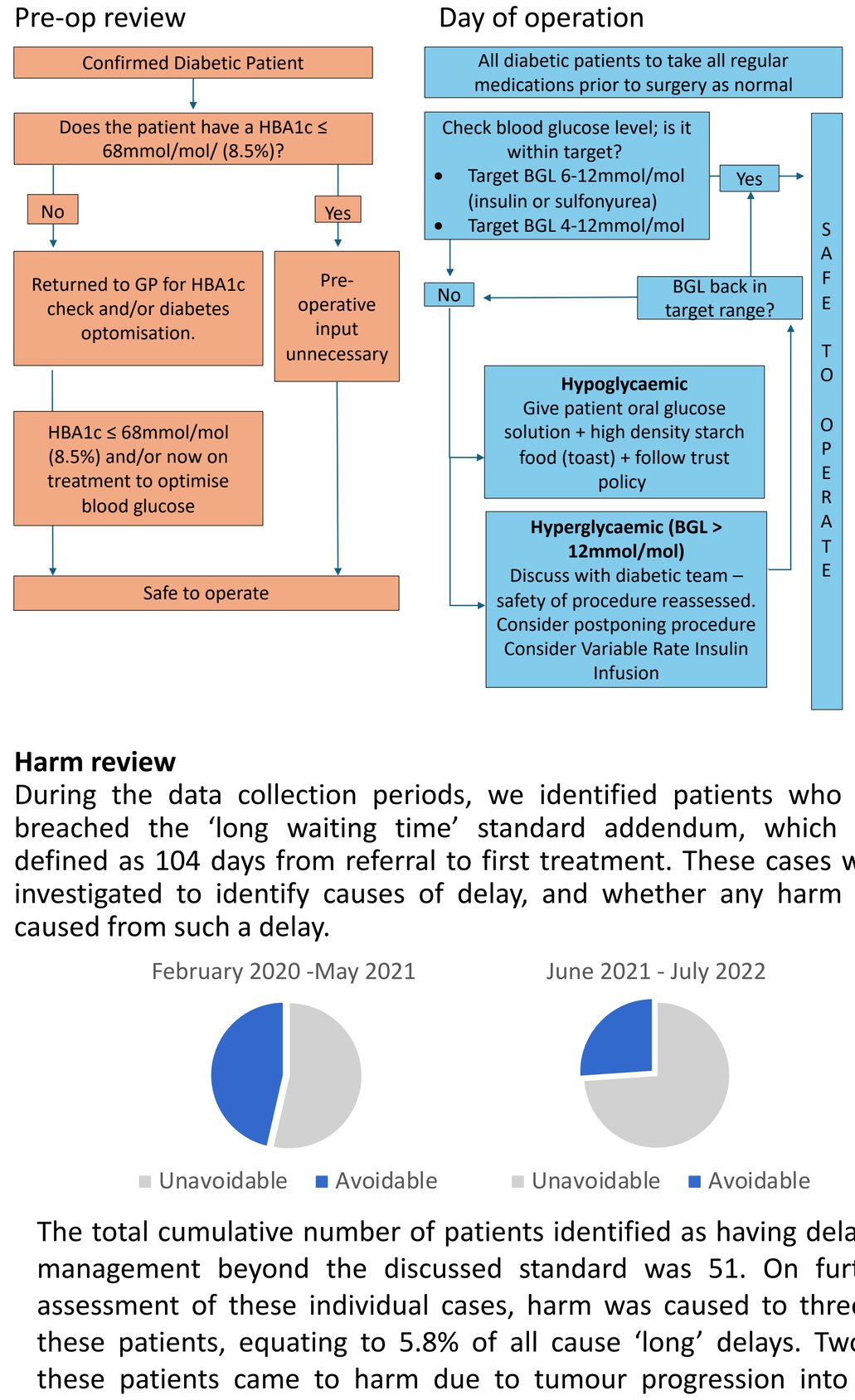
References:
NHS England (2013). NHS Standard Contract for Cancer: Skin (Adult). Available from; https://www.england.nhs.uk/wp-content/uploads/2013/06/a12-cancer-skin-adult.pdf

Anticoagulation/antiplatelets

All Low to Moderate* Risk Procedures? Anticoagulation to continue as normal	
High$^{\Delta}$ Risk Procedure? Check patient medication below for peri-operative advice	
Medication	**Guidance**
Aspirin or Clopidogrel	Stop for 1-week prior procedure
Warfarin (Patient taking for AF/DVT/PE > 12 months)	Aim INR 2.0-2.5
Warfarin (Patient taking for CVA, MI, DVT, PE < 12 months)	Bridging protocol with LMWH - (Enoxaparin/ Dalteparin)
Dual Therapy Warfarin AND _____ Aspirin / Clopidogrel / Ticagrelor / Prasugrel	Warfarin- please see above 2nd agent - Continue as normal
Apixaban / Rivaroxaban / Dabigatran	Stop 1 day before

Low Risk Procedures*	Moderate Risk Procedures*	High Risk ProceduresΔ
Curettage	Excision and direct closure on non-compressible areas (neck, lip, genitals)	Secondary intention wounds on non-compressible areas
Punch biopsy	Wide excision and direct closure on trunk and limbs	Excision within the orbit (e.g. Eyelids)
Incisional biopsy – scar length <10cm	Secondary intention wounds on compressible sites	Where bone is involved
Excision and direct closure on trunk, limbs or compressible head and neck sites (Scar length <10cm)	Grafts on compressible sites (Split thickness graft donor sites)	Local flaps on head and neck with wide undermining (e.g. Forehead, periocular – especially orbital, cheek, large nose flaps, neck)
	Small local flaps (e.g. Rhomboid on nose or wedge helical rim advancement on ear)	Local interpolated flaps (e.g. Paramedian forehead flap)
		Wide excision and direct closure on non-compressible sites (e.g. neck)
		Grafts on non-compressible sites

Diabetes



Harm review

During the data collection periods, we identified patients who had breached the 'long waiting time' standard addendum, which was defined as 104 days from referral to first treatment. These cases were investigated to identify causes of delay, and whether any harm was caused from such a delay.

The total cumulative number of patients identified as having delay in management beyond the discussed standard was 51. On further assessment of these individual cases, harm was caused to three of these patients, equating to 5.8% of all cause 'long' delays. Two of these patients came to harm due to tumour progression into the outer table of the skull, with the third being related to anxiety associated with treatment delay.