

Data collection

Record ID _____

DEMOGRAPHICS

Age 18-25
 25-34
 35-44
 45-54
 55-64
 65-74
 75-84
 85-94
 >95

Sex Female
 Male

Ethnicity British (England / Welsh / Scottish / Northern Irish)
 Irish
 Any other White background
 White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background
 African
 Caribbean
 Any other Black / African / Caribbean background
 Arab
 Aboriginal
 Torres Strait Islander
 Maori
 Non-Maori Pacific Islander
 Any other ethnic group
 Unknown / Not disclosed

PERI-OP

Specialty of the operating surgeon Dermatology
 ENT
 General surgery
 Maxillofacial surgery
 Oculoplastics
 Plastic surgery
 Hand surgery
 General practice
 Other

Which 'other' specialty _____

Was the patient given prophylactic / peri-operative antibiotics at the time of the procedure?

- Yes
 No

Antibiotic given

- Flucloxacillin
 Erythromycin
 Clarithromycin
 Clindamycin
 Co-amoxiclav
 Cephalosporin e.g. cefalexin.
 Other antibiotic - please state

Which 'other' antibiotic

State the route of administration (PO / IM / IV), dose & frequency

How many lesions were excised?

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

LESION 1

Please state the suspected diagnosis

- Atypical fibroxanthoma
 Basal cell carcinoma
 Bowen's disease / intraepidermal carcinoma
 Cyst (Epidermoid or Pilar)
 Lentigo Maligna
 Lipoma
 Melanoma
 Melanoma-in-situ
 Merkel cell carcinoma
 Naevus (benign)
 Squamous cell carcinoma
 Other (please specify)

Please state 'other' diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing?

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
 - Delayed primary closure
 - Secondary Intention
 - Flap
 - Full thickness graft
 - Split thickness graft
-

Please enter the flap type

(e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
 - postauricular
 - glabella
 - upper eyelid
 - supraclavicular
 - upper arm
 - OTHER SITE
-

Enter other Full Thickness Graft donor site

Example of a simple buried suture

[Attachment: "buried suture image 2.jpg"]

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
 - Absorbable braided e.g. Vicryl
 - Absorbable braided antimicrobial (Vicryl plus)
 - Rapidly absorbable suture e.g. Vicryl rapide
 - Absorbable monofilament e.g. Monocryl or PDS
 - Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).
-

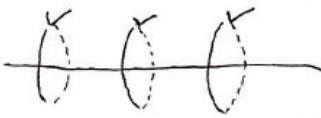
Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

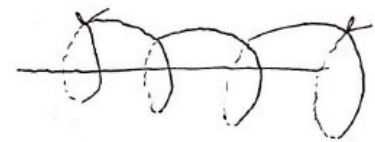
Simple interrupted



Continuous unlocked



Continuous locked / Blanket



Continuous subcuticular



Mattress



What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
- absorbable braided sutures (Vicryl etc)
- absorbable braided ANTIMICROBIAL sutures (vicryl plus)
- rapidly absorbable sutures (Vicryl Rapide etc)
- absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
- absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
- Vaseline / Yellow or White soft paraffin
- Chloramphenicol ointment
- Mupirocin ointment e.g. Bactroban
- Other
- Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply)

e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
- Non-adherent dressing e.g. jelonet / atrauman
- Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
- Alginate e.g. sorbsan / kaltostat
- Permeable vapour dressing e.g. opsite spray
- Tape e.g. micropore / tensoplast
- Skin closure strips e.g. Steristerips
- Self-adhesive fabric dressing e.g. mefix
- NO DRESSING
- Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
- Yes - at hospital (please specify timing below)
- Yes - in primary care (please specify timing below)
- Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
- Yes (Phone consultation)
- Yes (Video consultation)
- NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
- Surgical Site Infection
- Full / Partial wound dehiscence
- Stitch abscess / granuloma
- Haematoma / significant bleed post-op
- SIGNIFICANT graft or flap necrosis / failure (75-100%)
- PARTIAL graft or flap necrosis / failure (25-74%)
- MINOR graft or flap necrosis / failure (< 25%)
- Nerve injury
- Ectropion
- Delayed wound healing
- Retained surface absorbable sutures e.g. vicryl rapide which have not dissolved within expected time frame.
- Other

Please state other complication

LESION 2

What was the suspected diagnosis?

- Atypical fibroxanthoma
- Basal cell carcinoma
- Bowen's disease / intraepidermal carcinoma
- Cyst (Epidermoid or Pilar)
- Lentigo Maligna
- Lipoma
- Melanoma
- Melanoma-in-situ
- Merkel cell carcinoma
- Naevus (benign)
- Squamous cell carcinoma
- Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

(e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
- Absorbable braided e.g. Vicryl
- Absorbable braided antimicrobial (Vicryl plus)
- Rapidly absorbable suture e.g. Vicryl rapide
- Absorbable monofilament e.g. Monocryl or PDS
- Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
 absorbable braided sutures (Vicryl etc)
 absorbable braided ANTIMICROBIAL sutures (vicryl plus)
 rapidly absorbable sutures (Vicryl Rapide etc)
 absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
 absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
 Vaseline / Yellow or White soft paraffin
 Chloramphenicol ointment
 Mupirocin ointment e.g. Bactroban
 Other
 Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
 Non-adherent dressing e.g. jelonet / atrauman
 Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
 Alginate e.g. sorbsan / kaltostat
 Permeable vapour dressing e.g. opsite spray
 Tape e.g. micropore / tensoplast
 Skin closure strips e.g. Steristerips
 Self-adhesive fabric dressing e.g. mifix
 NO dressing
 Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
 Yes - at hospital (please specify timing below)
 Yes - in primary care (please specify timing below)
 Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
 Yes (Phone consultation)
 Yes (Video consultation)
 NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
- Surgical site Infection
- Full / Partial wound dehiscence
- Stitch abscess / granuloma
- Haematoma / significant bleed post-op
- SIGNIFICANT graft or flap necrosis / failure (75-100%)
- PARTIAL graft or flap necrosis / failure (25-74%)
- MINOR graft or flap necrosis / failure (< 25%)
- Nerve injury
- Ectropion
- Delayed wound healing
- Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
- Other

Please state other complication

LESION 3

What was the suspected diagnosis?

- Atypical fibroxanthoma
- Basal cell carcinoma
- Bowen's disease / intraepidermal carcinoma
- Cyst (Epidermoid or Pilar)
- Lentigo Maligna
- Lipoma
- Melanoma
- Melanoma-in-situ
- Merkel cell carcinoma
- Naevus (benign)
- Squamous cell carcinoma
- Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

_____ (e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
- Absorbable braided e.g. Vicryl
- Absorbable braided antimicrobial (Vicryl plus)
- Rapidly absorbable suture e.g. Vicryl rapide
- Absorbable monofilament e.g. Monocryl or PDS
- Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
- absorbable braided sutures (Vicryl etc)
- absorbable braided ANTIMICROBIAL sutures (vicryl plus)
- rapidly absorbable sutures (Vicryl Rapide etc)
- absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
- absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
- Vaseline / Yellow or White soft paraffin
- Chloramphenicol ointment
- Mupirocin ointment e.g. Bactroban
- Other
- Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
- Non-adherent dressing e.g. jelonet / atrauman
- Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
- Alginate e.g. sorbsan / kaltostat
- Permeable vapour dressing e.g. opsite spray
- Tape e.g. micropore / tensoplast
- Skin closure strips e.g. Steristerips
- Self-adhesive fabric dressing e.g. mefix
- NO dressing
- Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
 Yes - at hospital (please specify timing below)
 Yes - in primary care (please specify timing below)
 Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
 Yes (Phone consultation)
 Yes (Video consultation)
 NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
 Surgical site Infection
 Full / Partial wound dehiscence
 Stitch abscess / granuloma
 Haematoma / significant bleed post-op
 SIGNIFICANT graft or flap necrosis / failure (75-100%)
 PARTIAL graft or flap necrosis / failure (25-74%)
 MINOR graft or flap necrosis / failure (< 25%)
 Nerve injury
 Ectropion
 Delayed wound healing
 Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
 Other

Please state other complication

LESION 4

What was the suspected diagnosis?

- Atypical fibroxanthoma
 Basal cell carcinoma
 Bowen's disease / intraepidermal carcinoma
 Cyst (Epidermoid or Pilar)
 Lentigo Maligna
 Lipoma
 Melanoma
 Melanoma-in-situ
 Merkel cell carcinoma
 Naevus (benign)
 Squamous cell carcinoma
 Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

_____ (e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
- Absorbable braided e.g. Vicryl
- Absorbable braided antimicrobial (Vicryl plus)
- Rapidly absorbable suture e.g. Vicryl rapide
- Absorbable monofilament e.g. Monocryl or PDS
- Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
- absorbable braided sutures (Vicryl etc)
- absorbable braided ANTIMICROBIAL sutures (vicryl plus)
- rapidly absorbable sutures (Vicryl Rapide etc)
- absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
- absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
- Vaseline / Yellow or White soft paraffin
- Chloramphenicol ointment
- Mupirocin ointment e.g. Bactroban
- Other
- Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
- Non-adherent dressing e.g. jelonet / atrauman
- Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
- Alginate e.g. sorbsan / kaltostat
- Permeable vapour dressing e.g. opsite spray
- Tape e.g. micropore / tensoplast
- Skin closure strips e.g. Steristerips
- Self-adhesive fabric dressing e.g. mefix
- NO dressing
- Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
- Yes - at hospital (please specify timing below)
- Yes - in primary care (please specify timing below)
- Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

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- PARTIAL graft or flap necrosis / failure (25-74%)
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- Nerve injury
- Ectropion
- Delayed wound healing
- Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
- Other

Please state other complication

LESION 5

What was the suspected diagnosis?

- Atypical fibroxanthoma
- Basal cell carcinoma
- Bowen's disease / intraepidermal carcinoma
- Cyst (Epidermoid or Pilar)
- Lentigo Maligna
- Lipoma
- Melanoma
- Melanoma-in-situ
- Merkel cell carcinoma
- Naevus (benign)
- Squamous cell carcinoma
- Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
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- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
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Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
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- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
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Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
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- lower limb
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- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

(e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
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Type of superficial sutures placed? (choose one or more of the following or select NONE).

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- Mattress (vertical or horizontal) sutures
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Examples of superficial suture types

What superficial sutures were used?

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 absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
 Vaseline / Yellow or White soft paraffin
 Chloramphenicol ointment
 Mupirocin ointment e.g. Bactroban
 Other
 Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

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 Alginate e.g. sorbsan / kaltostat
 Permeable vapour dressing e.g. opsite spray
 Tape e.g. micropore / tensoplast
 Skin closure strips e.g. Steristerips
 Self-adhesive fabric dressing e.g. mifix
 NO dressing
 Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
 Yes - at hospital (please specify timing below)
 Yes - in primary care (please specify timing below)
 Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
 Yes (Phone consultation)
 Yes (Video consultation)
 NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
- Surgical site Infection
- Full / Partial wound dehiscence
- Stitch abscess / granuloma
- Haematoma / significant bleed post-op
- SIGNIFICANT graft or flap necrosis / failure (75-100%)
- PARTIAL graft or flap necrosis / failure (25-74%)
- MINOR graft or flap necrosis / failure (< 25%)
- Nerve injury
- Ectropion
- Delayed wound healing
- Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
- Other

Please state other complication

LESION 6

What was the suspected diagnosis?

- Atypical fibroxanthoma
- Basal cell carcinoma
- Bowen's disease / intraepidermal carcinoma
- Cyst (Epidermoid or Pilar)
- Lentigo Maligna
- Lipoma
- Melanoma
- Melanoma-in-situ
- Merkel cell carcinoma
- Naevus (benign)
- Squamous cell carcinoma
- Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

_____ (e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
- Absorbable braided e.g. Vicryl
- Absorbable braided antimicrobial (Vicryl plus)
- Rapidly absorbable suture e.g. Vicryl rapide
- Absorbable monofilament e.g. Monocryl or PDS
- Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
- absorbable braided sutures (Vicryl etc)
- absorbable braided ANTIMICROBIAL sutures (vicryl plus)
- rapidly absorbable sutures (Vicryl Rapide etc)
- absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
- absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
- Vaseline / Yellow or White soft paraffin
- Chloramphenicol ointment
- Mupirocin ointment e.g. Bactroban
- Other
- Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
- Non-adherent dressing e.g. jelonet / atrauman
- Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
- Alginate e.g. sorbsan / kaltostat
- Permeable vapour dressing e.g. opsite spray
- Tape e.g. micropore / tensoplast
- Skin closure strips e.g. Steristerips
- Self-adhesive fabric dressing e.g. mefix
- NO dressing
- Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
 Yes - at hospital (please specify timing below)
 Yes - in primary care (please specify timing below)
 Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
 Yes (Phone consultation)
 Yes (Video consultation)
 NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
 Surgical site Infection
 Full / Partial wound dehiscence
 Stitch abscess / granuloma
 Haematoma / significant bleed post-op
 SIGNIFICANT graft or flap necrosis / failure (75-100%)
 PARTIAL graft or flap necrosis / failure (25-74%)
 MINOR graft or flap necrosis / failure (< 25%)
 Nerve injury
 Ectropion
 Delayed wound healing
 Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
 Other

Please state other complication

LESION 7

What was the suspected diagnosis?

- Atypical fibroxanthoma
 Basal cell carcinoma
 Bowen's disease / intraepidermal carcinoma
 Cyst (Epidermoid or Pilar)
 Lentigo Maligna
 Lipoma
 Melanoma
 Melanoma-in-situ
 Merkel cell carcinoma
 Naevus (benign)
 Squamous cell carcinoma
 Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

_____ (e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
- Absorbable braided e.g. Vicryl
- Absorbable braided antimicrobial (Vicryl plus)
- Rapidly absorbable suture e.g. Vicryl rapide
- Absorbable monofilament e.g. Monocryl or PDS
- Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
- absorbable braided sutures (Vicryl etc)
- absorbable braided ANTIMICROBIAL sutures (vicryl plus)
- rapidly absorbable sutures (Vicryl Rapide etc)
- absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
- absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
- Vaseline / Yellow or White soft paraffin
- Chloramphenicol ointment
- Mupirocin ointment e.g. Bactroban
- Other
- Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
- Non-adherent dressing e.g. jelonet / atrauman
- Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
- Alginate e.g. sorbsan / kaltostat
- Permeable vapour dressing e.g. opsite spray
- Tape e.g. micropore / tensoplast
- Skin closure strips e.g. Steristerips
- Self-adhesive fabric dressing e.g. mefix
- NO dressing
- Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
- Yes - at hospital (please specify timing below)
- Yes - in primary care (please specify timing below)
- Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
- Yes (Phone consultation)
- Yes (Video consultation)
- NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
- Surgical site Infection
- Full / Partial wound dehiscence
- Stitch abscess / granuloma
- Haematoma / significant bleed post-op
- SIGNIFICANT graft or flap necrosis / failure (75-100%)
- PARTIAL graft or flap necrosis / failure (25-74%)
- MINOR graft or flap necrosis / failure (< 25%)
- Nerve injury
- Ectropion
- Delayed wound healing
- Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
- Other

Please state other complication

LESION 8

What was the suspected diagnosis?

- Atypical fibroxanthoma
- Basal cell carcinoma
- Bowen's disease / intraepidermal carcinoma
- Cyst (Epidermoid or Pilar)
- Lentigo Maligna
- Lipoma
- Melanoma
- Melanoma-in-situ
- Merkel cell carcinoma
- Naevus (benign)
- Squamous cell carcinoma
- Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

(e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
- Absorbable braided e.g. Vicryl
- Absorbable braided antimicrobial (Vicryl plus)
- Rapidly absorbable suture e.g. Vicryl rapide
- Absorbable monofilament e.g. Monocryl or PDS
- Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
 absorbable braided sutures (Vicryl etc)
 absorbable braided ANTIMICROBIAL sutures (vicryl plus)
 rapidly absorbable sutures (Vicryl Rapide etc)
 absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
 absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
 Vaseline / Yellow or White soft paraffin
 Chloramphenicol ointment
 Mupirocin ointment e.g. Bactroban
 Other
 Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
 Non-adherent dressing e.g. jelonet / atrauman
 Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
 Alginate e.g. sorbsan / kaltostat
 Permeable vapour dressing e.g. opsite spray
 Tape e.g. micropore / tensoplast
 Skin closure strips e.g. Steristerips
 Self-adhesive fabric dressing e.g. mifix
 NO dressing
 Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
 Yes - at hospital (please specify timing below)
 Yes - in primary care (please specify timing below)
 Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
 Yes (Phone consultation)
 Yes (Video consultation)
 NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
- Surgical site Infection
- Full / Partial wound dehiscence
- Stitch abscess / granuloma
- Haematoma / significant bleed post-op
- SIGNIFICANT graft or flap necrosis / failure (75-100%)
- PARTIAL graft or flap necrosis / failure (25-74%)
- MINOR graft or flap necrosis / failure (< 25%)
- Nerve injury
- Ectropion
- Delayed wound healing
- Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
- Other

Please state other complication

LESION 9

What was the suspected diagnosis?

- Atypical fibroxanthoma
- Basal cell carcinoma
- Bowen's disease / intraepidermal carcinoma
- Cyst (Epidermoid or Pilar)
- Lentigo Maligna
- Lipoma
- Melanoma
- Melanoma-in-situ
- Merkel cell carcinoma
- Naevus (benign)
- Squamous cell carcinoma
- Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
- Delayed primary closure
- Secondary Intention
- Flap
- Full thickness graft
- Split thickness graft

Please enter the flap type

_____ (e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
- postauricular
- glabella
- upper eyelid
- supraclavicular
- upper arm
- OTHER SITE

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
- Absorbable braided e.g. Vicryl
- Absorbable braided antimicrobial (Vicryl plus)
- Rapidly absorbable suture e.g. Vicryl rapide
- Absorbable monofilament e.g. Monocryl or PDS
- Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
- Continuous unlocked epidermal sutures
- Continuous locked / blanket sutures
- Running subcuticular / intradermal sutures
- Mattress (vertical or horizontal) sutures
- NONE
- Unknown / Not documented

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
- absorbable braided sutures (Vicryl etc)
- absorbable braided ANTIMICROBIAL sutures (vicryl plus)
- rapidly absorbable sutures (Vicryl Rapide etc)
- absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
- absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)

Was an ointment applied to the wound site?

- NONE
- Vaseline / Yellow or White soft paraffin
- Chloramphenicol ointment
- Mupirocin ointment e.g. Bactroban
- Other
- Unknown / Not documented

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
- Non-adherent dressing e.g. jelonet / atrauman
- Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
- Alginate e.g. sorbsan / kaltostat
- Permeable vapour dressing e.g. opsite spray
- Tape e.g. micropore / tensoplast
- Skin closure strips e.g. Steristerips
- Self-adhesive fabric dressing e.g. mefix
- NO dressing
- Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
 Yes - at hospital (please specify timing below)
 Yes - in primary care (please specify timing below)
 Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
 Yes (Phone consultation)
 Yes (Video consultation)
 NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
 Surgical site Infection
 Full / Partial wound dehiscence
 Stitch abscess / granuloma
 Haematoma / significant bleed post-op
 SIGNIFICANT graft or flap necrosis / failure (75-100%)
 PARTIAL graft or flap necrosis / failure (25-74%)
 MINOR graft or flap necrosis / failure (< 25%)
 Nerve injury
 Ectropion
 Delayed wound healing
 Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
 Other

Please state other complication

LESION 10

What was the suspected diagnosis?

- Atypical fibroxanthoma
 Basal cell carcinoma
 Bowen's disease / intraepidermal carcinoma
 Cyst (Epidermoid or Pilar)
 Lentigo Maligna
 Lipoma
 Melanoma
 Melanoma-in-situ
 Merkel cell carcinoma
 Naevus (benign)
 Squamous cell carcinoma
 Other (please specify)

Please specify other diagnosis

Risk factors for surgical site infection or poor wound healing?

- NONE
- Diabetes type 1 or 2
- Immunosuppressive medication
- Immunocompromised (e.g. haematological malignancy).
- Current smoker
- Ulceration of lesion
- High tension wound closure
- Anti-coagulation
- Previous radiotherapy to site
- Oral / Systemic steroid use
- Oedema e.g. venous stasis
- Peripheral vascular disease
- Other

Please specify other risk factor for poor wound healing

What anti-coagulation / anti-platelet medication were they taking?

- Aspirin
- Clopidogrel
- Dipyridamole
- Warfarin
- Apixaban
- Rivaroxaban
- Dabigatran
- Edoxaban
- Fondaparinux
- Low molecular weight heparin e.g. enoxaparin

Type of skin prep used?

- Aqueous chlorhexidine
- Alcohol chlorhexidine
- Aqueous povidone-iodine
- Alcohol povidone-iodine
- Alcohol (Isopropyl / Ethyl alcohol)
- Other
- Unknown / Not documented

Please specify other scrub

Location of the lesion

- scalp
- forehead / temple
- ears
- nose
- peri-ocular
- cheek
- peri-oral / lips
- chin
- neck
- anterior trunk
- posterior trunk
- axilla
- upper limb
- hands
- buttocks
- lower limb
- feet
- perineum and genital region

Type of closure

- Primary / Direct closure
 - Delayed primary closure
 - Secondary Intention
 - Flap
 - Full thickness graft
 - Split thickness graft
-

Please enter the flap type

(e.g. rhomboid, paramedian forehead)

Where is the Full Thickness Graft donor site?

- preauricular
 - postauricular
 - glabella
 - upper eyelid
 - supraclavicular
 - upper arm
 - OTHER SITE
-

Enter other Full Thickness Graft donor site

Example of a simple buried suture

Buried / deep dermal sutures used (please see the image above for an example of a buried suture).

- NONE
 - Absorbable braided e.g. Vicryl
 - Absorbable braided antimicrobial (Vicryl plus)
 - Rapidly absorbable suture e.g. Vicryl rapide
 - Absorbable monofilament e.g. Monocryl or PDS
 - Absorbable monofilament antimicrobial e.g. Monocryl or PDS plus).
-

Type of superficial sutures placed? (choose one or more of the following or select NONE).

SEE diagram below for representative examples

- Simple interrupted epidermal sutures
 - Continuous unlocked epidermal sutures
 - Continuous locked / blanket sutures
 - Running subcuticular / intradermal sutures
 - Mattress (vertical or horizontal) sutures
 - NONE
 - Unknown / Not documented
-

Examples of superficial suture types

What superficial sutures were used?

- non-absorbable sutures (Nylon/Ethilon/Prolene/Novafil etc)
 - absorbable braided sutures (Vicryl etc)
 - absorbable braided ANTIMICROBIAL sutures (vicryl plus)
 - rapidly absorbable sutures (Vicryl Rapide etc)
 - absorbable monofilament sutures (Monocryl, Monosyn, PDS etc)
 - absorbable monofilament ANTIMICROBIAL sutures (monocryl or PDS plus)
-

Was an ointment applied to the wound site?

- NONE
 - Vaseline / Yellow or White soft paraffin
 - Chloramphenicol ointment
 - Mupirocin ointment e.g. Bactroban
 - Other
 - Unknown / Not documented
-

What other ointment was applied?

What was used to dress the wound (please tick one or more that apply) e.g. if dressing made up of jelonet, gauze and a border dressing, please tick all three.

- Gauze
- Non-adherent dressing e.g. jelonet / atrauman
- Simple adhesive border dressing e.g. mepore / cosmopore / mepilex border / allevyn gentle border / opsite / tegaderm / c-view.
- Alginate e.g. sorbsan / kaltostat
- Permeable vapour dressing e.g. opsite spray
- Tape e.g. micropore / tensoplast
- Skin closure strips e.g. Steristerips
- Self-adhesive fabric dressing e.g. mefix
- NO dressing
- Other not listed

Other dressing (specify)

Was the patient brought back for a wound review / suture removal?

- NO
- Yes - at hospital (please specify timing below)
- Yes - in primary care (please specify timing below)
- Yes - remote wound review via video or image sent by patient

How many days after the procedure was the first wound review undertaken?

Was the patient followed up after the procedure?

- Yes (Face to face)
- Yes (Phone consultation)
- Yes (Video consultation)
- NO

At how many weeks post-operatively?

Were there any recorded complications within 30 days of the procedure?

- NONE
- Surgical site Infection
- Full / Partial wound dehiscence
- Stitch abscess / granuloma
- Haematoma / significant bleed post-op
- SIGNIFICANT graft or flap necrosis / failure (75-100%)
- PARTIAL graft or flap necrosis / failure (25-74%)
- MINOR graft or flap necrosis / failure (< 25%)
- Nerve injury
- Ectropion
- Delayed wound healing
- Retained surface absorbable sutures e.g. vicryl rapide not dissolved in expected time frame.
- Other

Please state other complication
