STRATEGIES FOR THE PREVENTION OF WRONG-SITE SURGERY AND REDUCTION OF MEDICOLEGAL RISK IN THE REFERRAL OF SKIN CANCER PATIENTS

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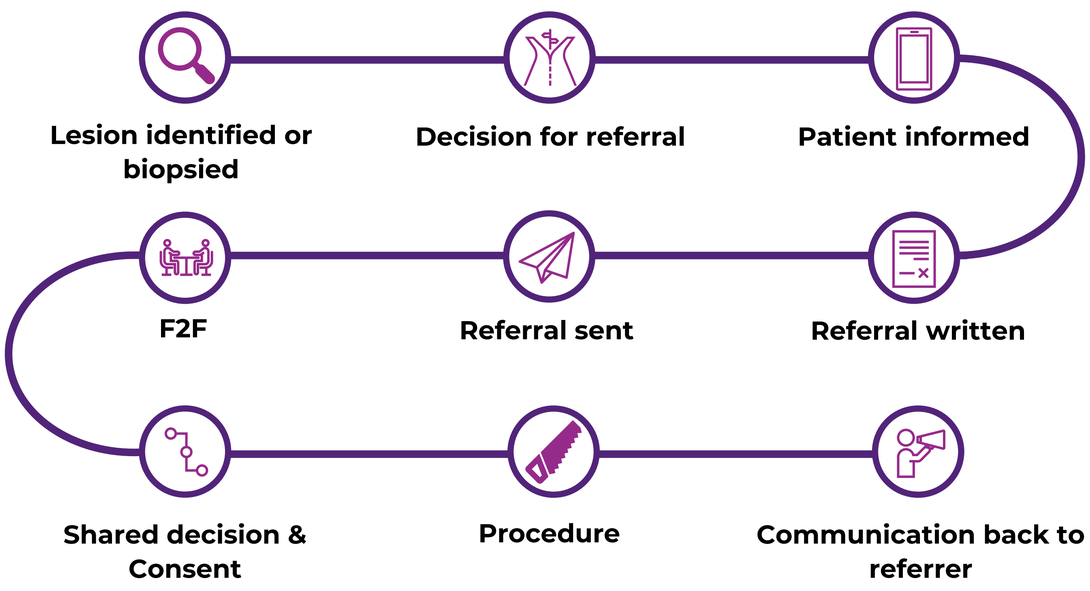
Poor referrals are an inherent risk to patients and a source of medicolegal risk.

Caring for a skin cancer patient is often highly collaborative, with a diverse team including primary care physicians, dermatologists, surgeons, radiologists, pathologists and oncological physicians. Such care frequently necessitates "referrals" as a form of communication or to guide shared decision-making.

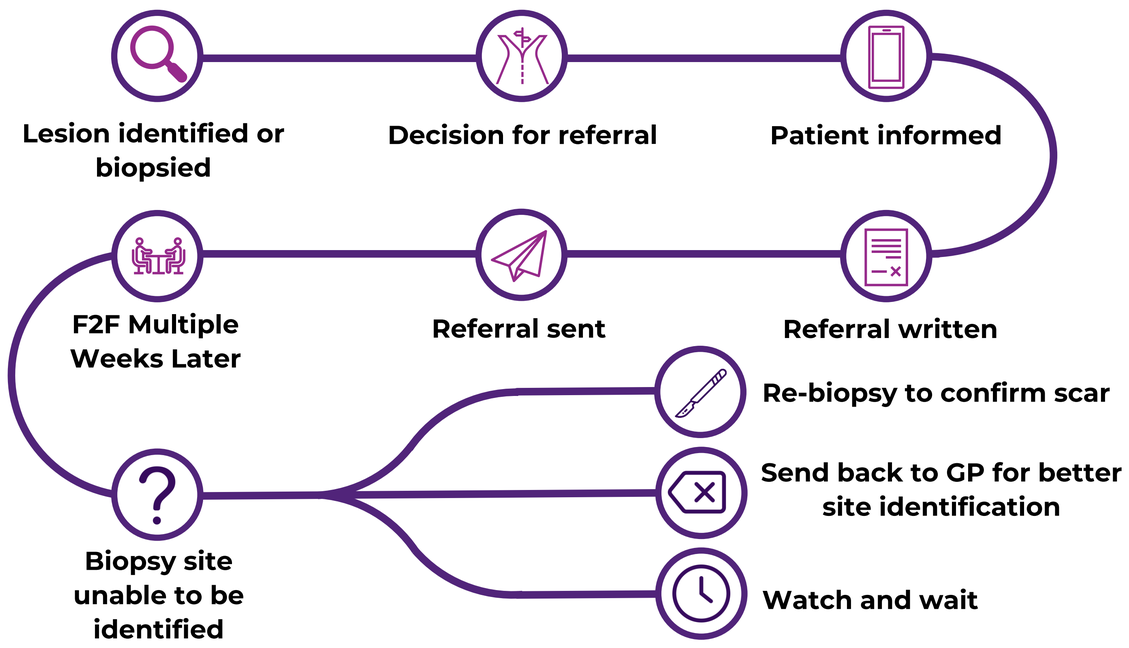
Guidelines for the referral of skin cancer patients are essentially non-existent, compounded by a paucity of explicit or standardised training from medical schools and specialty organisations. Thus, variability abounds in the quality and make up of these referrals. Underpinning these issues is the burden of regulatory and malpractice complaints.

Lesion identification can vary from highly detailed clinical photography to ambiguous written descriptions and patient memory alone cannot be relied upon.[1]

STANDARD REFERRAL PATHWAY



CURRENT PRACTICE



Poor referrals increase risks of mistakes, such as wrong site surgery.

For referrals regarding urgent lesions (e.g. melanoma, Merkel cell carcinoma, or poorly differentiated squamous cell carcinoma etc) clinicians must balance risk for wrong-site surgery (WSS) against disease progression if delay is required for lesion-site confirmation. Harm occurring due to a poor-quality referral could result in civil litigation, notifications to regulators or Coronial investigations.

Review [2] on Dermatology literature (2010-2020) found 0 cases of WSS...
2 near misses and 3x WSS for 2011-2018 at Cleveland Clinic [3]
9x WSS for 2015-2019 across USA [4]
9-31% of Mohs patients were unable to identify biopsy site; 5.9% of Physicians incorrectly identified site [4-7]

Suggestions for practice – How do we improve?

SIMPLE AND TANGIBLE SOLUTIONS

- Patient involvement (identify own lesions, retain copies of photographs etc.)
- Protocolisation of referral items [8-13]
- Prebiopsy photography
- Measurement to anatomical landmarks
- Drawn diagrams
- Watch and wait

NOVEL AND TECHNOLOGICAL SOLUTIONS

- Dedicated apps to store documentation/photographs
- UV fluorescent tattoos to mark lesions
- In vivo confocal microscopy
- Optical coherence tomography
- Total body photography + SDDI

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