# Minimising the Risk of Litigation in Minor Surgery

Updated UK primary care checklist for GP minor surgery, skin procedures, joint injections, cryotherapy and cautery

**Purpose**

A practical risk-reduction guide for clinicians and nurses involved in minor surgery. It updates the original two-page handout into a safer, clearer, current UK primary care document. It is not a substitute for local policy, commissioned service specifications, indemnity advice or clinical judgement.

**Big medico-legal message**

Most problems arise from poor patient selection, inadequate consent records, missed malignancy, infection-control lapses, poor follow-up, histology failures or unclear safety-netting.

## 1. Golden rules before any procedure

- **Work within competence:** proceed only if trained, supervised if needed, appropriately commissioned and indemnified.
- **Confirm diagnosis and suitability:** suspicious, changing, pigmented, recurrent, ulcerated, bleeding or atypical lesions need referral or specialist advice.
- **Consent is a process:** record the diagnosis, procedure, alternatives, material risks, cosmetic uncertainty and patient decision.
- **Use written consent for excisions and higher-risk procedures.** For lower-risk procedures, verbal consent may be enough but must still be documented.
- **Send removed skin tissue for histology** unless there is a clear exceptional reason; track results, act on them and inform the patient.
- **Give written aftercare and safety-netting:** bleeding, infection, wound opening, pain, suture removal, dressing care and who to contact.

## 2. Patient selection and referral triggers

| Situation | Risk-reduction action |
|---|---|
| Face, eyelids, nose, lips, ears, digits, genitalia, or cosmetically sensitive sites | Only proceed if within competence and local specification. If any doubt, refer. Discuss scarring and cosmetic uncertainty explicitly. |
| Shoulder, chest, sternum, upper back, deltoid or keloid-prone sites | Warn about hypertrophic/keloid scarring. Avoid cosmetic removals unless clearly appropriate and consent is robust. |
| Hypertrophic or keloid scar excision | Usually refer or seek specialist advice; recurrence and worsening scarring are common concerns. |
| Possible melanoma, SCC, high-risk BCC, or diagnostic uncertainty | Do not treat as routine minor surgery. Follow suspected cancer/dermatology pathways. |
| Low-risk, pre-diagnosed BCC below clavicle | Only if commissioned, no diagnostic uncertainty, and appropriate training/governance/local pathway allow. |
| Anticoagulants, antiplatelets, diabetes, immunosuppression, poor circulation, previous MRSA, allergy or pregnancy | Assess individual risk, local guidance and procedure type. Document advice, wound-healing and infection risk. |

## 3. Procedure-specific risk points

### A. Skin excisions, curettage and biopsy

- Record lesion site, size, clinical diagnosis, indication, procedure, local anaesthetic, closure material and suture removal date.
- Use correct skin preparation. NICE lists alcohol-based chlorhexidine as first choice unless contraindicated or near mucous membranes, with alternatives depending on site and contraindications.
- Avoid alcohol pooling and allow skin preparation to dry fully before diathermy/electrocautery.
- Document haemostasis, dressing, wound state and post-operative advice.

### B. Intra-articular and peri-articular injections

- Use full aseptic precautions and correct landmarking or image-guided referral where appropriate.
- Do not inject through infected skin or into a suspected infected joint/bursa. Suspected septic arthritis needs urgent same-day/emergency referral.
- Document drug, dose, site, batch/expiry if required, needle approach, consent, aftercare and safety-netting.
- Warn about flare, infection, bleeding, tendon/skin changes, neurovascular injury and treatment failure.

### C. Chemicals: phenol and silver nitrate

- Store phenol separately from local anaesthetic and cleansing agents; keep locked away after use and open only when required.
- Use protective barrier such as petroleum jelly around the treatment area before silver nitrate.
- Ensure silver nitrate does not touch normal skin; warn about local staining/irritation where relevant.

### D. Cryotherapy

- Warn about blistering, scarring, pigment change, pain and treatment failure; record this.
- Avoid treating diagnostically uncertain lesions or suspected malignancy.
- Avoid excessive freeze times, especially on thin skin and cosmetically sensitive sites; follow device-specific/local guidance.
- For courses of treatment, consent at the start is helpful, but re-check concerns and suitability at each attendance.

### E. Electrocautery / diathermy

- Avoid spirit-based skin cleansers where cautery creates ignition risk; if alcohol-based antisepsis is used, prevent pooling and allow complete drying.
- Ensure the cautery tip does not contact dressings, swabs or flammable materials.
- Use appropriate ventilation/smoke precautions according to local policy.

## 4. Infection control, wound care and aftercare

**Current NICE-aligned points**

Offer clear wound-care information, explain how to recognise infection and who to contact. Patients may shower safely after 48 hours. Do not use topical antimicrobial agents routinely for surgical wounds healing by primary intention to reduce SSI risk. Seek tissue-viability expertise for wounds healing by secondary intention where dressing choice is uncertain.

- Use a suitable room, adequate lighting, hand hygiene, appropriate PPE and sterile/single-use instruments as required.
- Do not reuse single-use medical devices. Keep decontamination records for reusable devices according to local/national policy.
- Keep a local procedure log, infection-rate audit and significant-event process for unexpected harm.
- Warn patients to seek advice urgently for spreading redness, increasing pain, pus, fever, wound opening, uncontrolled bleeding, numbness or vascular compromise.

## 5. Documentation checklist

| Tick | Record this |
|---|---|
| [ ] | Diagnosis and indication |
| [ ] | Relevant risk factors: anticoagulants, diabetes, immunosuppression, allergies, pregnancy, previous keloid/MRSA |
| [ ] | Consent discussion: alternatives, no-treatment option, material risks and patient decision |
| [ ] | Site, size, clinical description and photograph if used |
| [ ] | Procedure, operator, local anaesthetic/drug, dose and batch/expiry if required |
| [ ] | Aseptic technique and skin preparation |
| [ ] | Specimen sent for histology and tracking plan |
| [ ] | Dressing, wound state, haemostasis and suture type/removal date |
| [ ] | Written aftercare and safety-net given |
| [ ] | Follow-up/recall/diary entry and who will review |
| [ ] | Histology result received, actioned and communicated to patient |

## 6. Updated corrections to the original handout

| Original point | Updated safer wording |
|---|---|
| “Surgery to the face, if in any doubt, should be referred.” | Still true, broadened to high-risk/cosmetically sensitive sites and diagnostically uncertain lesions. |
| “Minor Surgery Record Book is useful.” | Now needs a robust log/results system: procedure log, histology tracking, patient notification and audit. |
| “Patients should be supplied with information…” | Expanded to NICE-aligned wound care, signs of SSI and who to contact. |
| “Cryoprobe 10-15 seconds repeated at three-weekly intervals.” | Not kept as a universal rule. Freeze time and interval depend on lesion, site, device and local guidance. |
| “Spirit-based skin cleaners should be avoided when undertaking electrocautery.” | Clarified: prevent alcohol pooling and allow complete drying before diathermy/cautery because of fire risk. |
| No explicit histology safety system. | Added: send removed skin tissue for histology except exceptional circumstances, and track/action/communicate results. |
| No explicit consent standard. | Added: consent is a documented conversation, not merely a signed form. Written consent is recommended for excisions/higher-risk procedures. |

## 7. Sources checked


Care Quality Commission. GP mythbuster 49: Consent for minor surgery in GP surgeries. Accessed May 2026.

NICE NG125. Surgical site infections: prevention and treatment. Last reviewed 31 May 2023.

British Association of Dermatologists. Guide to GP Skin Surgery Services, 2025.

Patient.info professional reference. Minor surgery in primary care. Last updated 18 Feb 2022.

Primary Care Dermatology Society. Skin Surgery Guidelines.

Medical Protection. Minor surgery, major risks. Older article, used only for medico-legal themes and cross-checked against current sources.


**Clinical governance note**

Review locally before use. Align with your ICB/LHB minor surgery service specification, infection-prevention policy, indemnity provider advice, pathology pathway, formulary and current NICE/BAD/PCDS guidance.