Updated UK Skin Surgery Guidelines (2026 Edition)

Date: 19 May 2026

This updated document is based on the original 2007 Primary Care Dermatology Society guidance, but revised to reflect current UK practice, NICE guidance, BAD recommendations, modern dermatological surgery standards, infection control policies, and contemporary community skin surgery pathways.

Major Guideline Updates

- NICE NG12 terminology updated.
- Added DOAC guidance.
- Updated adrenaline-in-digits advice.
- Modernised IPC and MRSA guidance.
- Added dermoscopy and governance standards.
- Added surgical safety and histology tracking advice.

Skin Cancer Management

- Suspected melanoma/SCC/high-risk BCC require urgent referral.
- Community management only within competence/governance frameworks.
- Dermoscopy training strongly recommended.
- All lesions should undergo histopathology.

Anticoagulants

- Warfarin surgery acceptable with controlled INR.
- DOACs require bleeding-risk assessment.
- Aspirin usually continued.
- Dual antiplatelet therapy needs individual assessment.

Local Anaesthetic

- Lidocaine with adrenaline generally safe in digits in selected patients.
- Use caution in vascular compromise/Raynaud’s.
- Follow BNF dose guidance.
- Anaphylaxis preparedness required.

Infection Prevention

- Alcohol-based surgical hand preparation now standard.
- Follow NHS and WHO IPC standards.
- Previous MRSA requires individualised risk assessment.

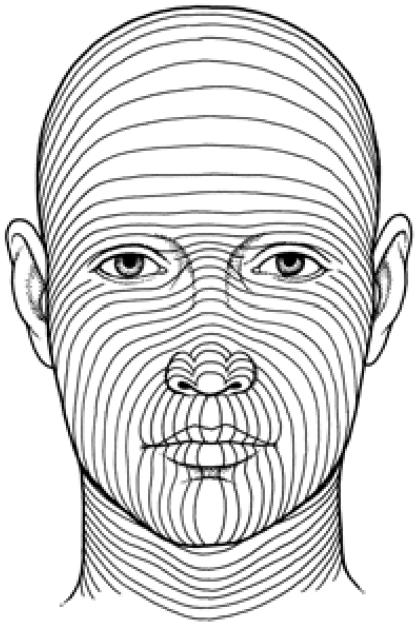
Cryotherapy

- Useful for AKs and selected benign lesions.
- Wart cryotherapy evidence modest.
- Bowen’s disease may alternatively use topical therapy/PDT.

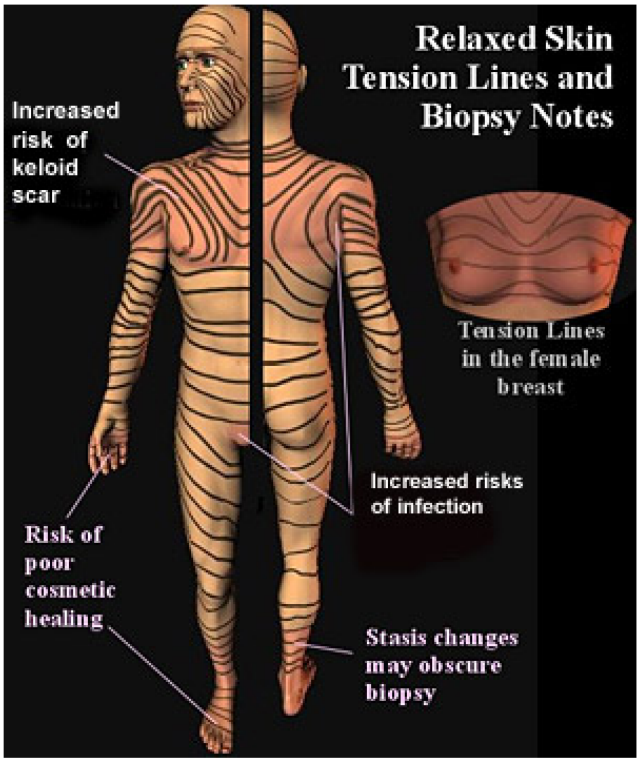
Consent and Governance

- Written consent strongly recommended.
- Photography must comply with GDPR.
- Surgical safety checks recommended.
- Histology tracking systems essential.

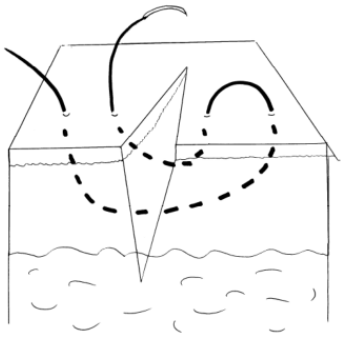
Anatomical and Suturing Reference Images



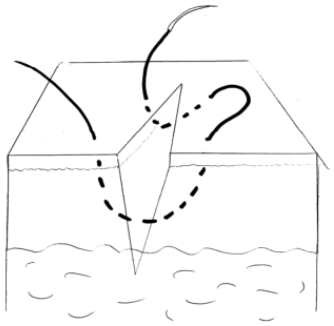
Preferable direction of incision – face



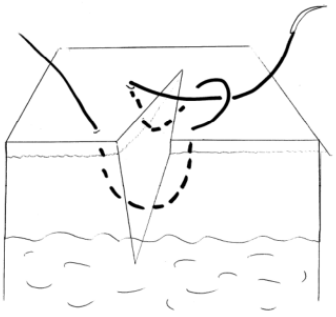
- The vertical mattress (pulley) - Useful in closing dead space e.g. after cyst removal.
- The horizontal mattress - Useful in closing skin which is thin and fragile and has high skin tension.
- The looped mattress (pass the needle through the loop in the horizontal mattress method) – Is preferable to the plain horizontal mattress as it does not evert the wound edges, but does spread the tension across the wound edges.



Vertical mattress suture



Horizontal mattress suture



Loop mattress suture

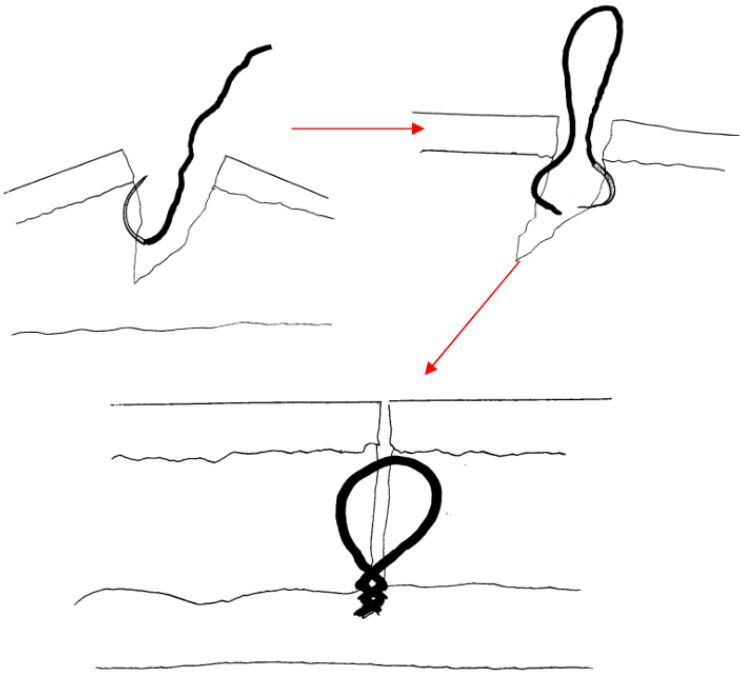
The interrupted subcutaneous suture:

- With the first ‘bite’ the needle must enter deeper in the dermis (not too deep), and exit in the upper dermis on the same side.
- With the second bite the suture must enter the opposite side in the upper dermis and exit deeper in the dermis - at the same level that the first bite entered the skin.

- This sequence of deep-superficial-superficial-deep will automatically place the knot deep in the wound below all the suture material. The suture should then be tied as a square knot.

Note – If the suture is placed too deep or if large bites take the suture too far from the wound edge the skin will not close nicely.

- The suture should be cut flush with skin surface so that the suture ends do not protrude from the wound.
- It is best to place the first suture in the far end of the wound and then work along the wound towards the operator.
- A 'double' subcuticular suture in the centre of the wound can be very helpful in gaining good skin opposition.



Knots

All knots must be tied square, which is as follows:

- 2 slips forward so that hands cross and needle ends up away from you
- 1 slip back so that hands uncross and the needle end up next to you
- 1 slip forward so the needle again ends away from you

When each knot is tied the suture should be gently 'wriggled' together as opposed to forcefully pulling together. Just enough tension should be used oppose the skin edges but not too much that will strangulate the wound.

Key UK References (2026)

• NICE NG12 – Suspected cancer: recognition and referral
• British Association of Dermatologists (BAD)
• Primary Care Dermatology Society (PCDS)
• NHS Infection Prevention and Control Manual
• British National Formulary (BNF)

Disclaimer

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