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Reducing the strain of dermatological surgery

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Dear Editor, We read with great interest the recent article by Patel *et al.*[1] regarding ambidexterity in dermatological surgery. Although the acquisition of this skill to a high level is rare in our experience, the authors are to be commended on raising the important but often neglected problem of musculoskeletal problems that may occur during dermatological surgery. The authors refer to the results of a U.S. survey among members of the American College of Mohs Surgery.[2] Similar findings were seen following a survey of members of the British Society for Dermatological Surgery,[3] thus confirming the absolute importance of addressing this problem.

While being truly 'ambidextrous' may indeed minimize the risk of adopting awkward body positions during surgery, we feel that the acquisition or development of this skill to enable a high degree of competency in delicate facial sites such as the periocular or perioral region may limit its usefulness in all but a few skilled individuals.

Dermatological surgery is universally performed under local anaesthesia. An 'awake' patient may thus help the surgeon greatly by moving on request, intraoperatively, to prevent the surgeon adopting awkward body positions. For example, our own preference is to operate from the side ipsilateral to the patient's defect; thus simply asking the patient to turn her head to the right would have prevented the strained body position adopted by the surgeon depicted in the article by Patel *et al.* Indeed, we have previously demonstrated in the *BJD* that asking a patient to move even a small degree during surgery can help facilitate otherwise difficult closures.[4]

A lack of an anaesthetist and anaesthetic equipment also creates more space in dermatology surgical theatres for the surgeon themselves to comfortably ambulate 'around' the patient if necessary to ensure they are in the optimum 'stress-free' position during surgery.

Additionally, the use of automated, positionable operating couches should be seen as a mandatory requirement during dermatological surgery. Such couches ensure the patient moves into the position best suited for the surgeon rather than the surgeon having to 'move' into position to access the necessary surgical field. Many such couches are foot-pedal operated, enabling the surgeon to precisely manoeuvre the patient into the most comfortable operating position, thus obviating musculoskeletal strain.

Fig 1. Reducing the strain of dermatological surgery – a foot-pedal operated theatre couch enables the surgeon to come close to the operative field; the use of magnification loupes with a light source ensures a fixed operating distance occurs preventing the surgeon from bending forward awkwardly to visualize the required area. For the dermatological surgeon, the usual working distance of such loupes may vary between 25 cm and 60 cm depending on the surgeon's individual preference, with the field of view also commonly ranging from 2 cm to 10 cm; the surgeon is also seated comfortably on a surgical stool with lumbar back support.

In our own experience, however, the combination of surgical loupes, good lighting and an ergonomically designed theatre stool for the surgeon to sit on are the most important factors in enabling strain-free surgery to occur. Figure 1 highlights these factors and their intrinsic benefits. Numerous other factors can lessen the muscular stresses and strains during dermatological surgery including comfortable footwear, 'anti-fatigue floormats' (designed to encourage small leg movements, causing swaying that is almost unnoticeable, thus reportedly combating tiredness and aching muscles that can be a major problem if standing for prolonged periods), and short breaks during prolonged complex reconstructions.[5] Any measure that lessens the potential for musculoskeletal strain during dermatological surgery in our opinion should be strongly encouraged.

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News and Notices

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95th Annual Meeting of the British Association of Dermatologists
7th–9th July 2015, Manchester

The 95th Annual Meeting of the British Association of Dermatologists will be held at the Manchester Central, 7th–9th July 2015, organised by Prof Irene Leigh, BAD Academic Vice-President.

Abstracts of papers and posters should be submitted for consideration by the Scientific Committee. Original communications will be allotted 15 min, which must include time for discussion.

Online submission will be the only method of abstract submission available. Full instructions and the submission form can be accessed via the BAD website www.bad.org.uk/annual-meeting

The closing date for the receipt of abstracts is Monday 12th January 2015 and the deadline will be adhered to strictly. Any abstracts received after this date will not be considered. The deadline for abstract submissions to any of the special interest group meetings will be Monday 9th February 2015. Poster submissions on the following topics are strongly encouraged: audit, medical education, and service delivery.

Conference & Event Services, British Association of Dermatologists, 4 Fitzroy Square, London, W1T 5HQ, UK or email conference@bad.org.uk