

Punch Biopsy

Indications

1. Diagnosis of suspicious skin lesions, rashes, bullous diseases
2. If the lesion is small it may be removed in its entirety by punch biopsy

Contraindications

1. Use caution in patients on anticoagulation therapy

Preparation

1. Materials

- 1- Biopsy punch (2-4mm)
- 2- Skin hook
- 1- Iris scissor (tissue scissor)
- 1- Suture scissor
- 1- Needle holder (short)
 - Can use anesthesia needle to lift up specimen to cut with Iris scissors
- 2- Curved mosquito hemostats
- 1- Ruler
- 1- Fenestrated sterile drape
- 1- Non-fenestrated sterile drape
- 1- Pack of sterile 4x4 gauze
- 1- 5cc syringe
- 1- 27 gauge needle
- 1- Pack of suture (size & material as appropriate)
- This set of instruments can also double as a laceration repair kit, and with the addition of a #15 scalpel this can be used for excisional biopsies

2. Positioning

- Patient should be either in supine or prone position on the procedure table based on lesion location
- Patient comfort is the critical factor when positioning for punch biopsy

Step-by-Step Procedure

1. Discuss procedure with patient and/or guardian
2. Obtain informed consent
3. Identify proper location for biopsy
4. Cleanse skin with alcohol
5. Administer anesthesia (local or regional block)
6. Prep and drape biopsy site
7. Assess adequacy of anesthesia
8. Holding punch perpendicular to skin advance with twisting motion
9. You will feel the punch give when you enter the subcutaneous space
 - It is not necessary to advance the punch to the hub
10. Depth of punch will vary based upon the location on the body

11. Elevate the specimen, using the needle used in anesthesia and dissect free any attachments
 - Avoid crushing the tissue removed
12. Place specimen in appropriate transport container and send to Pathology
13. Hemostasis is generally achieved with light pressure
14. Wound may be closed with a simple interrupted stitch at the discretion of physician.
Smaller punch sites (4mm) have been shown to heal equally well by secondary intention as with primary closure⁵
15. Dress wound with antibiotic ointment and gauze dressing
16. Review wound care with the patient
17. Schedule follow up for suture removal as needed

Post-Procedure

1. Wound care instructions
2. Avoid immersion in water
3. OK to shower after 24 hours
4. Cover with dry gauze for the first 48 hours (change daily)
5. Antibiotic ointments are optional
6. Avoid sun exposure
7. Scars take up to six months to fully remodel
8. Remind patient that you are available to discuss concerns

Pearls

1. Proper patient positioning for site exposure and patient comfort
2. Good anesthesia = patient satisfaction
3. Patients on aspirin therapy have no increased risk of bleeding complications
4. Patients on warfarin therapy (INR in therapeutic range) have increased risk of bleeding complications, but the risks of stopping anti-coagulation outweigh the benefits
 - Care should be taken to minimize post-operative bleeding
5. Follow up with pathology results by phone or in person when they are available

Coding Pearls

1. Skin biopsy for one lesion codes different from more than one
2. Need to use ICD-9 codes to describe location
3. If need to close with suture, use simple repair codes
4. Simple repairs are included in the procedure if you need to perform an intermediate or complex closure you can use and additional codes

Documentation Template

1. Patient name and date of birth
2. Pre-Op diagnosis
3. Post-Op diagnosis
4. Surgeon
5. Assistant
6. Anesthesia
7. Procedure

8. Specimen
9. Complications
10. Disposition
11. Details of procedure

Complications

1. Bleeding
2. Infection
3. Wound dehiscence
4. Keloid and hypertrophic scars
5. Poor cosmetic result

Follow-Up

1. Follow up for suture removal in 3-10 days based on location of the biopsy site and comorbid conditions that may prolong wound healing

CPT Codes

1. 11100 Skin Biopsy - one lesion
2. 11101 Skin bx - each additional lesion
3. Repair codes 12001 Repair simple, superficial wounds of scalp, neck, axillae, external genitalia, trunk or extremities (including hands and feet) 2.5 cm or less

References

1. American Medical Association. Current Procedural Terminology: CPT 2005. Chicago: AMA Press, 2004 45-50.
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3. Zuber, T.J., Mayeux Jr., E.J. Atlas of Primary Care Procedures. Philadelphia: Lippincott Williams & Wilkins, 2004: 71—103.
4. Dixon, A. J., Dixon, M. P, and Dixon, J. B. Bleeding complications in skin cancer surgery are associated with warfarin but not aspirin therapy. British Journal of Surgery 2007; 94: 1356–1360
5. Christenson LJ et al. Primary closure vs second-intention treatment of skin punch biopsy sites: A randomized trial. Arch Dermatol 2005 Sep; 141:1093-9.

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