

Mass Removal Procedure Guidelines

The RCC looks at mass removal in relation to what your average general practitioner would do in the field compared to what a surgeon would be more likely to do based on their increased training. The RCC feels that multiple mass removals of small masses (Ex. 1cm or 5cm masses that are easily closed) should not be able to make up a large portion of cases in the log. Surgery residents should be getting training that is at a higher level than what they would be doing if they were a general ambulatory practitioner.

Removal of a cutaneous mass or lesion that is ≥ 10 cm diameter/length will be acceptable as a log case. This does not mean that all masses add up to 10cm, but that the largest one is ≥ 10 cm diameter/length. The diagnosis should be specific and concise and include the size of the mass, location, and laterality at all times.

Ex. 12cm lipoma, thorax, left

Removal of a cutaneous mass or lesion < 10 cm localized or disseminated over vital structures (synovial structures, vessels, nerves, glands, etc.) or natural orifices (around orbit, anus, nostril, etc.) will be acceptable as log cases. These cases will likely require careful wound closure using tension relieving suture patterns and/or skin mobilization techniques. In the case of masses < 10 cm, the diagnosis should make it clear as to why the mass was considered acceptable as a log case.

Ex. 5cm sarcoid, dorsal fetlock, right front

Ex. 4cm squamous cell carcinoma, upper eyelid, OS

Ex. 3cm melanoma, commissure of lip, left

Laceration Repair Guidelines

Simple lacerations that are closed primarily that do not involve a synovial structure/joint surface or require specialized wound closure techniques should not be logged.

Lacerations localized or disseminated over vital structures (synovial structures, vessels, nerves, glands, etc.) or natural orifices (around orbit, anus, nostril, etc.) will be acceptable as log cases. These cases will likely require careful wound closure using tension relieving suture patterns and/or skin mobilization techniques. The diagnosis should make it clear as to why the laceration was considered acceptable as a log case.

Ex. Laceration, dorsal fetlock, right front