



BSDS Guidance on Antithrombotics and Skin Surgery 2023

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Risk Stratification of skin surgery procedures		
Low risk procedures	Moderate risk procedures	High risk procedures
Curettage	Excision and direct closure on non-compressible areas (neck, lip, genitals)	Secondary intention wounds on non-compressible sites
Punch biopsy	Wide excision and direct closure on trunk & limbs	Excision within the orbit (e.g. eyelids)
Incisional biopsy- scar length <10cm	Secondary intention wounds on compressible sites	Where bone is involved
Excision and direct closure on trunk, limbs, or compressible head & neck sites (scar length <10cm)	Grafts on compressible sites (& split thickness graft donor sites)	Local flaps on head & neck with wide undermining (e.g. forehead, periocular - especially orbital, cheek, large nose flaps, neck)
	Small local flaps (e.g. rhombic on nose, or wedge or helical rim advancement on ear)	Local interpolated flaps (e.g. paramedian forehead flap)
		Wide excision and direct closure on non-compressible sites (e.g. neck)
		Grafts on non-compressible sites

***The highest thrombotic risk patients (see full guideline text for details):**

- 1) Thrombotic event on an anticoagulant in the past
- 2) Prosthetic heart valve (especially mitral)
- 3) Valvular atrial fibrillation (AF) - prosthetic heart valves or moderate to severe mitral stenosis
- 4) Following VTE - the highest risk is in the first 3 months
- 5) Clinicians should consider using the CHA₂DS₂-VASc score) to calculate stroke risk. Scores of 5 or above are considered higher risk (see tables 1 & 2).