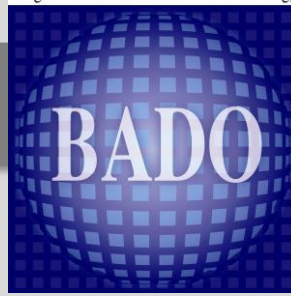


# DERMATOLOGICAL CONSULTATION AND SURGERY FOR SKIN CANCER DURING COVID19 PANDEMIC

*These recommendations may serve as a guidance and are based on a general weighing of pros/cons. They need to be tuned according to the evolving situation and advices for COVID19 by the government and the weighing of the pros/cons for the individual patient.*



# INDICATIONS & DEGREE OF URGENCY



# Urgent indications: need to come

- Referral for possible melanoma or other skin cancer
- Confirmed new melanoma
- Confirmed new SCC
- Confirmed new other skin cancer e.g. Merkel cell CA, angiosarcoma
- Excision suspicious nevus
- Follow-up stage II and III melanoma within first 2 years of follow-up
- Cutaneous lymphoma with systemic treatment
- Follow-up SCC: moderate/poor differentiation or prior metastasis or transplant patient or history of multiple SCCs
- Follow-up multiple melanomas
- Any patient with skin cancer history who is worried (first triage by teleconsultation)
- Planned digital dermoscopy follow-up of specific lesion(s) after 3-4 months



# Semi-urgent indications:

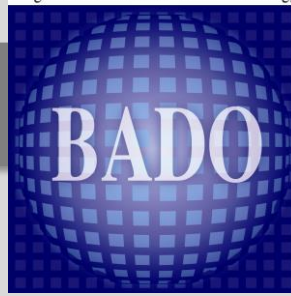
can be postponed but need to be replanned urgently (within 8 max 12 weeks)

- Follow-up stage II and III melanoma after 2 years of follow-up
- Follow-up stage I melanoma and in situ melanoma
- Follow-up low-grade SCC
- Confirmed new BCC (for BCC in the face surgery should already be planned)
- Confirmed Morbus Bowen
- Follow-up multiple BCC
- Dysplastic nevus syndrome with family history of melanoma



## Less urgent indications: can be postponed beyond 8-12 weeks

- Follow-up BCC
- Follow up dysplastic nevus syndrome with negative history of melanoma (annual check)
- Follow up actinic keratosis



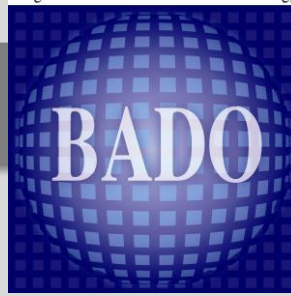
# PLANNING A CONSULTATION



- Contact the patient to reach consent on the need for a consultation - consider teleconsultation whenever possible

This is especially important in patients at risk for serious COVID19 infection (e.g. old age - immunosuppressive R/ - other comorbidities)

- Ask the patient:
  - if he/she has no fever – cough – flu-like symptoms
  - to bring a face mask if he/she has one



# CONSULTATION



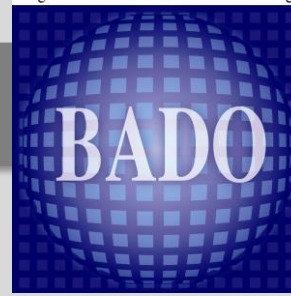


- Patients in the waiting area should be spaced at least 1.5 meter apart.
- Patient should clean their hands with soap and water for at least 20 seconds. Alternatively they can be asked to use alcohol disinfection
- If patients have a mouth mask (or the dermatology practice can provide one) they should be asked to wear it \*
- Patients with fever - cough - flu-like symptoms in the past 4 weeks or patients who tested COVID19 positive should wear a mouth mask up to 30 days after the start of their first symptoms / positive testing.

\* Wearing a face mask protects against spread of COVID19 by the carrier



- The dermatologist who performs total body examination with dermoscopy should wear a face mask and wash/sanitise hands. The dermatologist can consider to wear gloves during examination.
- The dermatoscope should be wiped with an alcohol wipe (70% isopropyl alcohol) for at least 1 minute before application on a patient. The use of a protective cap or polyvinyl chloride (PVC) food wrap on the dermatoscope should be considered.
- An alcohol solution or gel may be used as interface medium for dermoscopy as it simultaneously desinfects the skin parts that will be scoped.
- Dermoscopy at certain sites like hands, nails, face, eyes and mucosa should be avoided as much as possible.
- Paperless approach is encouraged.



# SURGERY



## **1. Intervention outside head / neck area**

Patient wears mask

Doctor wears mask and gloves and normal surgical clothing

## **2. Intervention head / neck area but not in mask area**

Patient wears mask, sterile field protects as much as possible mask area

Doctor wears normal protective clothing (mask, gloves, surgical clothing)

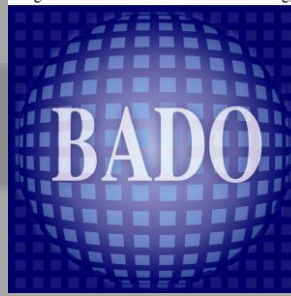
## **3. Intervention in mask area of the face**

- Covid negative (SWAB screening day before): standard measures
- If testing is not available, consider positive and increase doctor's protection: (FFP2) mask plus extra protection (e.g. shield) and extra surgical apron over surgical clothing



## REFERENCES

- <https://www.sciensano.be>
- DEEPAK JAKHAR, ISHMEET KAUR  
Art of performing dermoscopy during the times of coronavirus disease (COVID-19): Simple change in approach can save the day!  
JEADV letter to the editor [doi: 10.1111/JDV.16412](https://doi.org/10.1111/JDV.16412)



[www.huidkanker-bado.be](http://www.huidkanker-bado.be)

[www.cancerdelapeau-bado.be](http://www.cancerdelapeau-bado.be)

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