
MINOR SURGICAL
PROCEDURES FOR

Nurses and Allied
Healthcare
Professionals

Edited by

SHIRLEY MARTIN



John Wiley & Sons, Ltd

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Preface

This book is intended to provide nurses and allied healthcare professionals with the underlying theory, knowledge and skills they need to undertake minor surgical procedures. It is very much hoped that it will provide a helpful guide to those who have a specific interest in minor surgery.

Professor Sir Ara Darzi, KBE HonFREng FMedSci

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Introduction

In recent years nursing has developed as a significant professional practice in its own right. This book has been written with the intention of providing nurses and allied healthcare professionals with a comprehensive guide that can be used as a reliable reference when performing minor surgical procedures. These encompass a range of benign and suspicious skin conditions which require simple surgical intervention.

This book will take the reader through a series of logical steps, highlighting significant issues and the principal limitations in practice. It has been primarily edited by an experienced practitioner with wide knowledge of the role of the non-medical practitioner in minor surgery. Various multidisciplinary professionals, including a consultant surgeon, anaesthetist, junior doctor, barrister, and an infection control nurse have contributed chapters, in addition to which assistance has been provided by many other experts.

Chapters within the book stand alone, enabling the reader to examine specific issues, for example the medico-legal implications involved in expanded roles for non-medical healthcare practitioners. The text is enhanced by illustrations, and a glossary is provided explaining the terminology used throughout.

Part One
Elementary Requirements

1 Starting Out: The Wider Picture

SHIRLEY MARTIN

Over the past decade the quality of differential care to patients has been transformed within the National Health Service (NHS) and primary healthcare settings. This process has led to the evolution of new roles for non-medically qualified practitioners working in a variety of specialist areas, and these new roles have created a myriad of clinical responsibilities. In addition, recent changes in medical manpower have resulted in the reduction of junior doctors' hours with specific shortages in many surgical specialties (The New Deal 1991; Calman 1993; Reilly et al. 1996; Working Time Directive 2004).

This chapter is intended to guide advanced specialist healthcare practitioners, such as Surgical Care Practitioners (SCPs) who are planning to undertake simple minor surgical procedures in a clinical setting. Whether the practitioner is considering the role for the first time or not, taking the first step may seem precarious; accompanied by many emotions, including apprehension and fear. This chapter will also focus on simplifying that transitional process, by acquainting practitioners with an overview of the many challenges likely to be faced, and will explore some of those simple but important questions which are likely to be encountered along the way.

Many practitioners today have been employed in senior roles comparable to that of a junior doctor and answerable to the consultant surgeon. However, many in this new field may not have perceived the hurdles that are likely to be encountered.

Firstly, it is essential that the practitioner questions how they might adjust to their transitional role and prepare for the many responsibilities that lie ahead. These questions should take place prior to, during and following the interview process. Subsequently it is important to look at how the role might be perceived and accepted by other medical trainees and patients, including nursing colleagues and multidisciplinary teams, as this could present many unexpected dilemmas, not considered prior to the appointment.

One of the most fundamental objectives is to highlight clearly how the practitioner will be clinically supported throughout their development, as this can be a long and tedious process involving many long hours of relentless work; which may often be accompanied by setbacks, and frustration. Strange

as it may seem, these uncertainties arise time and time again. Unpublished reports suggest that many practitioners have yet to have their problems resolved even after a considerable amount of time spent in post.

Take a few minutes to examine the following questions.

- Will the practitioner use creativity to attain their goal?
- Will he or she survive the transition?
- Can he or she identify potential errors and thus improve potential for future achievements?

PRACTICAL STEPS TO LOCAL IMPLEMENTATION

- Consultant and management identify the specific needs of a training plan and clinical exposure within the organisation.
- Involve clinical governance to assure the quality of clinical services.
- Identify ongoing team development, clinical supervision, and mentorship by the clinician.
- Identify the employment strategy (Trust/Directorate).
- Identify where the practitioner is likely to be sited and establish if office space is available.
- Identify where the practitioner might obtain information technology (IT) as appropriate, to include Internet and Intranet access, to enable them to keep abreast of up to date information, including the latest relevant research.
- Consider how the practitioner might be contacted within the establishment's mobile phone/bleeps network.
- Ensure that the job title reflects the nature of the role.

These fundamental matters are integral to the first day if not first week of employment. It will not be surprising if some of these issues require many requisitions, endless paperwork and a variety of signatures.

THE PRACTITIONER

The practitioner may wonder why they have been appointed to their position. Only the employer can answer this question, There is no doubt that an individual who exudes enthusiasm will maintain the ability to think swiftly and make correct decisions, and it is essential that they demonstrate the ability to handle any stressful situations and rise to the challenges found along the way.

Practitioners must be made aware of the considerable groundwork required, and that this has to be undertaken on their own initiative. This will entail researching various aspects surrounding the role together with setting realistic goals. A worthwhile tip is to look at what has already been implemented before attempting to reinvent the wheel.

It is recommended that the practitioner starts with a little self-examination, and takes a few minutes to analyse the following.



- Their own main strengths and weaknesses.
- Their overall ability, and capacity for making swift and judicious decisions when required.

Awareness in these areas will indicate the next steps to be taken, and where possible these should be discussed with the practitioner's supervisor as a part of self-assessment. The results of this exercise will lay the groundwork for the preparation of an individual development plan.

MULTI-TEAM SUPPORT

A collaborative form of approach of support, from a leading consultant surgeon, organisational managers, and the trust board is fundamental, to ensure that the role is developed to its full potential (Martin 2002).

It is also vital that the role is fully integrated, as this encourages cross-boundary multi-professional teamwork (Scholes and Vaughan 2002). This eliminates traditional boundaries, often regarded as the medial realm, allowing practitioners and doctors to work more closely. Organising meetings with others encourages a positive response and leads to a greater understanding of the additional support that may be required.

Such support includes secretarial and clerical support with access to referral letters and patient notes. Other areas such as ordering of diagnostic investigations plays a major part with the aspect of care and may entail the practitioner ordering pathological investigations and X-rays. It is essential that the practitioner's request is authorised. This will entail additional training and ratification at a local level.

Tips to consider are:

- do not appear over-confident or pretentious;
- remember to keep in touch with former colleagues;
- try not to work in isolation.

It is clear that the transition can present many potential pitfalls. The practitioner may initially encounter conflict and potential alienation from medical