2025

COMMON OFFICE PROCEDURES

for Adult & Family Primary Care

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Presented by: Carla Beckerle, DNP, APRN-BC
Margaret Benz, MSN (R), APRN, ANP-BC, FAANP

2025 COMMON OFFICE PROCEDURES

Disclosures

Neither of the speakers has any current financial or affiliation arrangements with any guarantor or commercial interests that might have direct interests in the subject matter of this CE activity

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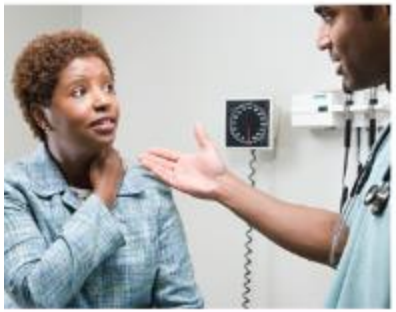
OBJECTIVES



- Discuss common procedures in ambulatory care in relation to their causes, incidence of, indications and contraindications for each procedure
- Review relevant client instructions
- Demonstrate common procedures
- Observe student performance of these procedures

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ISSUES

- Adequate training
- Consistent with policy?
- Reimbursement

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CONSIDERATIONS FOR ALL PROCEDURES

- Description of Procedure
- Anatomy and Physiology
- Indications / Contraindications
- Precautions
- Assessment

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ANESTHESIA

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LOCAL ANESTHESIA

- Infiltrates tissues and diffuses across neural sheaths and membranes
- Mechanism of action:
  - Interferes with neural depolarization and transmission of impulses
- 1% lidocaine blocks pain
- 2% lidocaine blocks all sensations

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LOCAL ANESTHESIA

- Pharmacological Properties
  - Onset of action
  - Duration
  - Toxicity
    - All are affected by local vascularity, type and amount of anesthetic, concentration, technique, accuracy of injection, and adjunctive use of epinephrine

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LOCAL ANESTHESIA

- Epinephrine
  - Pros
  - Cons
- Toxicity
  - Cardiovascular
  - CNS effects
  - Syncope

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LOCAL ANESTHESIA

Agent	Concentration	Onset	Duration	Max Dose
Lidocaine	1%	<1 min	0.5-2 hrs	4.5mg/kg (30 cc)
Lidocaine With epi	1%	<1 min	2-6 hrs	7 mg/kg (50cc)
Lidocaine	2%	<1 min	0.5-2 hrs	2-3 mg/kg (15-20 cc)
Mepivicaine Carbocaine	1%	3-5 min	1-3 hrs	5 mg/kg (30 cc)
Bupivicaine Marcaine	0.25%	5 min	3-7 hrs	3 mg/kg (50cc)

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LOCAL ANESTHESIA

- Prevention of Toxic Reactions
  - Avoid injection into a blood vessel
  - Do not exceed recommended dose
  - Gentle handling of patient
  - Patient always supine

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DECREASING PAIN WITH INJECTION

- Warm Water
- Ethyl Chloride
- Tetracaine/Adrenaline
- EMLA Cream or Disk
- Buffering anesthetics (Sodium Bicarbonate)

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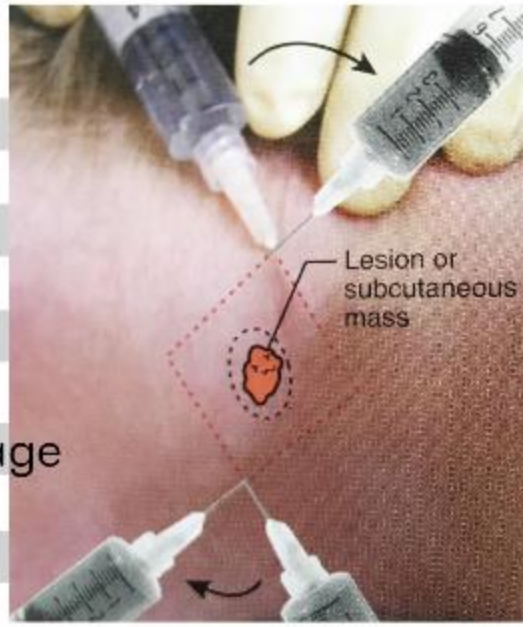
FIELD BLOCK

- Reasons to use:
  - Abscess incision and drainage
  - Foreign body removal
  - Subcutaneous cyst removal/ drainage
  - Suturing
  - Wound debridement

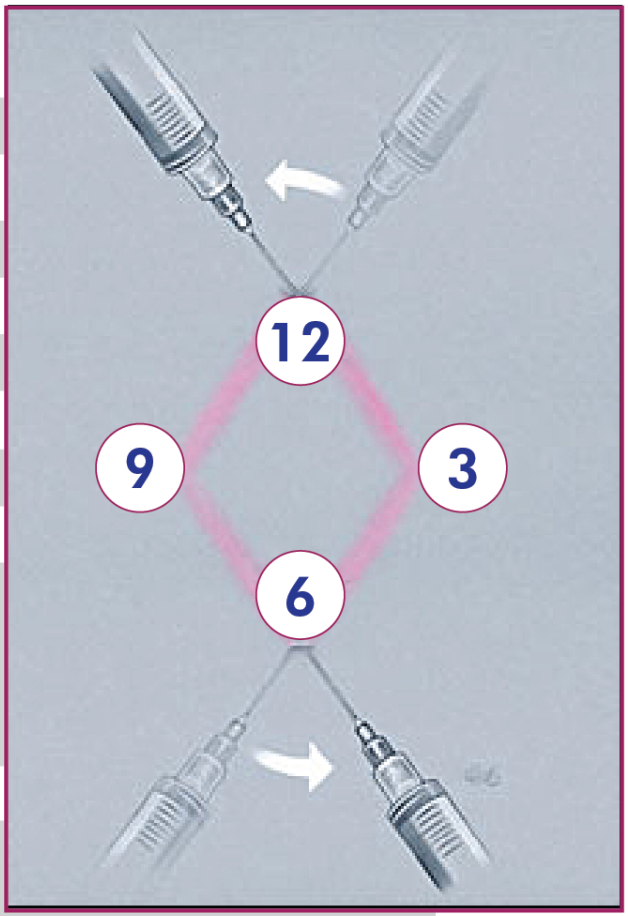


FIELD BLOCK

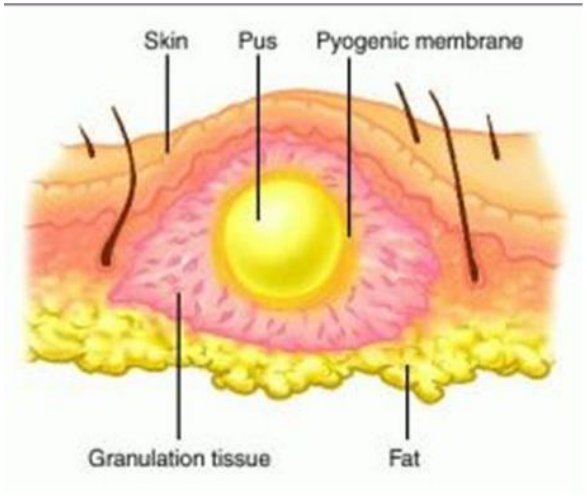
- Reasons **not** to use:
  - Allergy to anesthetic agent
  - Infection at injection site
  - Poor patient acceptance or cooperation
  - Coagulopathy

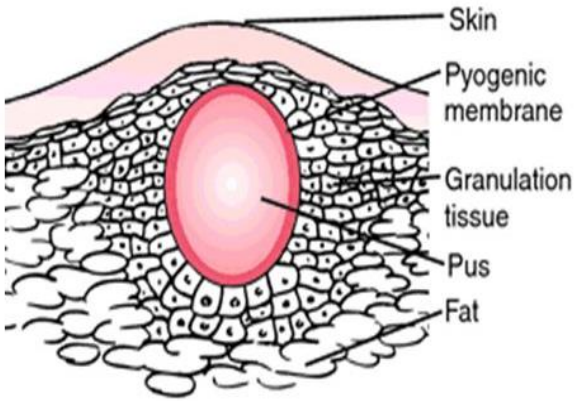
FIELD BLOCK

- Obtain consent
- Prep area
- Be familiar with underlying anatomy
- Select proper anesthetic for area
- Identify 12 o'clock, 3 o'clock, 6 o'clock and 9 o'clock position around area to be anesthetized
- Inject once at each area changing positions 2 times



ABSCESS:
Anatomy Review





INCISION AND DRAINAGE OF AN ABSCESS

- An abscess is a collection of fluid in the cutaneous tissue which results in a painful, erythematous, fluctuant mass.
- Reasons to perform I&D:
  - to relieve associated pain
  - to minimize damage to surrounding tissue

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ASSESSMENT

- History of Present abnormality
- Pertinent Past medical History
- Allergies
- Physical Exam

INCISION AND DRAINAGE OF AN ABSCESS

- RED flags prior to procedure
  - Tense, non-fluctuant
  - Pulsatile mass

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SUPPLIES

- Anesthesia
- Antiseptic Solution
- 2 X 2 or 4 X 4
- #11 surgical blade
- Curved hemostat
- Fenestrated Drape
- Gown
- Gloves
- Eye shield
- Culture tube

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PROCEDURE

- Consent form
- Cleanse the abscess
- Sterile field
- Field block—do not inject the abscess!
- Incise deeply and long enough to allow drainage and prevent closure
- Irrigate
- Pack with iodoform gauze
- Dress

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INCISION OF ABSCESS

EXPLORE LACULATION

DOCUMENTATION

- Size
- Color
- Fluctuant
- Fever
- Proximal adenopathy
- WBC (if systemic infection suspected)

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INCISION AND DRAINAGE OF AN ABSCESS

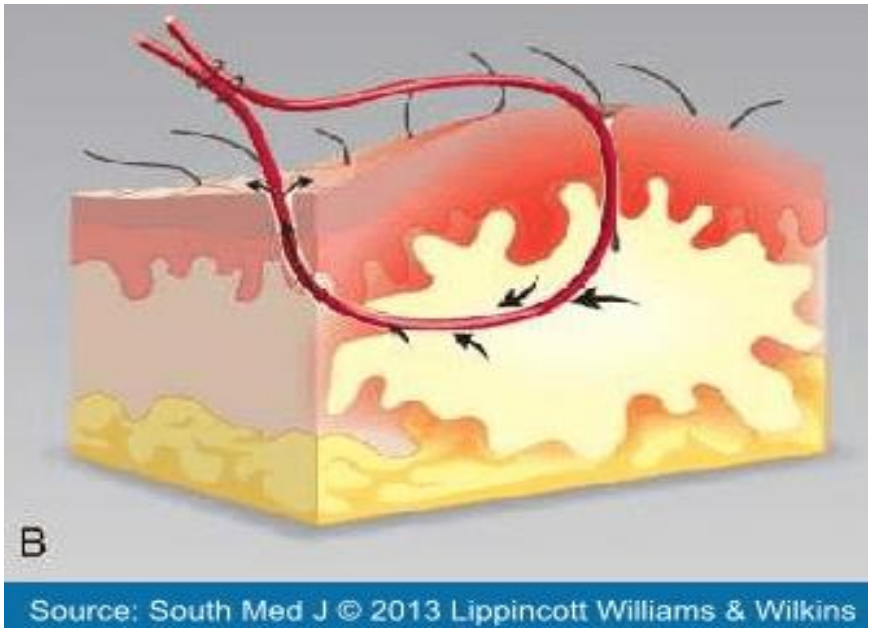
- Follow-up care / Education
  - Cleanse wound
  - When to call/ return visit
- Red flags
  - Facial, palmar, and peri-urethral abscess
  - Diabetes
  - Immunosuppression
  - Deep foreign body

Alternative to I&D: Vessiloop

- loop drainage technique,
  - the provider makes 2 small, 4-mm to 5-mm incisions at the periphery of the abscess.
  - A hemostat is used to disrupt loculations and then the vessel loop is inserted and pulled through both incisions.
  - Patients are instructed to slide the silicon vessel loop twice daily

Vesi Loop Inclusion Criteria

- Inclusion Criteria:
  - Physical findings suggestive of skin abscess warranting incision and drainage



Vesi Loop Exclusion Criteria

- Abscess not suitable for drainage in the ED (eg. <1 cm induration, >15 cm induration)
- Immunocompromised status (eg. diabetic patient or taking immunosuppressive medication)
- Need for hospitalization following drainage
- Abscess located above the clavicles or significantly involving genitals/pilonidal region
- Previous instrumentation to the abscess
- High probability of loss to follow up (parent does not commit to both mandatory follow up appointments)

- the loop technique is short, comparable to standard I&D in complexity, and requires no packing changes, making wound care much easier for the patient and increases drainage

- https://videos.files.wordpress.com/Z48KANtH/loop-i-d-web-version_dvd.mp4

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- Cyst Removal
  - Differences between Cyst and Abcess
  - When do Cysts need to be removed
  - Anatomy (Causes and Risks)
  - Assessment (History and Physical)
  - Patient Preparation
  - Procedure
  - Follow Up

https://www.youtube.com/watch?v=OlXAIiYKf1A

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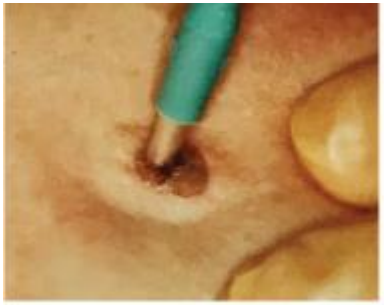
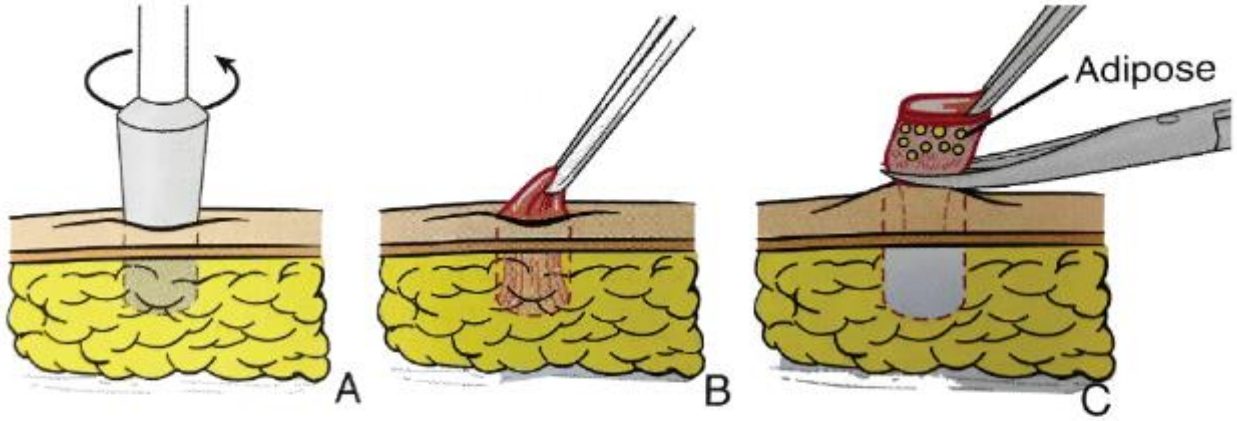


PUNCH BIOPSY



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PUNCH BIOPSY

- Description:
  - Full thickness biopsy of lesions less than 5 mm in diameter
- Biopsy of a larger lesion for diagnostic reasons

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PUNCH BIOPSY

- Indications:
  - Remove a skin lesion that is suspicious, causing discomfort or a concern
  - Obtain specimen for pathologic purposes
- Contraindications
  - Infection at site

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PUNCH BIOPSY

- Length of time lesion has been present and is it changing
- Previous or recent sun exposure
- Past Medical History
- Allergies/ current meds
- Description of lesion
- Determine direction of the skin tension lines

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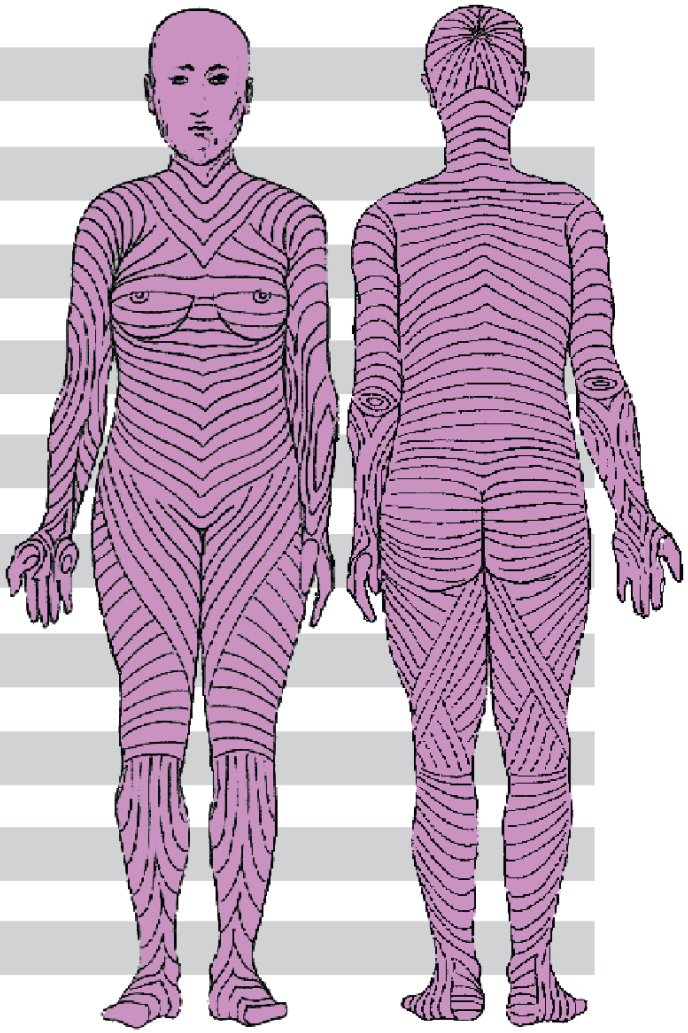
PUNCH BIOPSY

- Patient Preparation
  - Informed written consent
  - Opportunity for questions
  - Possibility of scar
  - Lie patient down
- Inform of Alternatives
  - No Biopsy
  - Excision Biopsy
  - Shave Biopsy
  - Referral



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PUNCH BIOPSY

- Precautions:
  - Not to be used on eyelids, lips or penis
  - Allergy to anesthetic agents, (alternative agents may need to be used)
  - Nerve injury from going too far (use care on face, neck or distal extremities

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PUNCH BIOPSY

- Equipment
  - Anesthesia supplies
  - Antiseptic solution
  - *Suture tray
  - Sterile fenestrated drape & sterile tray
  - Biopsy punch of appropriate size
  - Specimen container with formalin
  - Dressing supplies
  - Sterile Gloves
  - Eye and face protection
  - Protective gown

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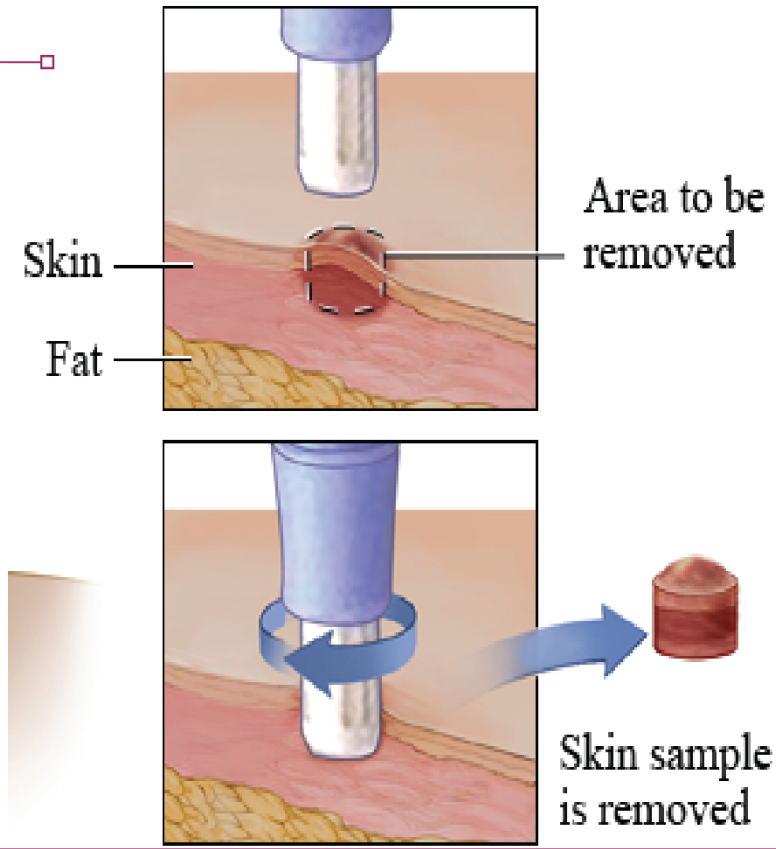
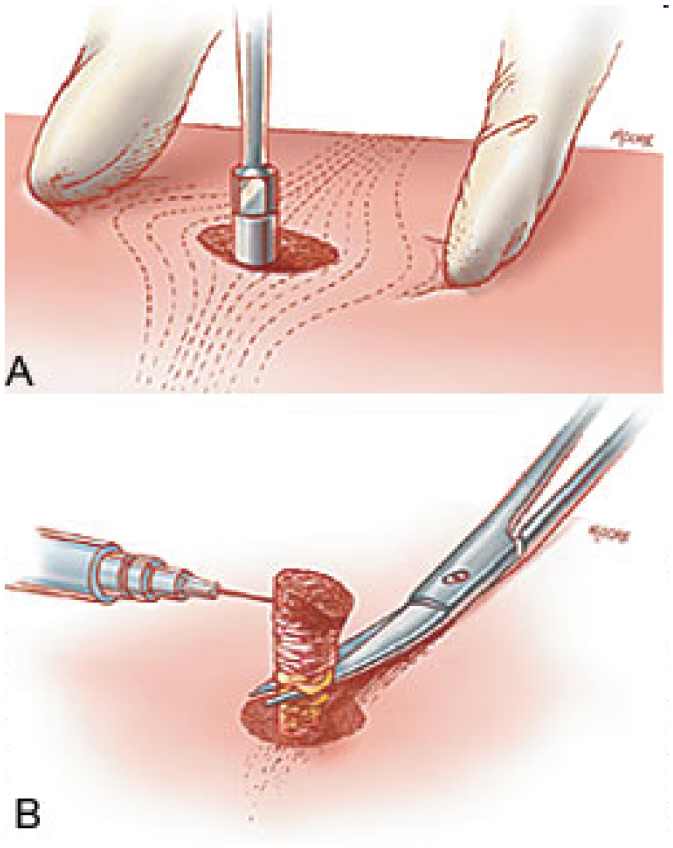
PUNCH BIOPSY

PUNCH BIOPSY

- Procedure (continued)
  - Remove the punch instrument, lift the tissue with forceps, cut with iris scissors
  - Place specimen in container with formalin
  - Apply pressure
  - Close elliptical incision
  - Apply antibiotic ointment and dressing

PUNCH BIOPSY





http://www.youtube.com/watch?v=2UeW_-6aat0

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PUNCH BIOPSY

- Complications:
  - Bleeding
  - Infection
  - Scarring and keloid formation

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PUNCH BIOPSY

Complications & Follow-up

- **Complications:**
  - Bleeding
  - Infection
  - Scarring and keloid formation
- **Follow-up:**
  - 1 week suture removal
  - Educate S&S of infection
  - Check of healing
  - Discuss pathology report and further treatment if necessary
  - Documentation

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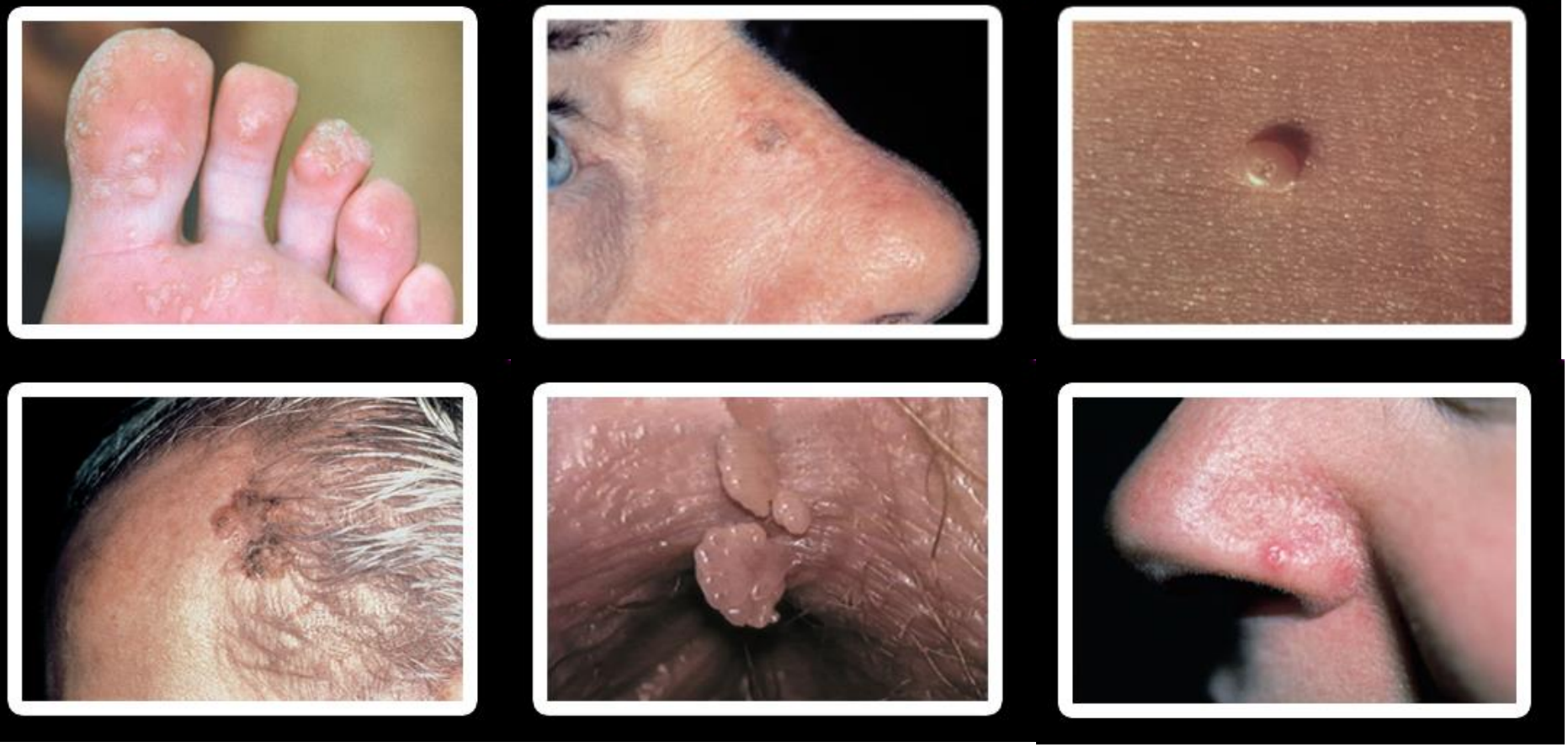
CRYOSURGERY



CRYOSURGERY

- Definition: The process of applying extreme cold to a lesion for the purpose of destruction.
  - Indications:
    - Seborrheic Keratoses
    - Actinic Keratoses
    - Skin tags
    - Verruca Vulgaris

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CRYOSURGERY

- Indications
  - Plantar Warts
  - Condyloma Acuminatum
  - Molluscum Contagiosum
- Advantages
  - Minimal discomfort
  - Minimal scarring
  - No sutures needed

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CRYOSURGERY

- Advantages
  - Allows for complete destruction of certain tissues
  - Minimal trauma to healthy tissue
  - Readily available
  - Excellent cosmetic effect with no scar
- Disadvantages
  - May not be effective for all lesions particularly warts
  - Some individuals report moderate pain during the procedure

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CRYOSURGERY

- Equipment
  - Betadine
  - 4 X4 gauze
  - Freeze kit or Nitrous Oxide Cryosurgery unit
  - Cotton Applications
  - Vaseline petroleum jelly
  - Dressing

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CRYOSURGERY

- **Procedure**
  - Position the patient for provider comfort
  - Cleanse lesion with betadine
  - Cover lesion with a water soaked dressing for 5-10 minutes
  - Use a cotton applicator to surround the lesion with vaseline petroleum jelly
  - Choose the appropriate wand for the lesion
  - Freeze the lesion for the appropriate amount of time

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CRYOSURGERY

- **Time Frame**

Seborrheic Keratoses	30 seconds
Actinic Keratoses	90 seconds
Skin tags	60 – 90 seconds
Verruca Vulgaris	60 – 90 seconds
Plantar warts	30 – 40 seconds
Condyloma Acuminatum	45 seconds
Molluscum Contagiosum	30 seconds

- **Another method** is to apply the freeze until a frost ring appears approximately 1-2 mm around the lesion

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CRYOSURGERY

- Procedure
  - Apply additional pressure for deeper tissue penetration
  - Cover with a dressing
- Follow-up
  - Monitor for redness, discharge, fever, pain, streaking
  - Recheck lesion in 1 week

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CRYOSURGERY

- Red Flags
  - Malignant lesions
  - Facial lesions
  - Infected lesions

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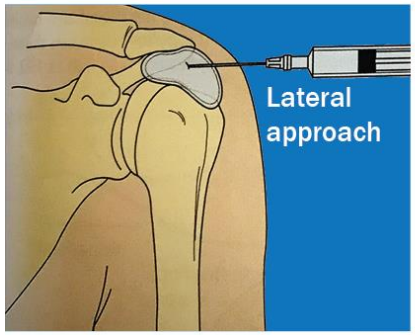
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
0	**D**	**9**	**Q**	**X**	**Z**	**Z**
Medical Surgical	Gastrointestinal System	Drainage	Anus	External	No Device	No Qualifier
0	**H**	**5**	**K**	**X**	**Z**	**X**
Medical Surgical	Skin / Breast	Destruction	Left Hand	Externa l	No Device	Diagnostic
0	**J**	**B**	**6**	**0**	**Z**	**Z**
Medical Surgical	Subcutaneous Tissue and facia	Excision	Back	Open (Percutaneous 3)	No Device	No Qualifier

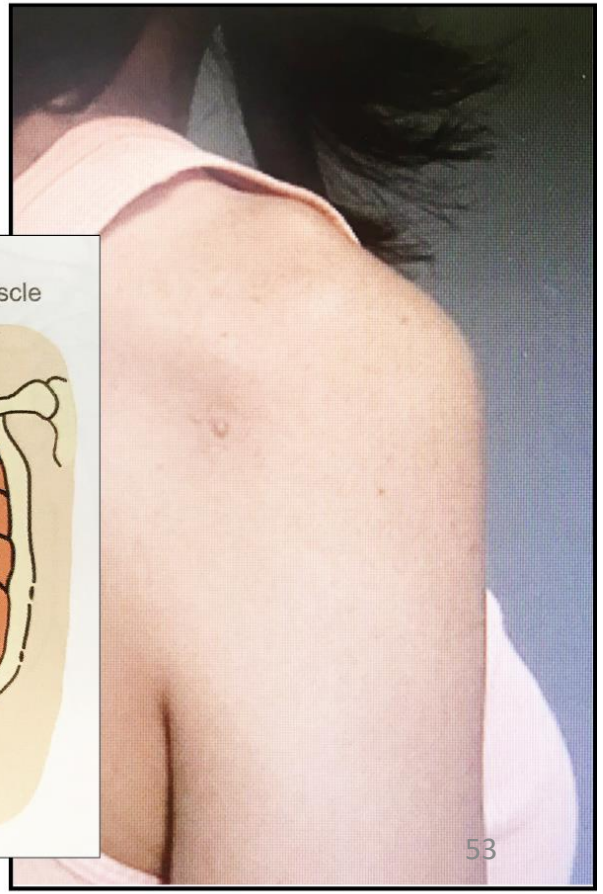
http://www.icd10data.com/ICD10PCS/Codes

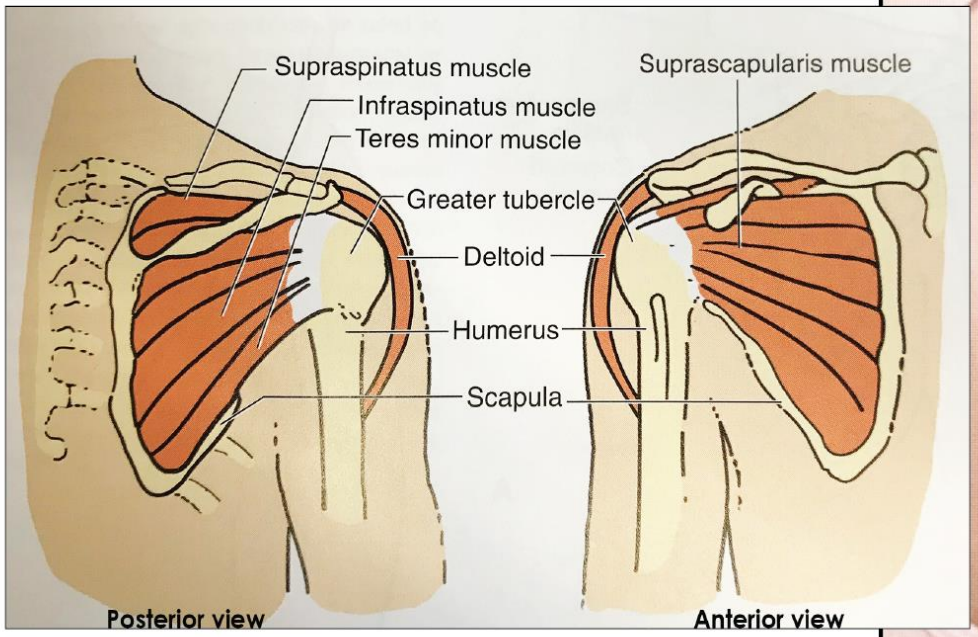
SHOULDER ANATOMY



Anterior view

Sterile or no-touch technique

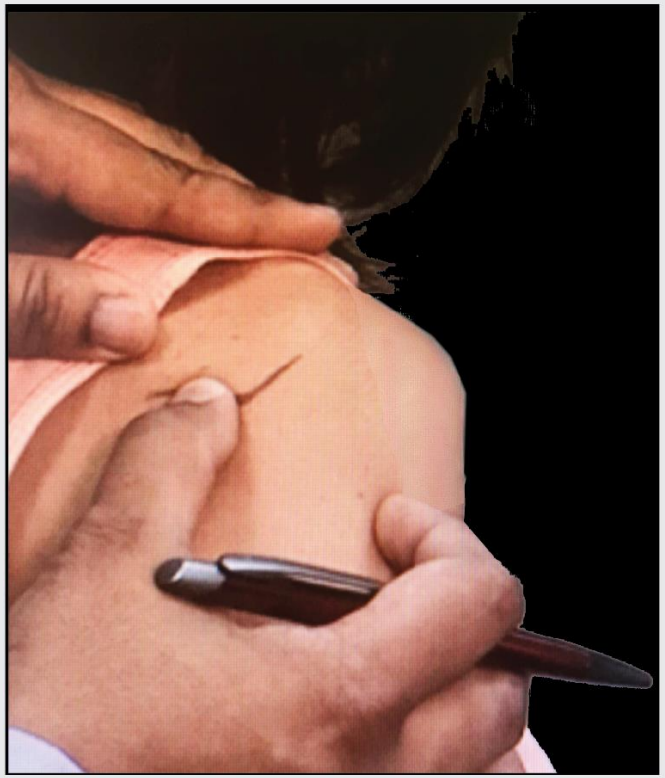




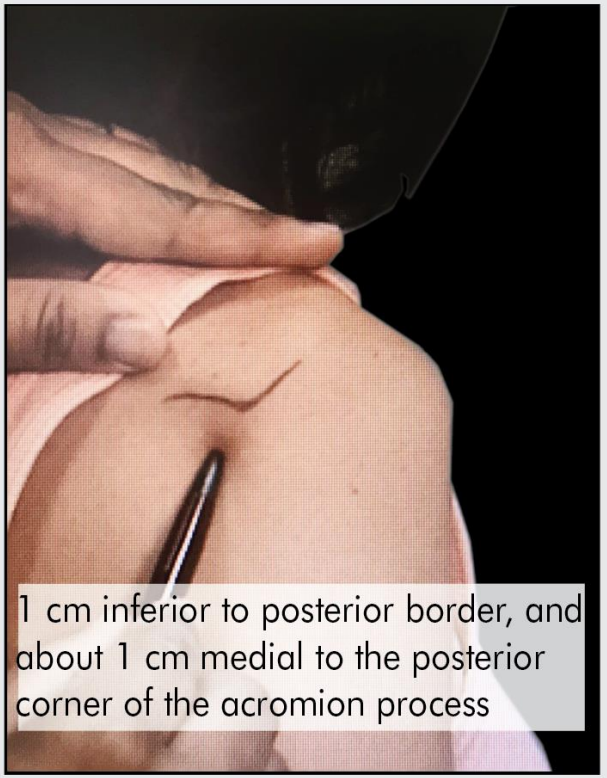
SHOULDER:

Steroid Injection Shoulder Landmarks

Posterior border and corner of Acromion process



Access Point



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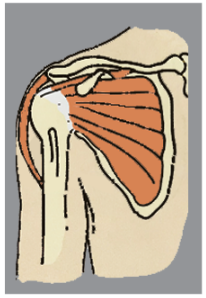
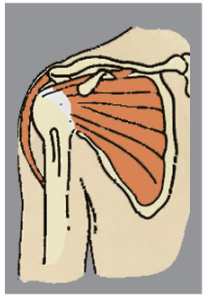


- Subacromial Injections are often performed by:
  - Subacromial impingement syndrome
  - Rotator cuff tendonitis
  - Subacromial bursitis
  - Aspiration of subacromial bursa

SHOULDER



- Indications for subacromial injections:
  - Subacromial impingement syndrome
  - Rotator cuff (supraspinatus)
  - Subacromial bursitis
  - Aspiration of subacromial bursa

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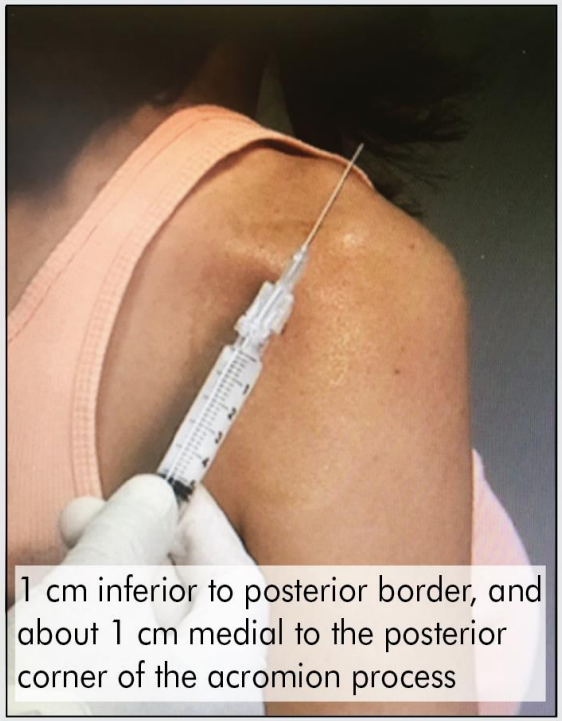
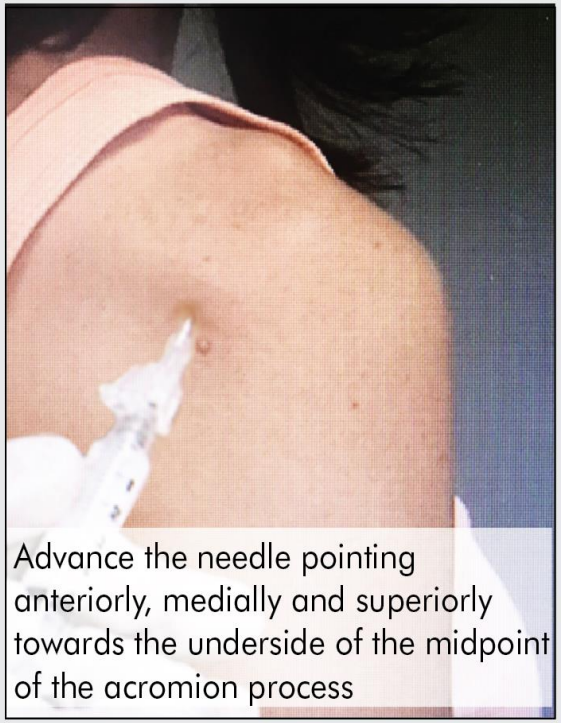
SHOULDER: Steroid Injection Shoulder Technique

22G, 1½ inch needle



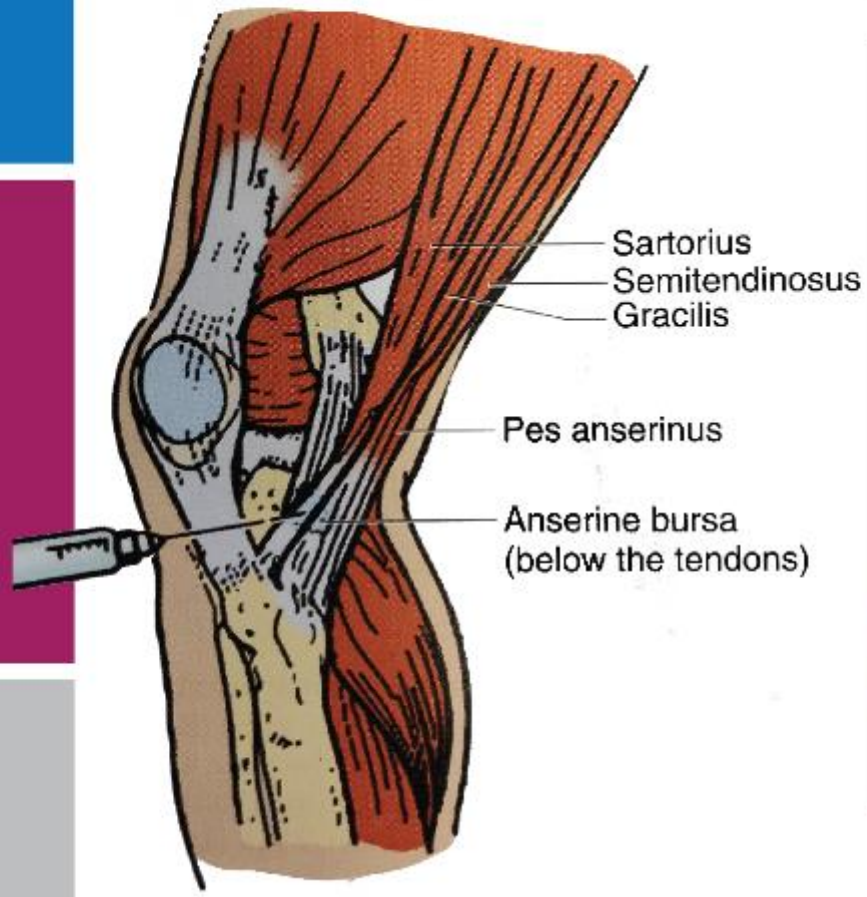
1 cm inferior to posterior border, and about 1 cm medial to the posterior corner of the acromion process

Trajectory



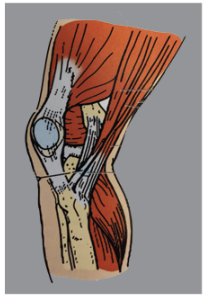
Advance the needle pointing anteriorly, medially and superiorly towards the underside of the midpoint of the acromion process

KNEE



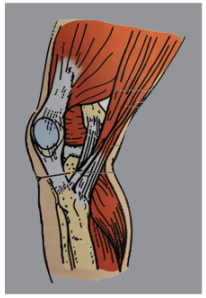
Sterile or no-touch technique

KNEE



- **Knee Injection-Anterior Approach:**
  - Medial Retropatellar
  - Lateral Retropatellar
  - Anterior
  - Suprapatellar (for suprapatellar effusions)

KNEE



- **Indications for anterior approach:**
  - Advanced patellofemoral osteoarthritis
  - Knee contractures

Note:

Greater risk of meniscal injury with the anterior approach

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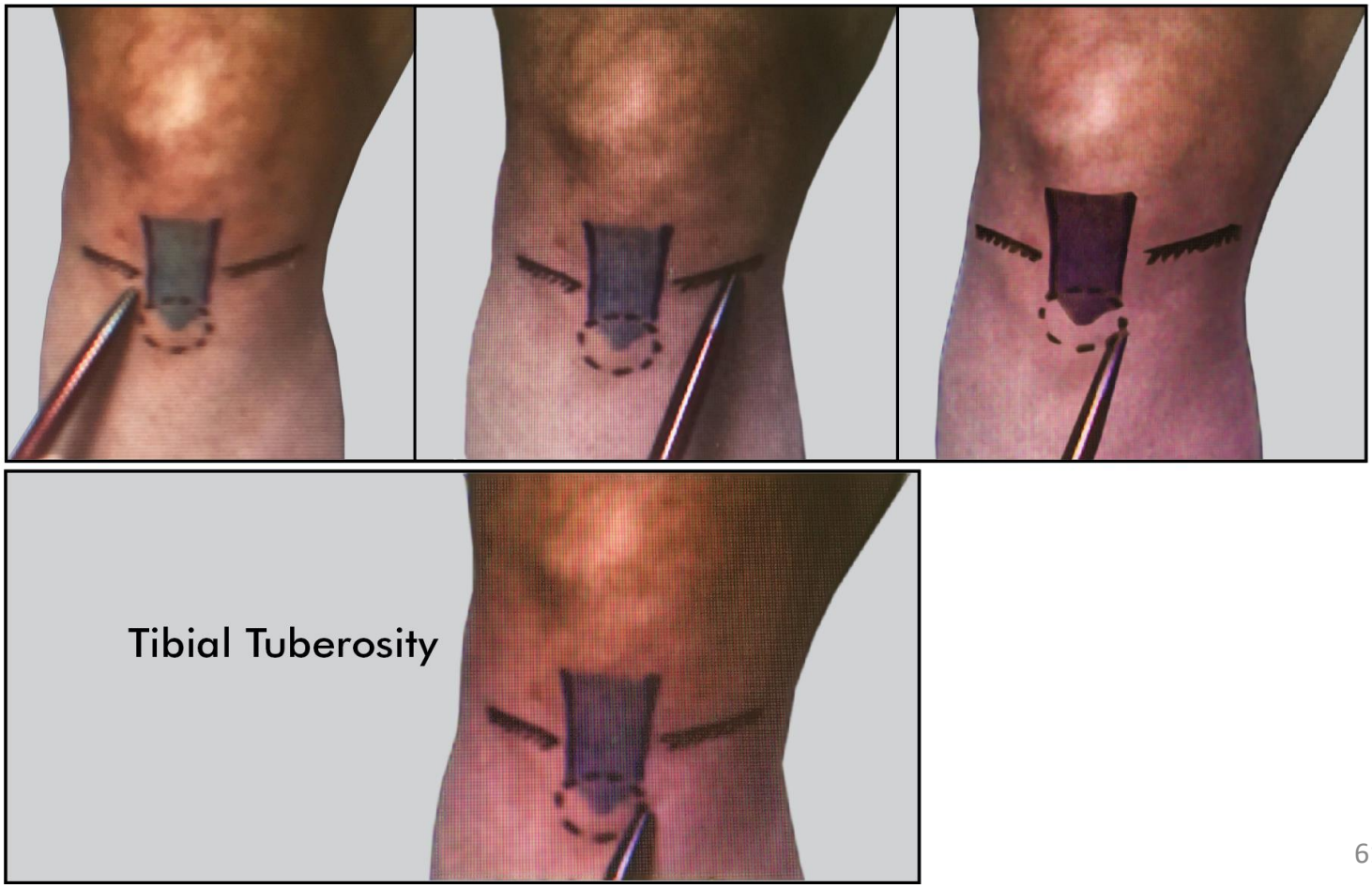
KNEE:

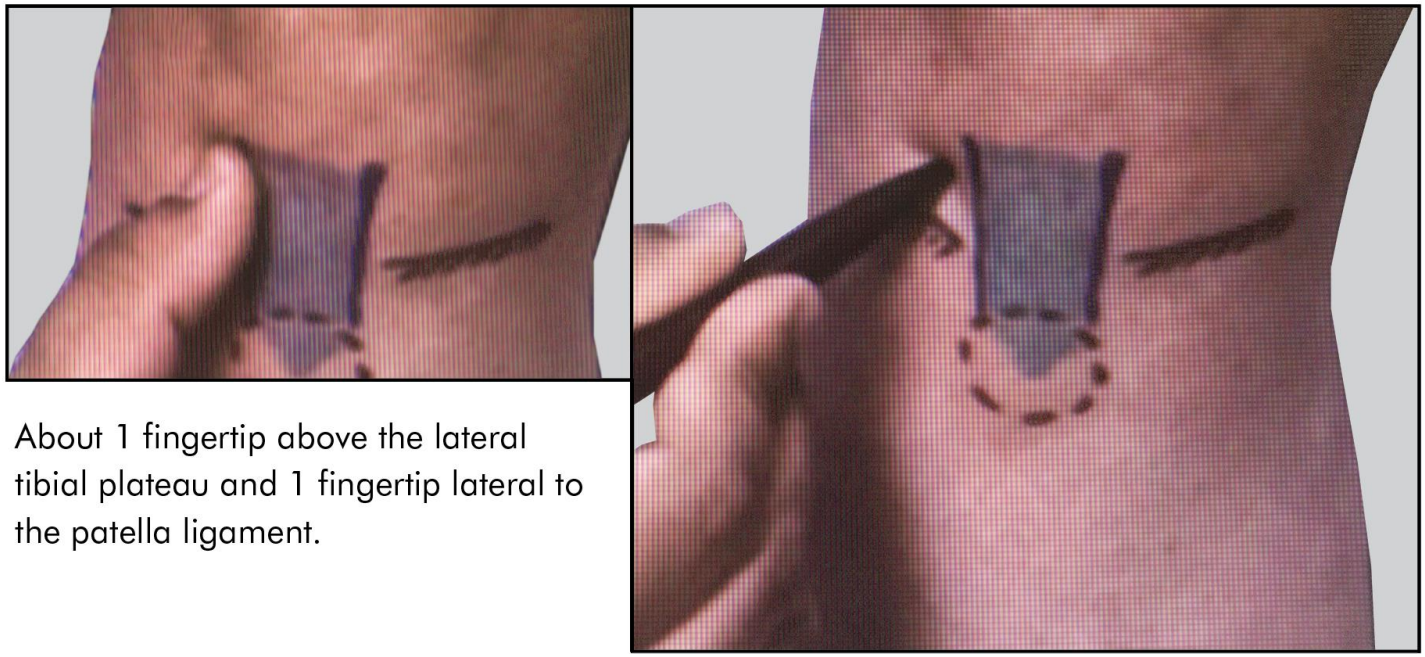
Steroid Injection Knee Landmarks



KNEE:

Steroid Injection Knee Landmarks

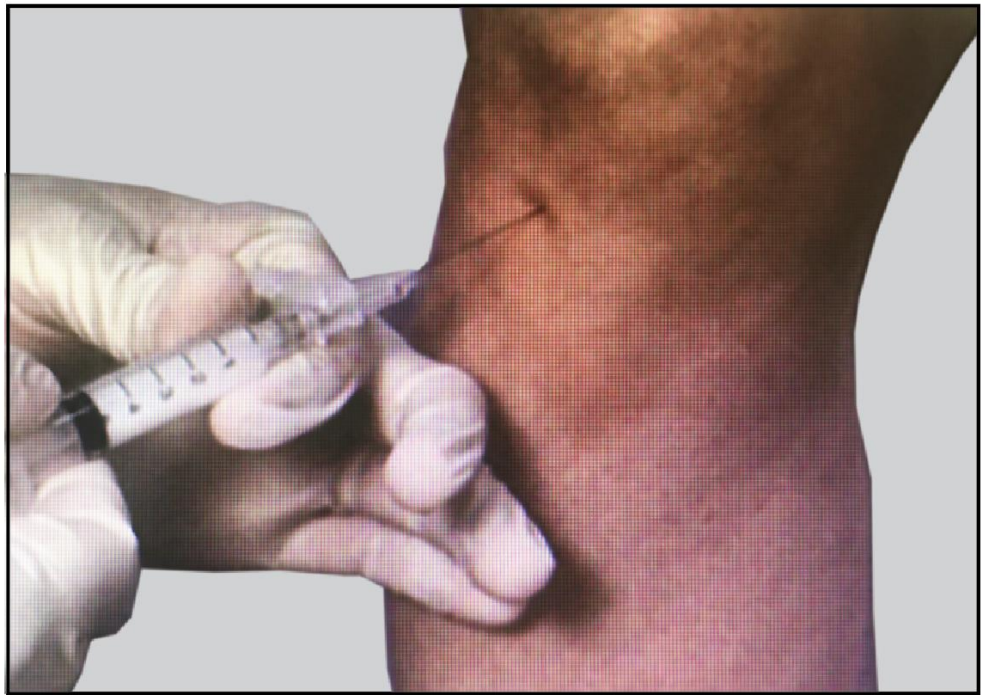
Lateral Access Point



About 1 fingertip above the lateral tibial plateau and 1 fingertip lateral to the patella ligament.

KNEE:
Steroid Injection Technique

Injection



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- Contour Dermatology, One of the best cyst removals https://www.youtube.com/watch?v=OlXAIiYKf1A

Thank you for your attention!

Any Questions ???