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Skin Biopsy Techniques 1
Jason D. Greenwood, Stephen P. Merry, and Christopher L. Boswell

Because many skin lesions and disorders can appear similar, primary care clinicians often struggle to diagnose them definitively without histopathologic information obtained from a biopsy. This review article explains how to decide whether a lesion should be biopsied and what type of biopsy technique to use and then outlines the stepwise approach to each of the most common skin biopsy techniques: shave, saucerization, punch, fusiform, and subcutaneous nodule biopsies. Finally, potential pitfalls and complications are discussed so the clinician can avoid those and can provide a cosmetically acceptable result from these common outpatient procedures.

A Stitch in Time: Operative and Nonoperative Laceration Repair Techniques 23
Benjamin Silverberg, Amy Moyers, Benjamin I. Wainblat, Peter Cashio, and Kevin Bernstein

Before repairing a laceration, consider the mechanism and severity of the injury. Gentle irrigation of the wound helps to remove microscopic infectious agents and larger debris. Not all foreign bodies are visible in plain radiographs. Certain wounds may be allowed to heal without operative intervention, but most patients prefer an approach using suture thread or tissue adhesive. Prophylaxis against tetanus, rabies, and/or bacterial infection should be considered. Clinical assessment of each wound is important to guide decisions about technique, anesthetic, suture material, and the interval period before nonabsorbable equipment can be removed.

Abscess Incision and Drainage 39
Jaime K. Bowman

An abscess is a localized collection of purulent material surrounded by inflammation and granulation in response to an infectious source. Most simple abscesses can be diagnosed upon clinical examination and safely be managed in the ambulatory office with incision and drainage. Wound culture and antibiotics do not improve healing, but packing wounds larger than 5 cm may reduce recurrence and complications.
Assorted Skin Procedures: Foreign Body Removal, Cryotherapy, Electrosurgery, and Treatment of Keloids

Roland Newman II, Karl T. Clebak, Jason Croad, Kevin Wile, and Erin Cathcart

Clinicians in the primary care setting will encounter various different skin conditions requiring procedural intervention. There are many different procedural approaches to treatment. Knowing which modalities are available and best suited to handle a particular skin lesion allows for flexibility for patient and clinician. Although some treatment modalities may be used more than others, it is helpful to be at least familiar with basic office skin procedures such as removal of foreign bodies, cryotherapy, electrosurgery, and treatment of keloids, as these procedures are helpful in addressing the wide variety of the most commonly encountered skin issues in primary care.

Nail and Foot Procedures

Justin Bailey

Primary care physicians provide a wide variety of treatments and conditions affecting the foot. This article discusses the removal of toenails, both full and partial removal. Subungual hematoma/Subungual blistering evacuation as well as wart, corn, callus, and blister management will also be discussed.

Management of Chronic Wounds

Ashley Morrison, Charles Madden, and John Messmer

Video content accompanies this article at http://www.primarycare.theclinics.com.

Chronic wounds originate from venous hypertension, arterial insufficiency, or pressure-induced ischemia. Determination of the type and associated causes and contributory conditions is essential for the diagnosis and management of these common conditions.

Dermoscopy in Primary Care

Prabhat K. Pokhrel, Matthew F. Helm, Amrit Greene, Leesha A. Helm, and Michael Partin

Dermoscopy is a noninvasive technique that allows in vivo magnification of the skin structures and helps in visualizing microscopic features that are imperceptible to the naked eye. Dermoscopy is not a substitute for biopsy and histopathologic evaluation, but is an important tool that can help increase diagnostic sensitivity and specificity of cutaneous lesions. Dermoscopy increases the diagnostic sensitivity compared with naked eye examination. A significant improvement in diagnostic accuracy for benign and malignant lesions has been reported among family medicine physicians after an introductory training course on dermoscopy.

Large and Intermediate Joint Injections: Olecranon Bursa, Greater Trochanteric Bursa, Medial and Lateral Epicondyle Peritendinous Injections

Kimberly Kaiser, Michael Fitzgerald, Brady Fleshman, and Kathleen Roberts

Olecranon bursitis, greater trochanteric bursitis, medial epicondylosis, and lateral epicondylosis are common diagnoses encountered in primary care
and sports medicine clinics. This section explores the anatomy, clinical presentation, evaluation, procedural techniques, and management to effectively treat these common conditions.

**Small Joint, Tendon, and Myofascial Injections**

Lindsay Lafferty, Smriti Gupta, Ashley Koontz, and Cayce Onks

Small joint, peritendinous, and myofascial injections can be used for both diagnostic and therapeutic purposes. This article reviews injections for carpal tunnel, first dorsal compartment, trigger finger, ganglion cysts, trigger point, and plantar fascia. Necessary equipment should be gathered before the procedure and informed consent should be obtained. Indications, contraindications, and possible complications should be reviewed. Complete understanding of anatomy before injection is paramount. The injection technique should minimize risk of infection. There are no evidence-based postinjection protocols, and outcomes vary depending on the site and medication injected.

**Managing Fractures and Sprains**

Nathan Falk, Bernadette Pendergraph, T. Jason Meredith, George Le, and Hannah Hornsby

Video content accompanies this article at [http://www.primarycare.theclinics.com](http://www.primarycare.theclinics.com).

Primary care physicians are often the first to evaluate patients with extremity injuries. Identification of fractures and sprains and their proper management is paramount. After appropriate imaging is obtained, immobilization and determination of definitive management, either nonoperative or operative, is critical. Appropriate immobilization is imperative to injury healing. Nonsurgical management of upper extremity fractures often uses slings, short-term splinting, gutter splints, and/or short or long arm casts. Initial fracture stabilization of the lower extremity is usually accomplished with a posterior splint. Definitive management usually uses controlled ankle movement walker boots, hard-sole shoes, or casting.

**Point-of-Care Ultrasound for Musculoskeletal Injection and Clinical Evaluation**

Jared Dubey and Brian Shian

Video content accompanies this article at [http://www.primarycare.theclinics.com](http://www.primarycare.theclinics.com).

Primary care is poised to become the latest field to widely adopt Point-of-Care Ultrasound (POCUS). POCUS offers many benefits for efficient diagnosis and treatment of common conditions encountered in the clinical setting. This article reviews POCUS basics and presents evidence and best practices for the use of POCUS for musculoskeletal-guided injection and clinical evaluation of the heart, lungs, abdominal aorta, lower extremity deep veins, soft tissue infection, and foreign bodies.