NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Indications and procedure for obtaining a vulval punch biopsy

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Indications and procedure for obtaining a vulval punch biopsy

Aim/Objective of the guideline:
To standardise the procedure for taking a punch biopsy from the vulva under Local Anaesthetic

Scope
This guidance applies to the correct procedure to be followed by all clinicians working in the gynaecology department, throughout NHSGG&C when performing a punch biopsy of the vulva.

Audience: All Healthcare professionals involved in performing and assisting in the procedure of taking a punch biopsy from the vulva

Guideline
Punch biopsy is considered the primary technique to obtain a diagnostic, full-thickness skin specimen for diagnostic purposes.

It is performed using a circular blade or trephine attached to a pencil-like handle. The instrument is rotated down through the epidermis and dermis, and into the subcutaneous fat. A punch circular blade comes in a range of diameters from 3mm to 8mm. 4mm diameter punches are most often used

Indications for biopsy include

- Lesion of the vulva suspicious of malignancy
- Vulvar dermatosis or lesion not responding to standard topical therapy to confirm diagnosis

Procedure

Confirm medications (including blood thinning agents) and any allergies.

Confirm affected lesion/site with patient, use of a hand held mirror can help. The site of planned biopsy can be marked with a dot (e.g. with a sterile marking pen), corresponding to the centre of the punch biopsy before washing and administration of local anaesthetic.

Biopsies should include the edge of a lesion to ascertain the background condition.
Clear documentation of clinical examination site and size of lesion, including distance to the midline/ clitoris/ anus/ vagina/ urethra and palpation of lymph nodes is mandatory. Photographic imaging, with indication of biopsy sites and/or clinical drawing is essential for further treatment planning.

If required, hair can be removed with sterile scissors just prior to cleansing skin. Razors should not be used because they increase the risk of surgical site infection.

Cleanse the patient's skin with a recommended aqueous solution, for example Chlorhexidine 0.015% and cetrimide 0.15% solution for irrigation (Baxter). (Currently only available in 1 litre bottles, discard 24hours after opening).

Administer local anaesthetic with or without vasoconstrictors, to the skin at the planned biopsy site. This can be administered using a small gauge needle or dental syringe.

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Stretching the skin at right angles to the tissue lesion can help produce an oval rather than circular defect which reduces formation of standing cones. Excise the marked area using the recommended size of punch biopsy, by placing the punch over the marked dot and gently pressing and rotating into the skin.

A full thickness excision down to fat should be taken. However care must be taken if the individual has atrophic skin or if the site is within an area overlying superficial vessels or nerves particularly near the clitoris.

Place each specimen into a separate histology pot. If more than one biopsy is taken the number, type of biopsy and site should be confirmed with the assistant. Only one histology pot should be opened at a time.

Close the wound using appropriate sutures and suturing technique e.g Vicryl Rapide® If the skin is thin or a friable tumour is present then open wound healing is an alternative.

Cleanse the skin and apply an appropriate dressing. Parafin gauze dressings, e.g. Jelonet® gauze dressing, can be useful. The patient must be informed that this is left in place and given instructions regarding removal.

Dispose of sharps from trolley, counting sutures and blades and swabs with assistant.

Give verbal and written advice to patient post biopsy and arrange follow up appointment if required or inform patient how they will receive the results.

References :

Punch Biopsy SOP, GGC department of Dermatology, March 2017

British Gynaecological Cancer Society (BGCS) Vulval Cancer Guidelines: Recommendations for Practice 15 May 2020 Jo Morrison, Peter Baldwin, Lynn Buckley, Lucy Cogswell, Katharine Edey, Asma Faruqi, Raji Ganesan, Marcia Hall, Kathryn Hillaby, Nick Reed, Phil Rolland, Christina

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