

This is the second report of the Taskforce on dermatosurgery of the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL). The previous report published in 2008 was well received by our members. It received recognition by several international groups also. In particular, the approach of drafting guidelines according to the evidence available was well appreciated.

Evidence-based approach continues to be the basis of the guidelines in the current issue also. Several new topics, of relevance to dermatologists and dermatosurgeons have been dealt in detail in this issue. The guidelines on radiofrequency surgery, cryosurgery and local anesthesia refer to issues relevant to the routine practice of all dermatologists. The guidelines on laser theater and dermatosurgery theatre deal with two important problems faced by dermatologists while establishing practice. Guidelines for lasers for pigmented lesions deal with an exciting and rapidly advancing area of laser surgery. I convey my most sincere thanks and appreciation to all the members of the taskforce who cooperated by writing authoritative, scholarly and evidence-based articles and completing the work on time.

It is emphasized that the guidelines are framed to suit the Indian situation and are based on the available evidence and the consensus opinion of the taskforce members. It must be emphasized that the objective of these guidelines is to recommend minimum standards for practice of dermatosurgery by our IADVL members. The taskforce emphasizes that each patient has to be treated on his/her own merit and that these guidelines do not limit the physician from making an appropriate choice or the necessary innovation for a given patient.

Publication of these guidelines is the realization of an effort started in 2006, when a plan of action for developing such guidelines, was approved in the AGM of IADVL in Chennai. I, therefore, wish to thank all members of IADVL for choosing me to coordinate this effort and thereby participate in and contribute to such a unique exercise. In particular, on behalf of the taskforce members, the guest editor would like to thank the president Dr. VK Sharma, past president Dr. S Sachidanand, president elect Dr. Hemangi Jerajani,

General Secretary Dr. Rajeev Sharma and all the office bearers of IADVL for making this publication possible. The taskforce would also like to express its sincere gratitude and appreciation to the editor of IJDVL, Dr. DM Thappa and past editor Dr. Uday Khopkar, all the referees of IJDVL, and many IADVL members who contributed to the formulation of these guidelines.

The taskforce welcomes any suggestions from the readers. I sincerely hope that these guidelines will provide a framework for conducting evidence-based dermatosurgery practice by all IADVL members and contribute to establishing the subspecialty of dermatosurgery in India in the years to come.

GUIDELINES FOR DERMATOSURGERY

Recommendations of the IADVL Dermatosurgery Taskforce were developed by the 2008-09 IADVL taskforce for standards of care in dermatosurgical procedures which was constituted in January 2008, with the following members:

Dr. Venkataram Mysore (coordinator)
Dr. VK Sharma, President elect IADVL
Dr. SC Rajendran
Dr. Sharad Mutalik
Dr. Niteen Dhepe
Dr. Sujay Khandpur
Dr. Sanjeev Aurangabadkar

Ex officio members:

Dr. S. Sachidanand, President IADVL
Dr. Chetan Oberai, Past president, IADVL
Dr. Rajeev Sharma, Secretary IADVL

FORMAT OF THE GUIDELINES

The taskforce adopted the following format for drafting guidelines:

1. Abstract of recommendations
2. Introduction
3. Definition, rationale and scope
4. Physician's qualifications and facility
5. Counseling
6. Recommendations
7. Methodology of the procedure
8. Consent
9. Conclusions

10. References (evidence): wherever essential and considered feasible, evidence was classified as per the following guidelines:

LEVEL OF EVIDENCE

The guidelines are based on various types of evidence (source literature) which is classified as

Level A: Strong research-based evidence; multiple, relevant, high-quality scientific studies with homogeneous results.

Level B: Moderate research-based evidence; at least one relevant, high-quality study or multiple adequate studies.

Level C: Limited research-based evidence; at least one adequate scientific study.

Level D: No research-based evidence; expert panel evaluation of other information.

DISCLAIMER

These guidelines include the most commonly performed procedures for which evidence is available. However, they should not be considered inclusive of all known methods or exclusive of other reasonable methods in obtaining similar results. The principles outlined in these guidelines are of a general nature and as in any aesthetic treatment or surgery, individual variations may occur from patient to patient, and hence, appropriate modifications may be needed. Hence these guidelines do not in any way, restrict the treating physician from choosing an appropriate treatment as he deems fit. Each patient has to be treated on his/her own merit and adherence to these guidelines alone will not ensure successful treatment in all situations.

The ultimate judgement regarding the choice of surgical procedures should be made by the physician, considering the individual patient and training and experience of the treating physician. As in the correct and ethical practice of any surgical procedure, the physicians must exercise their judgement in light of all the circumstances of the individual patient.

These guidelines have been prepared as a service to the members of IADVL, with the sole purpose of guiding the uninitiated.

Neither the taskforce members nor IADVL should be held responsible, either directly or indirectly, for any legal claims.

FINANCIAL DISCLOSURE AND CONFLICT OF INTEREST

The IADVL Dermatosurgery Taskforce has no financial interests to declare. None of the members have declared any conflict of interest for any of the articles contributed by them.

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