

Table of Contents:

Section 1: Assisting at Surgery

Pearl 1: Surgical Assistant: Counter-Traction and a Clear Visual Field

Pearl 2: Placement of the Simple Interrupted Stitch

Pearl 3: Surgical Assistant: Help with Surface Sutures

Pearl 4: Surgical Assistant: Twisted Knot and Cutting Suture at Correct Length

Pearl 5: Surgical Assistant: Help with the Subcuticular Stitch

Section 2: Suture Techniques

Pearl 6: How to Break the Memory of Suture Material without Breaking the Suture

Pearl 7: Hemostasis: Suture Ligature

Pearl 8: Proper Placement of the 3-Cornered Stitch

Pearl 9: Delayed Closure of Buried Sutures When Closing Small Excisions

Pearl 10: Percutaneous Buried Vertical Mattress Suture

Pearl 11: The Running Locked Suture as an Aid for Hemostasis

Pearl 12: Maximal Skin Edge Eversion with the Running Hybrid Mattress Suture

Pearl 13: The Short String Tie off

Section 3: Closures and Procedures

Pearl 14: Circular Incisions as a Guide for Optimal Aesthetic Removal

Pearl 15: The Crescentic Ellipse for Curving Relaxed Skin Tension Lines

Pearl 16: Serial Excision

Pearl 17: S-Plasty for Excision on Convex or Concave

Pearl 18: Pruning the Proud Flesh

Pearl 19: Hydro-Dissection (Hydroplaning) with Anesthetic Fluid

Pearl 20: Second Intention Healing Over Bare Cartilage

Pearl 21: A User-Friendly Surgical Dressing

Pearl 22: Minimizing the Dogear

Pearl 23: In Pursuit of the Perfect Punch Biopsy

Pearl 24: The Split Punch Biopsy: The power of two

Pearl 25: Saucerization Biopsy

Pearl 26: "Off-Set Bias Suturing" to Favorably Alter the Tension Vector of Closure

- Pearl 27: Have I Cut the Temporal Nerve or Just Anesthetized It?
- Pearl 28: Electrodesiccation and Curettage for Warts
- Pearl 29: Cysts and Lipomas, Oh My
- Pearl 30: Drainage of Inflamed/Liquefied Cyst
- Pearl 31: Transection of Pigmented Lesion
- Pearl 32: The Retraction Suture for Cyst Removal

Section 4: Flaps

- Pearl 33: Flap Components
- Pearl 34: The Tension Vector of Closure
- Pearl 35: Tension Vector of Rotation/Advancement Flaps
- Pearl 36: Determining the Final Scar Lines and Tension Vector of the Rhombic Flap
- Pearl 37: The Suspension Suture: Partial Closure of Defect Near Free Margin
- Pearl 38: Contour Maintenance with Suspension Sutures
- Pearl 39: Reconstruction of the Alar-Facial-Lip Sulcus
- Pearl 40: "Mercedes Flap": Multiple Flap Closure of Large Defects

Section 5: Grafts

- Pearl 41: Trimming Fat Off of Full-Thickness Skin Grafts
- Pearl 42: Free Hand Harvesting of a Small Split-Thickness Skin Graft
- Pearl 43: Basting Suture for FTSG under Direct Visualization
- Pearl 44: Continuous Tie-Over Bolster Dressings for Skin Grafts
- Pearl 45: M-Plasty FOR Dog Ear
- Pearl 46: Dog-Ear as Graft; Don't Throw That Tissue Away
- Pearl 47: Dermabrasion for Surgical Scars and Grafts
- Pearl 48: Manual Dermabrasion of Full-Thickness Grafts
- Pearl 49: Post-surgical dermabrasion

Section 6: Safety

- Pearl 50: Maintaining an Orderly Surgical Tray
- Pearl 51: Surgical Waste Disposal
- Pearl 52: Safety: The Medicine Cup: Behold the Lowly cup

- Pearl 53: Safety: Corneal Eyeshield
- Pearl 54: Safety: The Sheathed Syringe
- Pearl 55: Geometric Pattern Excision for Histological Margin Control of Tumors
- Pearl 56: Control of the Surgical Lamp: In the Best Light
- Pearl 57: Electrosurgical Unit Safety

Section 7: Instruments

- Pearl 58: Instruments for Special Occasions: The Mini-Scalpel System
- Pearl 59: Razor Blade Surgery for Benign Lesions
- Pearl 60: Razor Blade Excision for Shallow Basal Cell Carcinomas of the Nose
- Pearl 61: Alternate Use of a Forceps: A Freeze With a Squeeze
- Pearl 62: Towel Clamp Assisted Closure for Wounds under Significant Tension
- Pearl 63: The Cotton-Tipped Applicator (CTA): The Ever-Ready, Multi-Purpose Superstar
- Pearl 64: The Tongue Depressor: More than say "Ah" (Sept pearls)
- Pearl 65: The Universal Paper Clip: There's always one in the desk drawer
- Pearl 66: The Hyfrecator: Low-Tech, Yet Efficient Benign Lesions
- Pearl 67: The Punch Used as a Curette

Section 8: Nail

- Pearl 68: Nail Matrix Exploration and Retraction Suture for Exposure of the Proximal Nail Groove.
- Pearl 69: Obtaining an Adequate Biopsy of the Nail Matrix/Bed
- Pearl 70: Compressive Dressing for the Nail Unit
- Pearl 71: Use of a Sterile Surgical Glove to Create a Sterile Field
- Pearl 72: The Proximal Nail Plate Avulsion
- Pearl 73: Post-phenol Matricectomy Injection to Prolong Anesthesia and Prevent Lymphangitis
- Pearl 74: Decompression of a Subungual Hematoma

Section 9: Regional Tips

- Pearl 75: Pinwheel flap for the scalp vertex and direct galeotomy
- Pearl 76: Tips for Scalp Surgery: Keeping Hair Out of

the Field

Pearl 77: Tips for Scalp Surgery: Collodion Dressing

Pearl 78: Pearls Around the Mouth

Pearl 79: Suturing on the Lip to Minimize Patient Discomfort

Pearl 80: Labial Mucocele Removal

Pearl 81: Dental Roll for Nasal Packing

Pearl 82: Cotton Plug in the Ear Canal

Pearl 83: Testing Lower Eyelid Strength

Pearl 84: Second Intention Healing of Ear Defects