![Description: NHS-CMYK [Converted]]()

**Confidentiality Notice**

This document and the information contained therein is the property of Modality Partnership.

This document contains information that is privileged, confidential or otherwise protected

from disclosure. It must not be used by, or its contents reproduced or otherwise copied or

disclosed without the prior consent in writing from Modality Partnership

**Document Details**

STANDING OPERATING PROCEDURE

Taking / Uploading images using Dermatoscope

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Title | Date |
| Developed by: | 1. York

Dr SudhakaranA.Gleadhill | Advance Clinical Practitioner GP Partner Governance & Compliance Administrator | March 2022 |
| Developed by: |  |  |  |
| Developed by: |  |  |  |

|  |  |
| --- | --- |
| Location: | Modality Hull Division |

**Document Revision and Approval History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Version created by:** | **Version approved by:** | **Comments** |
| **1** |  | 1. York

Dr S. SudhakaranA.Gleadhill | **Partners** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Dermoscopy**

**In 2016 National Institute for Health and Care excellence (NICE) outlined in its related quality statement, that Dermoscopy offered patients with skin lesions (such as damaged or injured patches of skin or new, large, changing, or unusual looking moles), that are being assessed by a specialist, have** the lesions examined using a magnifying tool called a dermatoscope. The dermatoscope is a handheld visual aid device, which gives the examining clinician a more accurate view of the lesion. It can also be used to magnify / focus specific lesions and enable capture of images to inform a diagnosis or onward referral

**Who should provide Dermoscopy services within the practice?**

In its quality statement, NICE went on to state that service providers should ensure those using Dermoscopy have formal training, and that healthcare professionals should include formal training as part of their continuing professional development

It is essential clinicians taking images with the Dermatoscope have the competence and training to identify a lesion, to risk stratify this, and escalate where appropriate to an onward referral or advice and guidance

**Description of equipment**

A Dermatoscope ‘pack’ will be held at each practice across the Hull Division. Each Dermatoscope ‘pack’ comprises of the following:

* X 2 leads (charging cable for iPhone/ USB lead to connect phone to computer/laptop)
* Mobile iPhone handset
* Dermlite 200 (Dermatoscope)
* Magnetic clamp

**Location of, and access to, Dermatoscope pack**

The packs will be stored within thePremises and facilities office at each practice. These offices can only be accessed by Modality staff

**Signing in and out**

Checklist is retained with equipment in Premises and facilities office and is to be signed at point Dermatoscope and equipment is taken out for use and returned (with full charge) to the office. (See checklist Appendix 1)

**Data Protection / Confidentiality**

The mobile phone handset used with the Dermatoscope is SIM only. This does not retain images in external storage such as ‘The Cloud’

Images will be saved on the computer desktop, until they are uploaded and attached to the relevant patient’s clinical notes on S1 (See section x below for details re process). The image will then be deleted **immediately** from both the desktop, and I phone. Confirmation images have been deleted will be confirmed on the checklist referred to above

**Flowchart - Dermatoscope imaging process**

**Identify patient requiring lesion examination / Dermoscopy**

This may be identified through care navigation process, patient requesting specific appointment for lesion, or at face-to-face appointment with other members of healthcare team

Patient is referred to registered clinician who has basic competency to identify where image of lesion is needed, and risk stratify to be able to identify the urgency re specific lesion, and escalate where appropriate to an onward referral or advice and guidance

**Consent**

Verbal consent is adequate for taking the image, and store in patients record. Ensure you advise them it will be placed on their medical record and record this discussion in the clinical notes

Please also see screen shot below

Show the patient the image as part of the discussion with them (it is good practice to share the image with them so they can have it readily available at any future related consultations)

**Taking the image - Launch Ardens dermoscopy** template found in bottom left search bar within system 1 Ardens and complete this Template. When the ‘Dermoscopy done’ box is ticked it will code a read code of XaMnS CTV-3 (Snomed 427690002)

It will automatically code for data capture and audit purposes- There are other codes also generally –

1. Dermoscopy Y0785

2. Dermoscopic photography   ZaW4t (Snomed 446078004)

Follow the advice and guidance in Appendix 2 below. Ensure orientation images are taken without the Dermatoscope in situ before taking any additional ones

Video detailing how to use Dermlite d14

<https://www.youtube.com/watch?v=M7KCtP1lf0k>

**Upload the image Steps to follow:**

1. Connect mobile phone handset to hard drive or laptop via the USB lead provided
2. The mobile phone will display a message asking to allow access to photos/videos on the device – **Click Yes**
3. Double click file symbol on bottom toolbar of computer screen
4. In the left-hand column, double click xxphone (i.e., iPhone)
5. Double click internal storage
6. Double click DCIM folder
7. Double click Apple (or phone brand)
8. Select image required
9. Drag by left click of mouse, and drag image(s) required using mouse onto the desktop (then release left click of mouse to deposit)

Launch System 1 in relevant patient record

Right click on ‘record attachments’

Select – ‘Attach file’ (paperclip symbol). The computer will them prompt you to select ‘open where from?’

Click on ‘Select desktop’

Select image(s) you require to be attached in the record

This will then attach

The screen will display a message advising you it is uploading

Click OK to acknowledge

When complete, the image will be listed in whatever format it is in (i.e., JPEG)

Once all entries or images are complete, click SAVE to ensure they are saved to the patients’ records. The next time you go into the record, the images should be there

Once upload complete, delete image from desktop





**Date for review of content**

*Initial review 6 months, then every 2 years.*

**Monitoring compliance and effectiveness of implementation**

Checklist will evidence that all images are deleted from desktop/ iPhone camera, as per SOP.

Related Ardens template to be used, to capture all relevant information needed as part of good medical practice and audit purposes.

**Audit proposal 6 months, then every 2 years.**

**Audit proposal details to follow**

**Resources**

**Image gallery to aid clinician**

<https://dermnetnz.org/topics/comparative-dermoscopy-images>

Video detailing how to use Dermlite d14

<https://www.youtube.com/watch?v=M7KCtP1lf0k>

**Appendices**

Appendix 1 – template for checklist

Appendix 2 - How to take a good dermoscopic photograph

Primary Care Dermatology Society

Appendix 3 – Additional learning resources and links for Dermoscopy

**References**

[Quality statement 4: Dermoscopy | Skin cancer | Quality standards | NICE](https://www.nice.org.uk/guidance/QS130/chapter/Quality-statement-4-Dermoscopy)

Accessed 11/02/22

[Photography - how to take a good dermoscopic photograph (pcds.org.uk)](https://www.pcds.org.uk/clinical-guidance/photography-how-to-take-a-good-dermoscopic-photograph)

Accessed 11/02/22

UK Guidance on the use of mobile photographic devices in dermatology (July 2017)

[get-file.ashx (bad.org.uk)](https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=5818)

**Appendix 1 - Checklist for Dermatoscope pack – Please print double sided**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of clinician using Dermatoscope pack****signature** | **Date / time pack is taken** | **Date / time pack is returned** | **Please confirm (YES/NO) all accessories present on return****If no- please advise ??** | **Please tick to confirm phone is returned fully charged** | **Please tick to confirm you have deleted all images from desktop and phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Appendix 2**

**How to take a good dermoscopic photograph**

\*\*Based on article Photography – How to take a good dermoscopic photograph – Primary care dermatology society (PCDS)

Getting ready

* You can use a phone camera provided
* Make sure that the dermatoscope and the camera or phone are charged
* Make sure the end plate of the scope is clean and free of dust (on both sides if it is a removable end plate)
* Remove any surface crust or scale from the lesion, either with a damp cloth, or by tape stripping (apply opaque sticky tape to the lesion, remove it, repeat until the tape comes away clear). Sometimes an adherent crust or scale needs softening with emollient before it can be removed, it is preferable to do this first. Urea based emollients can be helpful to remove surface scale.
* Make sure you have the patient’s consent - verbal consent is fine if you are only using the photo for their direct medical care, but if using photos for any other purposes (e.g., teaching) then a consent form should be used. You should always inform the patient that the photos will be stored in their clinical record, and ideally show them any photos before uploading them

Taking the clinical photo

**Always take at least 3 clinical photos for each lesion, in addition to the dermoscopy photo:**

1. **An orientation photo:**stand 1 metre away from the area of interest and take the photo. This shows where the problem is and how big an area it covers - if making a referral this can help the specialist decide if the lesion is small enough to excise with a simple ellipse, or if it may need a skin flap/graft
2. **A close-up photo:**move your camera 10-12cm from the skin problem. On most phones you can touch the part of the screen you want the camera to focus on. If you get too close, the camera will not be able to focus. The focus is the most important thing - do not worry about getting really close, as close as you can get in order to achieve a sharp focus is all you need. For the close-up photo, it is usually better to have the light source coming slightly from the side, to highlight any change in skin texture
3. **A sideways on photo is needed for a raised lesion:**if the lesion is raised then a sideways on photo is very helpful

Dermoscopy photo tips

* Focus the scope before attaching the camera. Some scopes have a little notch to show how far out to extend the end plate for a perfect focus on a flat lesion. **If you see a shadow over the lesion when using the scope this is because you have not extended the end plate**
* Use the magnetic clamp to attach the camera to the Dermlite 200. This allows you to have two hands free to work the camera or phone.
* Always use liquid interface when taking photos. If you remove the scope then put it back on again always wipe off the contact fluid and reapply it, otherwise you will get bubbles in the picture
* Do not press too hard or you may compress the blood vessels. Try using a more viscous contact fluid, e.g., lubricating jelly rather than alcohol gel
* Before taking the photo, zoom in with the camera to remove as much of the black circle at the edges as possible while still being able to see the lesion. If you don’t zoom the camera in, you get a black border around the photo
* Try to get the measuring graticule (if the scope has one) in the shot
* Make sure to focus the camera before taking the photo. On a phone, tap the screen at the point you want the camera to focus – some phones will find it difficult to autofocus on dermoscopy pictures
* If your camera will not focus on the lesion this may be because it is zoomed in too far - try zooming out a bit. Sometimes it is because there is not enough contrast for the autofocus to pick it up. Try taking the scope off, removing the liquid interface, putting a small ink dot on the skin near the lesion with a pen, then reapplying it. The camera should be able to focus on the ink dot
* It is often helpful for the patient to have a dermoscopy photo on their phone. This is particularly when monitoring lesions, so that when they are seen at subsequent appointments a previous (date stamped) dermoscopic photo is always available to the clinician who sees them
* Take a few photos and only send the best. Check that the skin problem is in focus and easy to see. The skin lesion or rash needs to look the same on the screen as it does in real life. If you know the photo has not worked, and it is blurry or does not give a true picture of the lesion, then do not send it

**Appendix 3 – Additional learning Resources for Dermoscopy**

There are several accredited courses for dermoscopy training, as well as an array of online learning opportunities, dermoscopy blogs, apps, and books. Once started the fastest way to improve is by looking at **ALL** skin lesions using a dermatoscope **daily** in your practice and refer to pictures online or in books.

Dermoscopy should be an aid to diagnosis in combination with a good **history**and **clinical** **examination.**

**Courses**

* [**The Primary Care Dermatology Society (PCDS) runs absolute beginners and more advanced dermoscopy courses**](http://www.pcds.org.uk/events/dermoscopy/4)
* [**Cardiff University runs a three-month Introduction to Dermoscopy distance learning course**](https://www.cardiff.ac.uk/professional-development/available-training/short-courses/view/an-introduction-to-dermoscopy)

**Websites**

* The **PCDS website** has:

  i. [**A-Z clinical chapters**](http://www.pcds.org.uk/p/a-z-of-clinical-guidance-how-to-use)**,** where both clinical and dermoscopic images can be viewed

  ii. [**A Diagnostic Algorithm**](http://www.pcds.org.uk/p/dermoscopy-diagnostic-algorithm-for-skin-lesions) to support clinical decision making

  iii. [**Interpretation of dermoscopic features**](http://www.pcds.org.uk/p/dermoscopy-interpretation-of-dermoscopic-features)

* [**Dermnetnz website**](https://www.dermnetnz.org/cme/dermoscopy-course/dermoscopic-features/) has photos, descriptions of dermoscopic features and a [**free online course**](https://www.dermnetnz.org/cme/dermoscopy-course/)
* [**The International Dermoscopy Society (IDS)**](https://dermoscopy-ids.org/) has several sources of education for dermoscopy including a forum, Facebook page, and podcasts as well as links to the online dermoscopy equivalent of Wikipedia – Dermascopedia!

**Blogs**

* [**Dr. Tim Cunliffe**](http://www.aworldonthebrink.com/blogs/dermoscopy)is a GP with an Extended Role (GPwER) in Dermatology and Skin Surgery and the lead author for the PCDS website. His **Dermoscopy blog**includes clinical cases with dermoscopic images that can be worked through using a dermoscopic algorithm.
* [**Dr. Stephen Hayes**](https://dermoscopy.wordpress.com/)is a GPwER in Southampton and has produced a**Dermoscopy** blog which includes many clinical examples of different dermoscopic features.
* [**Dermoscopy Made Sim****ple**](http://dermoscopymadesimple.blogspot.com/) is a teaching blog from the Australian Institute of Dermatology, which includes **YouTube presentations.**
* [**Dr. Eric Ehrsam**](http://dermoscopic.blogspot.com/) is a French Dermatology Specialist who has a **Dermoscopy Blog**, with examples of different dermoscopic features.

**Apps**

These provide the ability to practice dermoscopy skills at any time and are freely available:

* [**YOU Dermoscopy Training**](https://www.youdermoscopytraining.org/)provides lots of dermoscopic images and is divided into different training levels (available on iOS and Android)
* **Dermoscopy two step algorithm**includes a series of cases with questions to support with making a diagnosis (available on[**iOS**](https://itunes.apple.com/gb/app/dermoscopy-two-step-algorithm/id731753300?mt=8) and [**Android**](https://play.google.com/store/apps/details?id=com.usatineMediaLLC.dermoscopyTwoStep&hl=en_GB))

**Online Atlas Dermoscopy Images**

* [**The International Atlas of Dermoscopy and Dermatoscopy**](http://www.dermoscopyatlas.com/index.cfm) is produced by the skin cancer college of Australia and New Zealand and includes an [**online quiz**](http://www.dermoscopyatlas.com/quiz.cfm)
* [**Dermascopedia!**](https://dermoscopedia.org/Main_Page)

**Books**

The International Dermoscopy Society (IDS) has produced a [**list of books**](https://dermoscopy-ids.org/education-elearniDernng/books/) to support Dermoscopy learning. Useful books for beginners include:

* Dermoscopy The Essentials [Johr RH, Soyer HP, Argenziano G, Hofman-Wellenhof R, Scalvenzi M. Dermoscopy: the essentials: Mosby; 2004.]
* Diagnostic Dermoscopy: the illustrated guide [Bowling J. Diagnostic dermoscopy: the illustrated guide: John Wiley & Sons; 2011.]
* Dermatoscopy: An algorithmic method based on pattern analysis [Kittler H. Dermatoscopy: An algorithmic method based on pattern analysis: facultas. wuv/maudrich; 2011.

Reference: [Dermatology Toolkit (rcgp.org.uk)](https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/dermatology-toolkit.aspx)