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# Skin excisions in Australian general practice

The BEACH program, a continuous national study of general practice activity in Australia, gives us an overview of encounters where a skin excision was recorded as a procedure. This provides a backdrop against which the articles in this issue of *Australian Family Physician* can be further considered.

**Skin excisions were recorded in BEACH data 723 times in the year from April 2004 to March 2005, at a rate of 0.8 per 100 encounters. This represents an average of approximately 760 000 encounters at which a skin excision is performed in general practice across Australia in any 1 year. Skin biopsies made up a quarter of all excisions, while excisions of superficial lesions and malignant neoplasms each accounted for one-fifth. These excisions were performed at 706 encounters (Figure 1).**

## Patient characteristics

There was a higher percentage of male patients at excision encounters than the average for BEACH (48% compared with 44%). This can be seen in the gender specific rates: 0.8 per 100 male encounters and 0.7 female encounters.

A difference in rate of encounters where skin excisions were performed (referred to here as excision encounters) can be seen between younger and older patients. The age specific rate for patients aged 15–44 years was 0.5 per 100 encounters, whereas for patients aged 45 years and over the rate was double, at 1.0 per 100 encounters.

Postcodes of patients were used to examine the association between location and rates of skin excisions. Excisions were performed at almost twice the average rate at encounters with patients from large rural centres (1.5 compared with 0.8 per 100 total encounters), and the rate was also high for patients from other rural areas. The lowest rates were recorded for patients from capital cities and remote centres (0.6). These results agree with findings from

a recent study of the influence of geography on morbidity managed in general practice.<sup>1</sup>

## Reasons for encounter

The most common reason for encounter stated by patients at excision encounters was excise/remove tissue/biopsy/destruction/debridement/cautery, at 33 per 100 of these encounters, indicating that about one-third of these encounters had been planned for this purpose. Skin symptom/complaint was the recorded reason at 25 per 100, and skin check up at 11 per 100 excision encounters. Malignant skin neoplasm, swelling, and naevus/mole were other reasons for encounter.

## Problems managed

Malignant skin neoplasm was the most common problem managed with an excision, accounting for 37% of these problems. Unspecified skin symptoms/complaints accounted for 14%, naevus/mole 12%, and skin neoplasms of a benign or uncertain nature 8% of these problems.

## Medications

There was a low rate of medication prescription/advice/supply for problems managed with an excision. A lignocaine injection was the most common medication, followed by cephalixin.

## Pathology orders

As would be expected at excision encounters, the rate of

pathology test orders was high, at 65 per 100 problems compared with the BEACH average of 25 per 100 problems. Histopathology accounted for almost all of the pathology tests. There were no referrals and just one imaging order (ultrasound) recorded at these encounters.

Conflict of interest: none.

### Reference

1. Knox S, Britt H, et al. Locality matters: the influence of geography on general practice activity in Australia 1998–2004. AIHW Cat. No. GEP 17. Canberra: Australian Institute of Health and Welfare, 2005.

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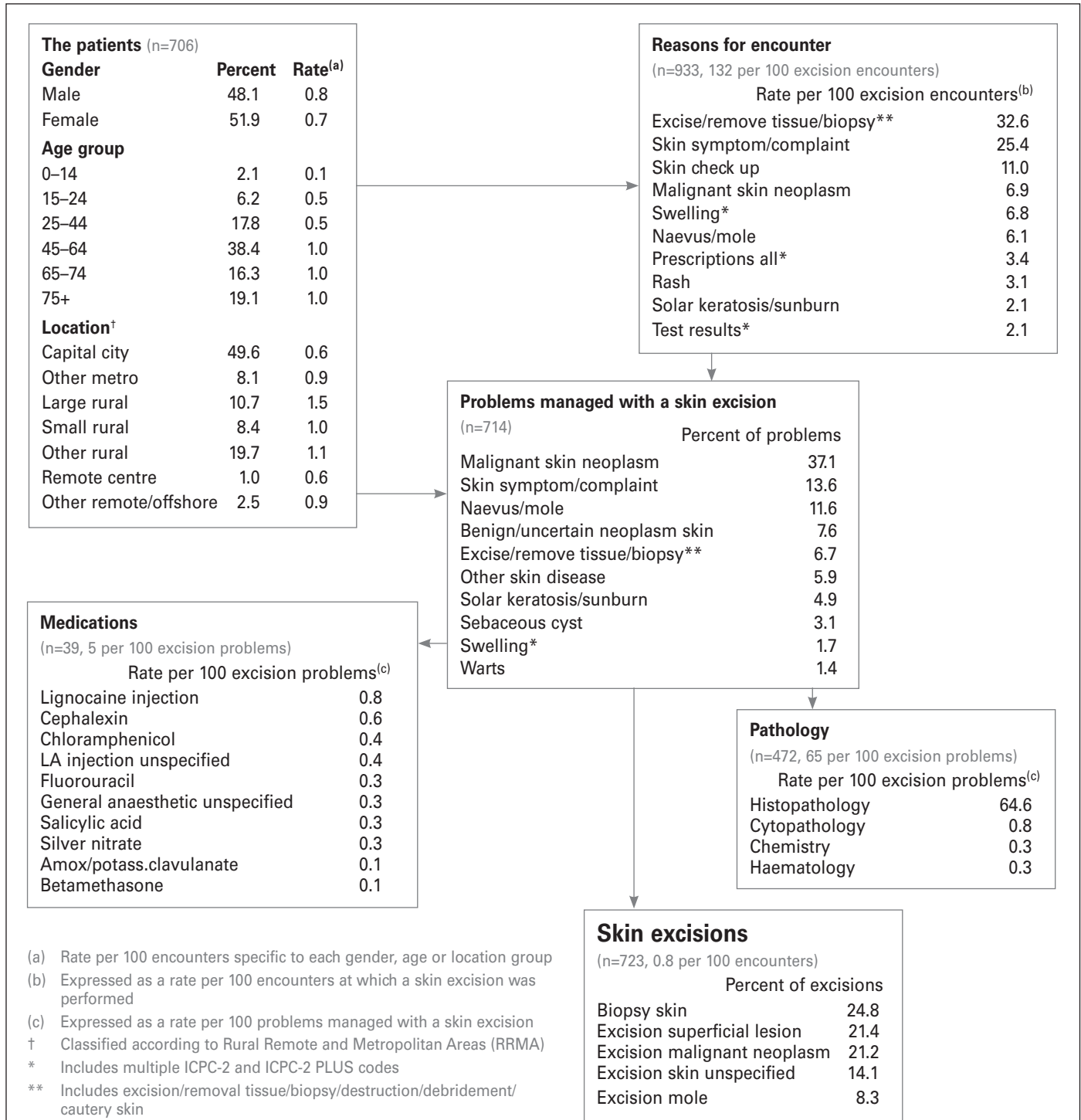


Figure 1. Content of encounters at which a skin excision was performed