

Handmade double-blade scalpel for Mohs surgery



Pedro Gil-Pallares, MD,^{a,b,c} Mariana Claudia Matei, MD,^{a,b} Marcial Álvarez-Salafranca, PhD,^{a,b} Alejandro Vilas-Sueiro, MD,^d Alba Navarro-Bielsa, MD,^{a,b,e} and Yolanda Gilaberte, PhD^{a,b,e}

Key words: cutaneous oncology; dermatologic surgery; micrographic surgery; Mohs surgery.

CLINICAL CHALLENGE

Obtaining Mohs surgery stages can be challenging in certain areas with loose or flaccid skin, such as the eyelid. This might be helped by double-blade scalpels that make the cut on both sides of the stage simultaneously, while the skin is still tightened. Some authors described the use of scalpel handles with 2 notches for 2 blades, although they might not be available in all hospitals.¹ Arnon et al² described a simple way of making a double-blade scalpel by attaching a second blade to a common scalpel handle with tape. However, the bond relies on the tape, and we found that the use of 2 scalpel handles provides a more stable union.

SOLUTION

One scalpel is attached to the handle as usual, and to keep a 3 mm distance between the blades, the notch of both handles must face each other (Supplementary Video 1, available via Mendeley at <https://data.mendeley.com/datasets/s7ykfbr69y/1>). Therefore, the second blade should be placed oppositely so both blades face the same direction, which, although it does not allow for a perfect fit, keeps the scalpel strongly fixed to the handle (Fig 1). Both scalpels are attached with adhesive tape that can be sterile, allowing for a stable 3 mm distance between blades (Fig 2). We found this handmade double-bladed scalpel especially helpful in obtaining

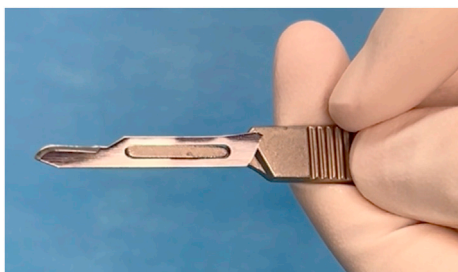


Fig 1. Detail of the second blade placed oppositely to the usual one. Although it does not allow for a perfect fit, the scalpel is strongly fixed to the handle.

From the Department of Dermatology, Miguel Servet University Hospital, Zaragoza, Spain^a; IIS Aragón, Zaragoza, Spain^b; Universidad de Santiago de Compostela, Santiago de Compostela, Spain^c; Department of Dermatology, Complejo Hospitalario Universitario de Ferrol, Ferrol, Spain^d; and Universidad de Zaragoza, Zaragoza, Spain.^e

Funding sources: None.

Patient consent: Consent for the publication of recognizable patient photographs or other identifiable material was obtained by the authors and included at the time of article submission to the journal stating that all patients gave consent with the understanding that this information may be publicly available.

IRB approval status: Not applicable.

Correspondence to: Alba Navarro-Bielsa, MD, Universidad de Zaragoza, C. de Pedro Cerbuna 12, Zaragoza 50009, Spain
E-mail: 582073@unizar.es.

J Am Acad Dermatol 2024;91:e155-6.
0190-9622

© 2024 by the American Academy of Dermatology, Inc. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<https://doi.org/10.1016/j.jaad.2024.07.1517>

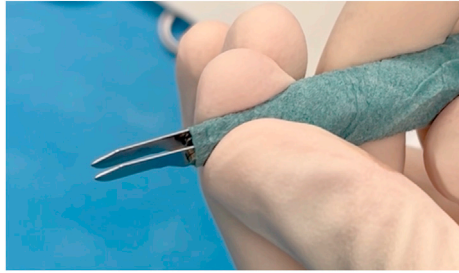


Fig 2. Double-scalpel after attachment of both scalpels with sterile adhesive tape. Both scalpels face the same direction with a 3 mm distance between blades.

spaghetti Mohs stages on difficult areas where maintaining a tightened skin after the first cut is not easy, although it can also be used for conventional Mohs surgery.

Conflicts of interest

None disclosed.

REFERENCES

1. Choi KW, Lee YK, Kim YH, Lee CW, Kim KH. Surgical tip: the double-bladed scalpel in mohs micrographic surgery. *Ann Dermatol*. 2008; 20(2):86-89.
2. Arnon O, Pagkalos VA, Xanthinaki AA, Silberstein E. Double-bladed scalpel in mohs micrographic surgery. *ISRN Dermatol*. 2012;2012: 617314.