# Skin incision

A skin incision is a surgical cut or opening made through the skin to access underlying tissues, organs, or structures. Skin incisions are a fundamental part of many surgical procedures, allowing surgeons to gain access to the area they need to work on. The choice of the type of skin incision depends on various factors, including the location of the surgical site, the nature of the procedure, and the surgeon's preference. Here are some common types of skin incisions used in surgery:

Midline Incision (Vertical Incision): This incision is made along the midline of the body or the part being operated on. It can be used for abdominal surgeries (midline laparotomy), chest surgeries (sternotomy), and others. A midline incision provides good exposure but may have a longer recovery time and increased risk of complications compared to some other incision types.

Transverse Incision (Horizontal Incision): Also known as a “bikini incision,” this is made horizontally across the body or the surgical site. It is often used for surgeries such as C-sections, appendectomies, and gynecological procedures. Transverse incisions may result in better cosmetic outcomes and potentially less postoperative pain than vertical incisions.

Oblique Incision: An oblique incision is made diagonally across the body or the surgical area. It may be used in various surgical contexts when it offers advantages in terms of exposure or healing.

Paramedian Incision: This is a type of vertical incision made slightly off-center from the midline. It is used for surgeries that require access to specific structures, such as the kidneys or spine.

Periumbilical Incision: This incision is made around the navel (belly button) and is commonly used for procedures involving the abdomen. It can provide access to various abdominal organs.

Laparoscopic Incisions: In minimally invasive surgeries (laparoscopic or keyhole surgeries), small incisions are made to insert surgical instruments and a camera. These incisions are typically less than an inch in length and leave minimal scarring.

Facial Incisions: In facial surgeries, incisions are carefully planned to minimize scarring and ensure optimal cosmetic results. Different techniques may be used for procedures like facelifts, rhinoplasty, and brow lifts.

Cranial Incisions: In neurosurgery, specialized incisions are made in the scalp and skull to access the brain or cranial structures. The type of cranial incision depends on the specific procedure and location within the skull.

Orthopedic Incisions: In orthopedic surgeries, such as joint replacements or fracture repairs, incisions are made over the affected joint or bone to access and treat the condition.

The choice of the incision type is a critical decision made by the surgeon, taking into account various factors, including the surgical goals, patient anatomy, and the potential for scarring. Surgeons aim to make precise incisions to minimize tissue damage and promote optimal healing. Postoperative care and wound management are also essential to reduce the risk of infection and ensure proper healing of the incision site.

A scalpel is a small and sharp knife-like instrument with a handle and a replaceable blade. It is commonly used for making precise incisions in the skin and other tissues.

## Planning

The decision to select a specific incision would depend on several aspects e.g. surgical site, related anatomical structures, easy access, fewer complications, quicker healing, and minimum scar. But, in some instances, all these options might not be fulfilled and the surgeons have to make a professional judgment to decide on what's best for the patient's condition.

The marking of the skin incision is done so that its two endings form an imaginary straight line that adequately simulates the separation of the skin flap and the consequent bone exposure

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Plan your incision!

o Clip fur at least 15 cm wide of incision

o Permanent marker prior to prep or sterile marker after draping (if needed)

o If possible, follow lines of tension (the final closed incision will be on/parallel to a line of tension)

o Do not create a “biological tourniquet” with closure; it is better to leave it open a centimeter or so…it is not a “failure” it is a “rational plan”.

## Subcutaneous dissection

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