Excision of Skin Lesion

Dermatology

Patient Information

Other formats: If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact myhealth.devon@nhs.net

This leaflet is written for patients who are having minor skin surgery. It will tell you about the common risks/serious side effects and benefits.

The information in this leaflet will help you to be able to ask questions before you sign the form consenting to the surgery. Any alternatives to surgery will be discussed with you by your hospital doctor.

All skin surgery requires an injection of local anaesthetic. This injection numbs the skin in the area that will be treated. It remains numb for up to 2 hours. You may eat and drink normally before and after the operation.

Local anaesthetic

Injections may be uncomfortable for 5 to 10 seconds whilst being administered under the skin. Once numb, the skin should no longer be able to feel sharpness. The sensation of pressure or movement however usually remains. The doctor/nurse will test the skin is numb before starting any treatment.

There may be a temporary 'whitening' of the skin at the injection site if your local anaesthetic contains epinephrine (also known as adrenaline). Epinephrine helps prevent bleeding during the operation.

The injection may leave a bruise.

Local anaesthetic injected near the mouth can make your lip numb.

Beware of hot drinks or biting your lip until the skin has returned to normal.

Adapted from "Information for Dermatology patients requiring skin surgery" June 2018 - Royal Devon and Exeter NHS Foundation Trust

NHS Royal Devon University Healthcare NHS Foundation Trust
NHS University Hospitals Plymouth NHS Trust
NHS Torbay and South Devon NHS Foundation Trust

Benefits of surgery

- A specimen can be sent for analysis to help with diagnosis.
- The lesion is removed.

Risks of surgery

Scarring

All surgery involving the skin will leave a scar. If a lesion is being removed, generally the scar will be three times as long as the original lesion is wide. Most lesions are removed in an ellipse shape to allow a flat line on closure. For small skin samples, 'biopsies' leave a scar 3 to 6mm in length depending on the size of the biopsy required. Scars can be pale or darker than the surrounding skin and may become thickened if the body's repair response is particularly vigorous. Scars may be sore or itchy due to the way nerves heal.

- Keloid scars
  This is an abnormally large scar, the tendency to which can run in families. Please tell us if you think you may be at risk of this.

Bleeding

Bleeding at the time of surgery will be controlled using diathermy (heat applied to the wound). Diathermy close to pacemakers, implantable devices and cochlear implants is used cautiously in dermatology surgery. Tell the doctor/nurse if you have a pacemaker or implanted defibrillator fitted.

Bleeding later on after surgery is minimised by following your post operative instructions about activity levels and by leaving any pressure dressings in place.

Medicines which thin the blood can make bleeding more likely. Aspirin, Clopidogrel, Dipyridamole, Warfarin, Rivaroxaban, Apixaban and Dabigatran are the common medicines used. Please tell the doctor/nurse if you are taking these medicines. Bruising results from bleeding under the skin. A black eye may happen after surgery near the eye.

Allergy

Tell the doctor about any allergy you have. Allergic reactions to local anaesthetic, latex, sticking plaster and antibiotics are relevant to surgery.

Pain

Pain may be experienced after surgery; it is usually relatively mild. Paracetamol is our preferred choice for pain relief as aspirin can cause bleeding. More severe pain may indicate a wound infection particularly if this occurs after the first 48 hours.

Swelling

Initially there will be swelling caused by the local anaesthetic injection. This can be quite obvious close to the eye or lip. Swelling due to inflammation of surgery normally reduces 24-48 hours after surgery.

Wound infection

Wound infection may occur despite all our preventable measures. It is more likely in those who are diabetic, smokers, on steroids, or people with poor health. Skin lesions that were ulcerated or crusted before surgery may be at greater risk of infection. Wound infections may cause the wound to gape or the stitches to fail. Scarring may be more pronounced following a wound infection.

Infected wounds tend to be weepy, puffy, hot, increasingly painful, and with spreading redness. Please contact the Dermatology department if you are concerned about this.

Wound splitting

This is more likely to happen:

- in smokers
- where the skin is over stretched due to manual work or exercise
- following a wound infection
- where the wound is under tension

Altered skin sensation or muscle paralysis

During surgery there may be nerves that are disturbed close to the lesion. Altered skin sensation or muscle paralysis in the area of surgery may happen. Normally this is temporary but can occasionally be permanent.

Discharge Information

Skin surgery is an outpatient procedure. Aftercare information is usually given to you before you go home. The nurse will explain what you will need to do. Normally you will be able to go home 30 minutes after the surgery.

Results

Are normally available 3-4 weeks after surgery. We will write to you and your doctor explaining what we have found.

Have your say

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