

Formal Excisions

Patient Information

The Prosser White Dermatology Centre, Leigh Infirmary.



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Excision of skin lesions

Excision refers to removal of a skin lesion by cutting it out completely.

The initial healing process occurs over 2-3 weeks. Remodelling and strengthening of the wound and scar tissue continues for 6 to 12 months following skin surgery. Complications such as bleeding and infection may delay the healing process, increase pain and discomfort, and result in a larger scar.

Why does my skin lesion need to be excised?

A common reason why a skin lesion is excised is to fully remove a skin cancer (basal cell carcinoma, squamous cell carcinoma or melanoma). We would also consider removing a benign (harmless) lesion which is causing problems, such as snagging on clothing or getting infected.

Benefits

Following the removal of lesion; the lesion will be sent to pathologists who can then make a diagnosis.

Alternatives

There are no alternatives.

Risks

- Scarring – it is impossible to cut the skin without scarring in some way. All surgery to the skin will lead to some form of scar. For the majority of people the scar will initially be red and raised but usually reduces and fades in colour and size over several months and can continue to improve over a year or two. However, the scar may become thickened, lumpy, red, and itchy this is known as keloid or hypertrophic scar. The risk is higher on the shoulders, upper back, and chest, or if you have a family history of such scars. This can be treated, but the thickening may be permanent.
- Infection – as with any surgery there is a risk of infection and these risks will be explained to you before and after surgery. Symptoms of what to look for and how to treat are given in the After Care section at the end of this leaflet.
- Bleeding – you cannot cut the skin without any bleeding; this is usually stopped with a diathermy machine which seals the small blood vessels. **Please inform the doctor if you have a pacemaker fitted, as diathermy machine can interfere with its performance.**
- Allergic reaction – there is sometimes a reaction to stitch material; however, this is uncommon and unpredictable, and may occur many weeks after surgery, particularly with long-lasting materials which are left in the skin for support purposes. These usually present as itchy bumps or small abscesses along the line of the wound.
- **Wound re-opening – Occasionally, the wound can re-open after the stitches have been removed. Wounds are not normally restitched but are left to heal with the use of dressings and/or packing if required. If this happens, contact your local**

treatment room, usually the one where you had the stitches removed; they will be able to assess the wound and use any dressings that may be required.

- **Nerve damage** - If the area is small, any nerve damage may gradually improve or resolve over approximately 12 months, as surrounding nerve branches grow back in the area. Very rarely, skin surgery can result in permanent areas of paralysis or numbness.
- **Bruising** – Can happen in any area, but especially on the face around the eye and cheek area.

What is involved in the excision of a skin lesion?

Your dermatology doctor will explain to you why the skin lesion needs excision and the procedure involved.

Your dermatology doctor will inject some local anaesthetic into the area surrounding the skin lesion to be treated (this causes an uncomfortable tingling sensation which will last only a few moments). This will make the skin go numb, so no pain should be felt during the procedure. You may feel a pushing or pulling sensation, but this should not be painful. The most common type of excision is called an elliptical excision; this means an area of skin shaped like a rugby ball is removed with the lesion in the centre. The ellipse is designed so that the resulting scar runs parallel with existing skin creases. This ensures that the scar is as narrow and short as possible.

The area to be excised is marked with a coloured pen, and then the lesion is removed. There may be some bleeding in the area from where the lesion has been removed. The doctor may coagulate (clot) the bleeding blood vessels with a diathermy machine (heat). This can make a buzzing sound and you may notice a burning smell.

Medication

Tell your doctor if you are taking any medication, including herbal or over the counter medications, or if you have any allergies or medical conditions.

- Aspirin slightly increases the risk of bleeding during and after the operation, but it is preferable to continue taking aspirin.
- If you are on Warfarin or any other medicines to thin your blood, please make sure the dermatology doctor knows before your minor operation is booked. Depending on your INR (degree of thinning of the blood), you may be asked to omit some doses. Please make an appointment to have your INR re-checked the week before your surgery.
- If you smoke, it is best to avoid smoking on the day of the operation and while the wound heals, as smoking reduces blood flow to the skin and delays healing.

Will I have any pain after surgery?

Pain after the operation is variable, but often surprisingly little. Your wound may become painful one to two hours after the excision when the local anaesthetic wears off. Large wounds, or those on areas subject to pressure (e.g. foot) or a lot of movement (e.g. shoulder), may be more uncomfortable. Paracetamol (two tablets) can be taken every four to six hours as required (a maximum of eight tablets in 24 hours).

After care advice

If a dressing is applied after surgery, you will be told how long to keep this on for and how to look after the wound. If a dressing is applied, it is usual to keep it in place until the stitches are removed.

Slight post-operative bleeding may stain the dressing. This is not unusual and requires no action. However, if bleeding continues, apply firm, constant pressure on the wound for 20 minutes without removing the original dressing. If bleeding continues, urgent medical advice should be sought.

Surgery around the eye or forehead can sometimes result in bruising (black eye). This requires no treatment and will disappear after approximately one week. To minimize the bruising, place a few extra pillows under your head in bed at night. If you are still unhappy with the condition of the wound, contact your own GP. Avoid damage to the wound. If the wound is in an area where it might be stretched, try to avoid strenuous exercise for approximately two weeks after the stitches have been removed.

If the wound becomes painful, red and inflamed within 48 to 72 hours after the initial discomfort has stopped, infection may be present, and you should consult your GP or practice nurse.

Where do I get the stitches removed?

Unless you have been told otherwise, the nurse at the District Nursing Clinic should remove the stitches. It will be necessary for you to phone up and make this appointment yourself. This will be explained to you after your surgery.

You will be given a form which details your treatment and the number and type of stitches in the wound. Take this to the district nurses when you attend to have your stitches removed.

Contact information

This leaflet has been written to try to answer some of the most common questions and to lessen any fears or concerns.

If at any time you are worried, please speak to a member of staff, who will try to answer any questions you may have.

We can be contacted at the:

Prosser White Dermatology Centre

Leigh Infirmary

The Avenue

Leigh

WN7 1HS

Monday to Friday, 9am until 5pm.

Telephone: 01942 264748

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
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WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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