



**Wrightington, Wigan and
Leigh Teaching Hospitals**
NHS Foundation Trust

Punch Biopsy

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Patient Information

The Prosser White Dermatology Centre, Leigh Infirmary

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Skin Biopsy

A skin biopsy is when the Dermatologist doctor / nurse removes a sample of skin and sends it to a pathology laboratory where a Histopathologist analyses it under the microscope and writes a report.

IT IS IMPORTANT TO LET STAFF KNOW IF YOU HAVE HOLIDAYS BOOKED, TO AVOID BEING AWAY FROM HOME (WHERE POSSIBLE), ESPECIALLY ABROAD, WITH A NEW SURGICAL WOUND.

You may have stitches in place which will need removing between 5 and 14 days after your surgery.

Driving

Legally it is your responsibility to remain in control of a vehicle at all times. Depending on the size and the area of your surgery, it may be advisable not to drive yourself home afterwards. The decision to drive can be affected by:

- Swelling – especially if the surgery is on the face as this might affect your vision
- Any distracting effect of pain or numbness in the area of surgery
- Feeling faint or unwell after the procedure, especially if you are aware of any similar problems, you may have had in the past

Benefits of having a skin biopsy

Skin biopsies are performed to help with the diagnosis of your skin condition. Sometimes, different skin conditions can look similar to the naked eye, so additional information is required.

This is obtained by looking at the structure of the skin under the microscope.

There are two situations in which this usually occurs:

- To distinguish between different types of rashes or skin lesions. Your Dermatologist may be considering several possible diagnoses, and the skin biopsy provides additional information in this process
- The Dermatologist suspects you have a skin cancer. A biopsy is taken to confirm that the skin cancer is present. The biopsy may also give information on the type of skin cancer, which may determine the best treatment

What is involved in having a skin biopsy?

The doctor / nurse will explain to you why the skin biopsy is needed, and the procedure involved.

There are several techniques for taking a skin biopsy but the commonest is a punch biopsy. Punch biopsies are quick, convenient, and usually only produce a small wound. They allow the Pathologist to get a full thickness view of the skin. More than one punch biopsy may be taken depending on the condition being investigated.

A punch biopsy is a small round bladed instrument; it removes a small core of tissue ranging from 2mm to 8mm in diameter, although 4mm is most commonly used.

Shortly before the skin biopsy, you will be given a small injection of local anaesthetic, which will make the area numb.

Whilst the biopsy is being performed you may feel a pushing sensation in the area where the biopsy is being taken from, but you should not feel any pain during the procedure. Sometimes a stitch will be required or, if the wound is small, it may heal adequately without a stitch.

Risks

- Scarring – You will always have some sort of scar. It is impossible to cut the skin without scarring in some way. However, certain individuals sometimes have an abnormal response to skin healing and as a result may get larger raised scars than usual. These are known as keloid or hypertrophic scars
- Bleeding – As with any surgery you cannot cut the skin without any bleeding. Bleeding is usually minimal after a biopsy and a stitch is sufficient to stop any bleeding, you may have a small pressure dressing placed over the site of the biopsy
- Infection – There is a small risk of infection, but this will be discussed with you before and after your biopsy. There is information on what to look out for with regards to infection at the end of this leaflet

Alternatives

If you do not have the biopsy, it may be difficult for the clinician to diagnose your skin condition.

After care information

- If you think the wound is infected, you should contact your General Practitioner (GP) or Walk-in-Centre. Please do not contact the Prosser White Centre in these circumstances

- If you have a dressing applied over the wound, you will be told how long to keep this on for (usually until stitches are removed)
- If there is bleeding, press on the wound firmly for 20 to 30 minutes (this can be done on top of your dressing). If it is still bleeding after this time, seek medical attention
- Try to keep the dressing dry for 24 hours
- The same dressing can be left in place until any stitches are removed. It does not have to be changed unless it is necessary

Contact information

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 Monday to Friday

9am until 5pm

Prosser White Dermatology Centre

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