Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Excision of Skin Lesions under local anaesthetic Plastic Surgery

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Excision of Skin Lesions Under Local Anaesthetic - Plastic Surgery

Patient Information

Treatment Rooms, Ward 3 - Leigh Infirmary

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Introduction

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

If there is anything you are worried about that is not covered by the leaflet, please feel free to speak to a member of staff.

Benefits of having my skin lesion removed

Skin lesions are excised (removed) in an attempt to fully remove skin lesions such as moles, cysts, lipomas (fatty lumps) and skin cancers. Most lesions are benign (non-cancerous) but you may want to have them removed due to them being painful or unsightly.

The removal of benign lesions is considered to be of lower priority and therefore subject to funding, prior approval from the commissioning body is necessary. It is a matter of personal choice whether you choose to have your lesion removed or not. Surgery however is recommended to remove cancerous skin lesions or to diagnose the cause of the lesion.

Alternatives to excision

Creams for superficial lesions, radiotherapy, laser therapy and cryosurgery are some of the other options available. Sometimes a combination of treatments may be used. Your surgeon will discuss these alternative treatment options with you where appropriate.

Excision of skin lesion

The most common type of excision is an elliptical excision; this is where the wound is closed by bringing the wound edges directly together. The elliptical excision is designed so that the resulting scar runs parallel with existing skin creases as far as possible. In some cases, a margin of skin around the lesion may have to be removed, this will leave a bigger wound

than you may expect from the size of the lesion.

In other cases, due to the position of your lesion and or its size, the wound may not be able to be closed by bringing the skin edges directly together. In these cases, a local flap amongst other options may be used. This is where a flap of skin with its blood supply is moved to close the defect.

Your plastic surgeon will discuss with you in detail about this procedure during your consultation.

Risks

- **Scarring.** It is impossible to cut the skin without scarring in some way.

- **Keloid or hypertrophic scarring.** Some people have an abnormal response to skin healing and these people form thickened scars. Hypertrophic scars develop within the boundaries of the original wound and reduce in size, in time whereas keloid scarring extends beyond the wound edges and tends to remain raised. For more information, please speak to your surgeon. Silicone gel preparations may help to prevent the formation of lumpy scars.

- **Nerve damage**. All surgery to the skin inevitably cuts small nerves. Occasionally, numbness or pins and needles around the wound may follow surgery and last for some weeks or occasionally may be permanent. Your surgeon may be able to inform you if significant numbness is anticipated.

- **Pain.** To varying degrees, pain will always follow surgery to the skin.

- **Bleeding.** Slight post-operative bleeding may occur; this is quite normal and generally responds to applying firm pressure. On occasions further intervention may be required.

- **Infection.** Your surgeon takes measures to reduce this risk. Where the risk is significant your surgeon will prescribe appropriate antibiotics for you.

- **Local Recurrence of the lesion.** Some types of lesions are more prone to recurrence than others. Incomplete excision, and/or inadequate excision margin, increase the risk of this happening.

- **Incomplete excision of the lesion** is usually determined in the laboratories when the removed lesion is examined under the microscope. Where this is the case, further surgery to locally remove the lesion may be necessary. Other options of radiotherapy or observation maybe considered.

- **Reaction to suture materials** is uncommon, unpredictable and may occur many weeks after surgery, particularly with long lasting suture materials which are left in the skin for support purposes and prevent stretching of the wound. The body may reject the suture material as a foreign body and a localized abscess could result.

Medication

Tell your plastic surgeon:

- If you are taking any medication, or if you have any allergies or medical conditions.

- If you are taking any form of anticoagulation medication (blood thinner) please inform your surgeon. You may be asked to stop it before surgery to reduce the risk of bleeding during and after the operation. The surgeon will advise you at clinic if this needs to be stopped.

- If you have a pacemaker. Your surgeon needs to know whether it is a defibrillating or simple pacemaker. This information will assist your surgeon to take necessary steps to make your operation safe.

On the day of your procedure

On arrival to the ward, you will meet your nurse and other members of the team who will be looking after you. Your plastic surgeon will see you on the ward. Your procedure will again be explained to you, and you will be asked to sign a consent form. The surgeon will mark the operation site pre-operatively with a marker pen.

You will be on a theatre list with several other people, so be prepared for a wait.

In theatre

The plastic surgeon will inject some local anaesthetic into the area surrounding the skin lesion to be removed. This causes a stinging sensation initially, but this will settle within the minute as the local anaesthetic takes effect. This will make the skin go numb so that pain should not be felt during the procedure, but you will be aware of a pushing or pulling sensation as the lesion is removed. If you feel any pain, please inform the nurse/surgeon.

There will be some bleeding in the area from where the lesion has been removed. The surgeon may coagulate the blood vessels with diathermy. This can make a hissing sound and a burning smell.

The wound will then be closed with sutures (stitches). You will be informed on discharge whether or not these sutures require removal or not.

After care advice

- Your skin may appear white around the area that you have been operated on. This is due to the local anaesthetic and should return to normal in approximately two to four hours.

- Your wound may become painful or tender when you return home. If you are in pain, take your normal painkillers as directed on the bottle, or by your G.P. If you do not take regular painkillers, then tablets you would normally take for a headache should be adequate. Please do not exceed the recommended dose of medication.

- Slight post-operative bleeding may occur this is not unusual as the blood supply returns to normal after anaesthetic. If bleeding occurs, place another dressing on top of the wound or original dressing and apply firm pressure without looking at it for 5 to 10 minutes. If however, bleeding persists contact ward 3, District nurses, G.P., Walk in centre or A&E. A District nurse form with contact number will have been provided by the ward.

- Keep the suture line clean and dry. You can wash around the area. A recent wound or one that has just had stitches removed should not be soaked in water.

- If a dressing is applied after surgery, you will be advised if/when this should be changed.

- Do not shave over the stitches if they are around the beard area.

- You should not apply make-up to the operation site until it has healed.

- Avoid clothing that is going to rub on the suture line.

- Surgery around the eye or forehead can sometimes result in bruising (black eye). This requires no treatment and will disappear after approximately two weeks. To minimize swelling and bruising place a few extra pillows under your head in bed at night.

- 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 to three weeks after the operation. If the lesion has been removed from your head or neck, avoid bending down and lifting weights e.g. lifting children.

- Avoid lying on the wound.

- If you have had surgery to your leg, be sure to rest your leg by elevating it on the day of surgery. Individual advice will be given on the day of surgery.

- If you have had surgery to your hand/arm, be sure to elevate it above the level of the heart to minimize swelling. Resting your hand/arm on a pillow will help until the next appointment. Mobilization of your fingers, elbow and shoulder is important to aid circulation and reduce stiffness.

- 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 the healing process.

What to look out for:

Infection, signs include:

- The wound becomes red, swollen, or hot.

- The wound becomes more painful and does not respond to the painkillers you have been taking.

- Unpleasant smell or leakage of fluid from the wound.

- You feel generally unwell or have a temperature.

Please arrange an appointment to see your GP.

Where do I get the stitches removed?

If dissolvable sutures have been used these do not need to be removed, but sometimes the surgeon may request that the knots on dissolvable sutures are to be trimmed. Arrangements will be made with your district nurse for trimming of knots or removal of non-absorbable sutures; this will be arranged before you leave the ward. For those patients who have had a local flap a dressing clinic appointment at the Thomas Linacre Centre will be arranged for wound check and or removal of sutures, prior to discharge.

Care of wound after removal of stitches

To help improve the appearance of the scar it can be massaged using an un-perfumed moisturiser. Please wait 2 weeks after stitches have been removed. Make sure the wound has completely healed, i.e., the wound is closed and there are no signs of infection or swelling around the area.

- Wash the scar gently with un-perfumed or mild soap and pat dry.
- Use an un-perfumed moisturiser. Wash your hands and place a small amount on the tip of one finger and massage down the length of the scar and not across. Do this twice a day for a few minutes for the next 12 to 24 weeks.
- Do not remove any scabs that may form, allow them to fall off naturally.

- Keep the scar out of the sun by covering it or by using total sun block cream for 6 months.

Contact information

Ward 3, Treatment Rooms Leigh Infirmary, The Avenue, Leigh WN7 1HS

Telephone: 01942 264260/61 for advice.

Open Monday to Friday 07:30 – 20:30 hrs.

If the ward is closed seek medical advice by contacting your G.P. or On Call G.P.

Royal Albert Edward Infirmary A&E contact switch board.

Telephone: 01942 244000.

Leigh Walk-in Centre

Telephone: 01942 483453.

District Nurses

A district nurse form with a contact number for appointments will be provided by the ward.

District Nurse Evening Service

Mobile 07860794654 or answer phone 01942 481155.

Weekends Only

At weekends if you are unable to obtain advice/help from the above, please contact **Whiston**

Telephone: 0151426 1600 ask for on-call Plastics CST Doctor.



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