Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Formal Excisions

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Formal Excisions

Patient Information

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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.

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

Firstly, you will have sutures (stitches) in the wound covered by a dressing. This will need to be kept clean and dry and possibly need the sutures removing which you would have to arrange yourself. This can be difficult, especially in another country. (We only have the contact details for Treatment rooms in the Wigan area).

Secondly, if the wound becomes infected you would have to find a doctor or medical centre to prescribe antibiotics if required.

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

If the lesion needs removing, there are no alternatives to excision.

Risks

- Scarring – it is impossible to cut the skin without scarring it 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 Aftercare 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 the diathermy machine can interfere with the**

performance of your pacemaker

- 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. It is also possible to have a reaction to the dressing used to cover the wound after surgery. If the area where the dressing is becomes red, swollen, sore or itchy, remove it and cover the wound with a dressing you know you do not have a reaction to.

- Wound re-opening – Occasionally, the wound can re-open after the stitches have been removed. Wounds are not normally re-stitched 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 (seal through heat) the bleeding blood vessels with a diathermy machine (source of the heat). This can make a buzzing sound and you may notice a burning smell.

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 effects of pain or numbness in the area of surgery
- Feeling faint or unwell after the procedure, especially if you are already aware of any similar problems you may have in the past

If you decide to drive, it is advisable to check with your insurance company first.

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 international normalised ratio (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). Please note that increasing pain at the wound site can also be a sign of infection.

Aftercare 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. We advise keeping the dressing dry for at least 48 hours, longer if you can.

Stiches are sometimes in areas where it is difficult to apply a dressing such as in hairy areas. In these cases, petroleum jelly can be applied on top of the stitches to help keep any debris out of the wound. The nurse will give you instructions on the day if this is necessary.

If Steri-Strips™ (wound closure strips) have been applied on top of your stitches, either with or without a dressing on top, they must be removed if they get wet. You can replace them if you have been given spare ones to apply. Not everyone will be given spare wound closure strips.

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 General Practitioner (GP). 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. This will help reduce the risk of the wound coming open and of the scar stretching.

If the wound becomes painful, red, and inflamed after the initial discomfort from the surgery has stopped, infection may be present, and you should consult your GP or practice nurse in case you need to take a course of antibiotics.

Where do I get the stitches removed?

Unless you have been told otherwise, a nurse at a local treatment room will remove the stitches. You will need to phone up and make this appointment yourself. This should be done as soon as possible after your surgery as the treatment room appointments fill up quickly. This will be explained after your surgery, and you will be given a form with all the details required to arrange the appointment.

The form, which also details your treatment and the number of stitches in the wound must be taken with you to the treatment room when you attend to have your stitches removed.

Chaperones

You may bring someone to your appointment with you, however they may not be allowed into the operating theatre whilst the procedure is taking place unless it is deemed necessary. This can be discussed with the clinician performing the procedure on the day you attend.

There is usually at least one surgeon and one nurse during the procedure, sometimes two nurses.

As we are a teaching hospital we may ask if you are happy for student doctors or nurses to be present. This can be refused if you would prefer them not to be and can be discussed on the day of your surgery.

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



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