

Dermatology

Skin surgery

Information for patients, relatives and carers

Introduction

This leaflet provides information about your skin surgery procedure. We hope it answers some of the questions you or those who care for you may have. It is not intended to replace the discussion between you and your dermatology team but aims to help you understand more about what is discussed. If you have further questions, please do not hesitate to discuss with your doctor.

Types of skin procedure

Your dermatologist has referred you for a skin surgery procedure.

This involves using local anaesthetic and removing either:

- a sample of the skin (biopsy)
- or the whole lesion (excision)

to examine it more closely under a microscope.

The type of procedure you will have depends on the nature of your skin condition, but it will be one of the following:

- **punch biopsy:** a small circle of skin is removed, usually between 3mm and 8mm in size. Stitches are commonly used to close the wound
- **shave excision and cautery:** a horizontal cut is made to remove lesions raised on the surface of the skin. A hot instrument (cautery) is used to stop any bleeding. You will have a scab, and this will come off when the skin heals underneath
- **curettage and cautery:** a scoop shaped instrument called a curette is used to scrape away the skin lesion. A hot instrument (cautery) is used to stop any bleeding. You will have a scab, and this will come off when the skin heals underneath
- **incisional biopsy:** a large sample of the lesion is taken, with deep and superficial stitches being used to close the wound
- **excision biopsy:** the whole lesion is removed, including a surrounding area of normal skin. Deep and superficial stitches are used to close the wound

To remove a lesion on your skin which looks like this...



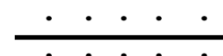
...the surgeon will mark out a border of surrounding normal skin.



Two triangular sized areas are removed from each side to help the wound close.



This will be the final shape of the wound – this is at least 3 times longer than the original lesion.



This is called primary intention healing.

In certain cases, other types of wound closure may be considered. This could be excision with secondary intention healing or use of skin flaps or grafts. The surgeon will discuss this with you if it is required.

What do I need to do before my procedure?

Please tell us before the day of your procedure if:

- you are taking warfarin. Please ensure you have your international normalised ratio (INR) checked three days before the procedure. The INR needs to be less than 3.5 for us to carry out the procedure. So, if your result is over 3.5, please contact your GP to adjust the dose of warfarin and recheck your INR. Please bring the result of your INR test and your yellow warfarin book with you when you come into hospital for your procedure
- you are taking **two** blood-thinning medicines together
 - if you are taking one blood-thinning medicine that is not warfarin (such as aspirin, clopidogrel, rivaroxaban and so on) you do not need to tell us before the day of the procedure. But please ensure you inform the surgeon at the time of your appointment
- you have any bleeding disorders
- you have an implantable electronic device, such as a pacemaker or defibrillator. This is important because we may need to speak to the department that installed the device beforehand
- you have an allergy to local anaesthetic, adrenaline, latex, or dressings
- you require an interpreter due to language difficulties

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- you are not able to provide consent for the procedure. Some patients may need to involve a carer or family member who has Lasting Power of Attorney (LPA). We may not be able to proceed without this
 - you have any difficulties getting up onto the operating couch
 - you have any upcoming holidays, special events or would be doing any strenuous activity in the next 2 weeks

On the day of the procedure

- you can eat and drink (non-alcoholic) fluids as normal
- please take any other regular medicines as normal and bring a list of your medications to the procedure to show the doctor
- if your procedure involves the scalp, please ensure that your hair is free from any hair products such as hair spray, mousse, or gel. This is because we may use a hot instrument (cautery) to stop any bleeding and these products can sometimes catch fire (be flammable). A scalp biopsy often requires more than one sample to be taken
- if your procedure is on the fingernails or toenails, please remove any nail varnish
- if the procedure is on the face, please remove any make up on your face before the procedure
- do not wear any jewellery close to the procedure site (for example, necklace, earrings, rings, or watches)
- if the procedure is on the body, we advise that you wear loose or comfortable clothing so that your clothes do not rub the wound afterwards
- have a shower or bath before the procedure as we will ask you to keep your wound dry for at least 48 hours

What will happen when I arrive at hospital?

Please try to arrive 15 minutes early for your appointment. We cannot guarantee that the procedure will go ahead if you are late.

Due to limited space, we would ask all patients to bring only one companion with them. They can stay in the waiting area during the procedure. Please do not bring young children as we cannot supervise children during the procedure.

Please bring any information about your implantable electronic device with you, if applicable. Also, if you are pregnant or breastfeeding, please notify the doctor. Please bring along a list of medications you are taking.

1. You will have the opportunity to ask questions before the operation.

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2. The doctor or nurse will explain what it involves and discuss potential problems that you may experience afterwards.
 3. You will be asked to sign a consent form to confirm that you understand the information provided and that you agree to go ahead with the procedure.
 4. We may take updated photos of the lesion to update your records if required.
 5. You may need to change into a hospital gown. This will be to protect your clothing or for us to gain better access to the part of your body where the procedure will take place.

What does the surgery involve?

You will have your procedure in the surgical room in the outpatient clinic. A consultant or registrar and nurse will be present. We are a teaching hospital and there may be students observing your appointment.

Surgery usually takes 30 to 60 minutes, but occasionally may take longer if dealing with multiple lesions.

1. We will first clean the site with antiseptic solution, and then give you a local anaesthetic injection to numb the skin.
2. The local anaesthetic may sting but this will only last a few seconds.
3. You may feel pressure and movement while the procedure is being carried out but should not experience pain.
4. Please inform staff if you feel any unexpected discomfort during your operation.
5. The skin sample will be removed and sent to the laboratory.
6. The wound will be closed or sealed.

Will I need stitches?

After a punch, incisional or excision biopsy, the wound will usually be closed with non-dissolving stitches. These need to be removed at your GP surgery after one to two weeks. You will need to organise this, so please ensure that you can attend the GP surgery.

What happens after the procedure?

We may ask some patients to take a seat in the waiting room for a short while after their procedure to monitor for any post-operative bleeding.

You will be given an aftercare leaflet, and there is information on the Imperial College NHS Healthcare website on **How can I look after my scar?**

The local anaesthetic wears off after a few hours. You may need to take paracetamol to relieve pain after this, though this may not be required. Do not take non-steroidal anti-inflammatory drugs such as aspirin or ibuprofen as these can increase bleeding.

The wound will usually be covered with a dressing. This should be left on for 48 hours and kept dry. Should the dressing loosen in the first 48 hours please re-tape it securely. After 48 hours you can remove the dressing. The doctor or nurse will give you further advice on wound care (and stitch removal if needed).

Driving

- though some people can drive themselves home after surgery, we suggest that most patients have a companion to escort them home
- do not drive after surgery to the central face area
- clarify any doubts about driving with your car insurance provider and then with the surgeon

Flying

- there are no restrictions on flying after a local anaesthetic. However, we recommend waiting at least 1 week before flying in case of unforeseen issues
- advice will vary depending on your procedure and individual patient factors
- please discuss this with your travel insurance provider and your surgeon before your procedure

Activities to avoid

It is important to protect the wound to help healing and reduce scarring. Until the stitches have been removed, please avoid the following:

- sports
- straining
- exercise / gym
- heavy lifting
- swimming (avoid until wound is completely healed)
- putting the wound underwater, for example, in the bath

It is important to allow yourself enough rest after your procedure. We recommend you tell your work about your procedure and your possible need for time off.

What are the risks involved in having skin surgery?

Skin surgery is generally safe but potential risks include:

- **bleeding:** if there is bleeding from the wound, apply pressure to the dressing for at least 15 minutes and keep the affected area raised. This will usually stop the bleeding. If the bleeding continues, return to the dermatology department if it is between 09.00 and 17.00. Outside of these hours go to your nearest A&E department.
- **nerve damage:** small nerves may be cut during the surgery to remove skin lesions. This can result in numbness which improves over weeks or months as the new nerves grow. Any other risks related to nerve damage will be discussed before your procedure.
- **swelling and inflammation:** this normally lasts for 3 to 4 days depending on the nature, size, and site of the procedure. Bruising is also common, especially if the procedure is near the eyes. This will disappear after 7 to 14 days and will not leave any permanent mark.
- **infection:** if the wound becomes very red, painful, hot, swollen, or oozes (leaks), it may be infected. You should see your GP who may prescribe antibiotics if needed. The risk of infection is increased in smokers, people with diabetes and immunosuppressed patients.
- **scarring:** there will be a permanent scar after skin surgery. Unfortunately, this cannot be avoided. For excision biopsies, the length of the scar is approximately three times the length of the lesion being removed. Initially the scar will appear red but over time will gradually lighten. Most scars become less noticeable after several months.

It's important to be aware that some people may develop thicker or stretched scars, such as keloids. This especially happens in certain areas like the back or chest. Individual factors including genetics make some people more likely to have this type of scar. We will make every effort to keep scarring to a minimum.

- **wound breakdown:** rarely, wounds can break open after surgical procedures and it is important for the wound to be treated carefully to prevent this. If this happens, please see your GP who may advise wearing dressings for a longer period
- **complications of local anaesthetic:** some people may experience temporary side effects from a local anaesthetic such as: dizziness, headaches, blurred vision, twitching muscles or shivering, continuing numbness, weakness or pins and needles. Rarer risks include allergic reaction to the local anaesthetic

Are there alternative treatments to skin surgery?

You do not have to have skin surgery. While your dermatologist has recommended it, other investigations or treatment options may be available. If you have specific concerns about skin surgery, it is important to discuss these with your dermatologist. Together you can explore the risks and benefits of all available options.

Diagnosis and result

The doctor on the day will tell you when the results are likely to be released. However, this typically takes between two to four weeks.

Usually, it is not possible to guarantee that a lesion has been completely removed until we receive the pathology report. This follows examination of the sample under the microscope.

The doctor who arranged the procedure will tell you and your GP about the results. We will organise any follow-ups are needed.

Please contact us if you have not heard from us within six weeks.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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