



Carrie Newlands

Surgery for Skin Lesions (an abnormal area of skin)

This leaflet has been designed to improve your understanding of your forthcoming treatment and contains answers to many common questions. If you have any other questions that the leaflet does not answer, or if you would like further information, please ask, or visit www.rodentulcer.co.uk.

The problem

You have a lesion on your skin that requires surgery. It will already have been discussed with you that this is the best form of treatment rather than using creams, a laser, X-rays, or freezing the area. Sometimes a tiny sample of the lesion is removed (a punch biopsy) at an initial operation to find out what the lesion is, and how it should be managed. An experienced skin surgeon can often tell, without a diagnostic biopsy, what needs to be done. Sometimes it is a good idea for a sample to be looked at under the microscope to check that surgery is indeed required for the whole lesion. Usually the removal or biopsy of a skin lesion involves a local anaesthetic, ie you are going to be awake but the area will be numbed with injections so that you feel no pain from the surgery. Sometimes, intravenous sedation (calming medicine into a vein) is helpful if you are quite nervous, especially for lesions on the nose, or eyelids. General anaesthesia is rarely required.

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Preparation for the operation

You should stay on any usual medication, including medicines which thin the blood, unless you have been specifically instructed by us to stop before surgery. You should also have a shower and wash your hair, and not wear any make-up on the surgical area, on the day of surgery. If you have been given a tube of local anaesthetic cream, please place a large blob on the surgical area an hour before your arrival time, and cover with a plaster if possible.

What does the operation involve?

The surgery usually takes place in an operating theatre, in order to reduce the chances of developing infection. Sterile (bacteria free) drapes are used to cover the surrounding area. An antiseptic solution is used to clean the area and special ink used to mark out the area of skin to be removed. First the area in and around the skin lesion will be frozen with a local anaesthetic injection. This takes a few minutes to work. The amount of time that the removal takes varies depending on the size of the area involved but typically it may take between 20 and 40 minutes.

Shave excision

Some skin lesions such as certain kinds of warts and moles can be shaved from the skin surface if they are benign (not cancerous) and do not contain deep hairs. If this is the case, surgery leaves a graze, which then forms a scab. The scab can be kept moist with clean Vaseline after 48 hrs, and then the area heals to a flat, pink, round scar. This will become paler, and needs to

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be protected from the sun in the first few months after surgery.

Punch biopsy or excision of a lesion

Removal of other lesions such as cysts, moles with hairs, or skin cancers, leaves a hole in the skin. A small hole about 4 mm in diameter will be present if a punch biopsy has been taken.

Repair of the hole

This is usually carried out as part of the same procedure.

Direct Closure

If the hole is small and there is enough spare tissue, the surrounding skin can be gently pulled together with stitches. Some of these stitches are dissolvable but sometimes stitches on the skin need removal after a week.

Punch biopsies will be repaired in this way, as well as cysts, moles, smaller rodent ulcers and other skin cancers. The surgery leaves a scar which will usually be longer than the area which was removed. The direction of the line is carefully chosen to blend in with natural skin creases to minimise the chances of visible long-term scarring.

Local Flap

If there is not enough loose skin next to the hole to allow the edges to be stitched directly then a neighbouring area of skin can be partly lifted and moved round to fill in the hole. This “flap” is then stitched into place.

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Dissolvable and/or removable stitches are often used. If it is necessary to raise a flap this does leave a larger scar but wherever possible the flap will be designed such that the scar lies in natural skin creases.

Skin Graft

If a large area of skin has been removed it may be necessary to repair the wound with a detached piece of skin taken from elsewhere on your body. Such a “graft” is often taken from in front of the ear or just above the collarbone. These sites are chosen because they already have an excess of skin and the hole created here can be simply sewn together. The graft is then laid over the area where the facial lesion has been removed and sewn into place. A dressing is put over the graft for around 10 days, which may look like a pom-pom. Sometimes, a piece of coloured foam with metal staples is used as a dressing on larger areas such as the scalp.

Which method of skin closure is best for you will be discussed at your consultation and also before signing a consent form for your operation.

What should I expect afterwards?

There will be some mild pain and discomfort once the numbness of the local anaesthetic injection has worn off. You may need to take simple painkillers before the numbness goes. There is a variable amount of swelling and bruising which tends to be worse for the first few days after surgery but has usually settled after a fortnight. Surgery of the forehead and around the eyes can sometimes give rise to bruising or black eyes.

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Do I need to take any time off work?

If you have a local anaesthetic then you can drive yourself to and from the hospital on the day of your operation. Depending on the type of work you do, it may be best to take the rest of the day off. If the lesion that you are going to have removed is close to your eye it would be best if you could bring somebody with you to drive you home.

What are the possible problems?

Bleeding is uncommon. Should it occur it can usually be stopped by applying pressure over the area for at least 10 minutes with a clean rolled up handkerchief or swab. Infection is also uncommon and may present as increasing redness, heat, swelling or discharge from the wound, usually after 48 hours. Rarely, a skin graft fails to take - or join on - in the new place. If this happens, the skin will still heal, but often needs to be dressed for a few weeks with special preparations such as medical honey

Will I need further appointments?

You may need dressings or stitches removed, and instructions will be given to you about this before you leave hospital. Some stitches can be taken out by the Practice Nurse at your GP surgery, and some need to be removed by Miss Newlands or our specialist nurses at the hospital. It is routine for any skin lesions to be sent for examination under a microscope so that we can tell you what the lesion was and whether it has been completely removed. This test takes time to carry out and the results are usually available between 10 days

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and two weeks later. Miss Newlands will telephone you with your microscope results if they become available before your post-op review appointment.

What else should I do after the surgery?

When the local anaesthetic wears off, there is often a little bleeding, which may stain the dressing.

It is a good idea to sleep with a towel on the pillow for the first night. If the dressing is stained, you may change it, or remove it completely the following day. Our Treatment Room team can help with more complex dressing changes. Keep any wound completely dry for 48 hours after surgery and try to keep as dry as possible for as long as possible after that.

If there is increasing pain and swelling after 48 hours, please get in touch.

Any stitch removal needed will be discussed and either arranged at the Hospital or advice will be given on how to arrange with your Practice Nurse at the GP surgery. Stitches will be easier to remove if you start using CLEAN Vaseline on the wound for 48 hours before removal. Sometimes we are able to use dissolving stitches if there is less risk of scarring and these will not usually need to be removed.

Any other advice?

Do not keep touching your wound with your fingers or you might spread germs that can cause an infection. If you need to clean your wound, wash your hands

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thoroughly first. Keep your wound covered if you are going to be in a dirty or dusty area or near animals. Keep your wound out of direct sunlight. Sunlight can interfere with the healing process and can damage the scar. This is particularly important during the first few weeks. Once the wound has healed, cover it with sunscreen (Factor 30 or above) if you are going to be out in the open. Do this for at least six months following your operation. A lip sunscreen in your pocket or handbag is a user friendly way to carry around unperfumed sunscreen which you can apply to the healing wound.

Once any stitches have been removed the wound will continue to heal. It can take up to a month to regain its strength. Until then, avoid pulling on the area, scratching it or knocking it.

What about the scar?

Any operation will result in a scar. In most cases the scar will appear pink at first and then eventually virtually disappear. Sometimes the scar may remain more visible and look a slightly different colour to the surrounding skin. A week after the stitches have been removed you can start gently massaging-in a simple moisturising cream once or twice a day. This helps to soften the scar tissue. It may take over six months for the scar to settle down after the operation. Rarely, further minor surgery is offered to reduce any lumpiness in a flap or scar. Sometimes scars benefit from a scar reduction silicone gel after the skin has completely healed. We do not recommend the use of oil based products on scars.

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We will arrange to review you again at around two to three weeks after your operation. Please get in touch if you need advice or you feel that you need to be seen sooner, via the on-call Sister/Charge Nurse at your treating hospital, who will be able to offer some advice and/or contact Professor Newlands on your behalf.

Mount Alvernia Hospital - 01483 570122

We hope this leaflet answers any questions you may have about your surgery. As it contains information on what to do after your operation, please keep it safe and bring it with you when your surgery is taking place.