

## Department of Dermatology, Allergy and Skin Surgery

### Patient Information – Minor Skin Surgery

Minor skin surgery clinics are held at the Dermatology Unit at Amersham Hospital, the Outpatient Department in Wycombe Hospital and the Outpatient Department and Day Unit Departments at Stoke Mandeville Hospital. Please check your appointment card or letter carefully as to which clinic you are expected to attend, as **it may be a different hospital from where you were initially seen.**

We perform curettage (scraping off), shave excisions (slicing off), cryotherapy (freezing off) and full excision (cutting off) of lesions. Lesions can either be completely removed, or a small sample taken, but all lesions are usually sent to the laboratory for testing to make an accurate diagnosis. Biopsies are usually performed for rashes or large lesions that are too big to remove completely. Very occasionally we need to close a wound with a skin graft or move a piece of skin around (skin flap) to close the wound but this will be discussed before surgery.

#### BEFORE YOUR OPERATION

**Drugs and medication:** Please let the doctor know if you are on aspirin, beta-blockers or any other blood thinning medication. These do not usually need to be stopped but we need to know you take them. **If you are on warfarin even if your blood tests are stable you need to have an extra INR test 1-3 days before the operation.** If the result is over 3 then you will not be able to have your operation as the risk of bleeding is too high.

**Allergies:** **Please let the doctor know any allergies to medicines or to Latex.**

**Pacemaker:** This may affect what equipment we can use, but will not prevent your surgery.

**Holidays/Special Events:** If you are travelling abroad or on holiday or attending a special event within three weeks of surgery please reschedule your procedure by phoning 01494 734600, unless your surgery is URGENT. This is because of the risk of post surgical complications, and dressing and stitches will need to be removed. There may also be bruising/swelling; you may not look or feel your best for a special event.

**Sports/Exercise:** You should not swim, play sports(including golf), or exercise whilst the stitches are in place. Depending on the size and site of the surgery you may be asked to refrain from activities that will stretch that area for a period of time (3 – 4 weeks) after the stitches have been removed. Please ask if you are not sure.

**Contact Lenses:** If you are having surgery around the eyes and wear contact lenses, please remove them before attending.

**Safe & compassionate care,**

**Please Note: If you are having surgery on your head or neck please ensure you are accompanied to surgery as you must not drive yourself home.**

**every time**

# Patient Information – Minor Skin Surgery

**CLINIC ROUTINE** Please eat and drink as normal prior to the procedure

**Consent Form:** You will be asked to sign a consent form unless you are under 16yrs when a parent or guardian must sign. This form indicates that you are aware of the procedure to be carried out. A separate information leaflet on the consent form is enclosed. You will be given a copy of your signed consent.

**Undressing:** You will be asked to remove enough clothing so that we can clearly see the part of your body.

**Marking:** The area of skin to be removed will often be marked with ink.

**Operating Couch:** Apart from exceptional circumstances such as breathlessness or immobility, all patients will be treated lying down on an operating couch. This makes the operation easier and optimises the use of the operating light.

**Local Anaesthetic:** Most minor operations need a local anaesthetic to numb the area, which will be injected just under the area to be treated. It causes a short sharp sting. The operation will then be pain free. Please let the doctor/nurse know if you feel any discomfort during the procedure. If you have previously had problems with local anaesthetic, for example at the dentist, please let us know. We usually inject Lidocaine with Adrenaline which provides rapid numbness and helps to reduce the bleeding. The effects last 2-4 hours. Local anaesthetic cream such as 'EMLA' or 'Ametop' may be applied in advance to children to help reduce the stinging sensation. Most people require a painkiller when it wears off and paracetamol is the drug of choice. Please ensure you have a supply at home after surgery.

**Surgery:** Most surgery is performed by a doctor, with a nurse in attendance. We also have specialist trained nurses who can operate on a select group of patients requiring small excisions or biopsies.

**Stitches or Sutures:** For most minor operations the skin is repaired using a few non-dissolvable stitches that can be removed at your GP's practice 1-2 weeks later. For larger wounds we may also use deep dissolvable sutures to give strength to the repair. Occasionally with larger excisions you will need to be reviewed and have your stitches removed at the hospital.

**Strapping:** All stitched wounds will be strapped up with a special dressing. You will be advised at the end of the surgery on the necessary wound care and a contact number is given. After the stitches are removed, strapping should be re-applied. Strenuous activity, exercise and sports may stretch the scar and should be avoided in the initial 3-4 weeks.

**Duration:** Depending on the complexity of the surgery and the site, surgery can take from 15mins to one hour. As far as possible, we endeavour to run to time. In the unavoidable circumstances where there is a delay, you will be informed.

# Patient Information – Minor Skin Surgery

## PROBLEMS THAT CAN OCCUR

We perform several thousand operations a year and in the vast majority of cases, there are no complications or side effects. However we feel you should be fully informed of the minor difficulties that can sometimes occur.

**Inflammation:** This presents as a slight redness around stitches and usually settles down when the stitches are removed.

**Infection:** Sometimes the treated area can become infected. This gives rise to pain, swelling and redness, or there may be some pus present. If this happens you should visit your GP for antibiotics. You may also contact the nurses at the Dermatology Unit.

**Bleeding/Bruising:** Continuous pressure of 10-15 minutes is usually enough to stop bleeding. Elevation of the affected area (such as a limb or head) will also help. Very occasionally a wound may bleed sufficiently to need re-stitching or a small blood vessel may need re-coagulation. We will review patients at our clinics if such a problem occurs. Alternatively, contact your GP or Accident & Emergency Department. If we are operating near the eye it is likely to give rise to a 'black eye'.

**Fainting:** If you feel faint or sick during or after the operation, let us know and we will raise your feet and give you some oxygen if needed. Patients who faint will be kept in the department for about 15-30 minutes longer and checked before going home.

**Anaesthetic Problems:** The adrenaline in the local anaesthetic can rarely cause a feeling of rapid heart beat (palpitations). We can exclude the adrenaline if this has happened to you before. If palpitations occur we advise a few minutes extra rest before returning home. Allergy to the local anaesthetic is extremely rare. If you have had problems with local anaesthetic, please let us know.

**Scarring:** It is impossible to remove anything without leaving a scar. As a general rule, **the length of the scar is three times the width of the lump to be removed.**

**Stretching of the scar:** A wide stretched scar can occur if it overlies a large muscle or joint, or if strapping has been removed too soon or activities that stretch the scar are resumed too early.

**Hypertrophic or Keloid Scars:** This is an over-reaction of the fibrous tissue/scar in your skin. It does not happen immediately but develops a few weeks after surgery. Keloid scars are due to an individual's inherent tendency to form scar tissue. They are more common on the front of the chest, upper arms and upper back, and in scars which have not been sufficiently immobilized. They are also more common in Afro-Caribbean skin types. If you have had any previous problem with thickened scars please let us know.

**Wound breakdown:** This is very uncommon. The most likely time for this to occur is just after the stitches have been removed or if the wound has become infected. Special care and good strapping for the days just after the sutures have been removed will reduce the risk of this happening.

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## Re-pigmentation & Recurrence

Moles removed by shave excision can occasionally recur or rarely induce increased pigmentation at the excised site. This can be marked and may need additional surgery which will incur additional cost if you attended the self-pay clinic, as this is performed for cosmetic reasons. A pale scar is the usual result.

## Nerve Damage

**Sensation:** When the area of skin removed is large some small nerves in the skin will be cut. This may result in a small area of numbness around the wound. Although recovery usually occurs, a permanent area of numbness may persist.

**Movement:** It is extremely rare to cause damage to nerves that deal with movement. However there are certain areas, especially on the face, where deep surgery could cause damage to such nerves especially if the nerves are abnormally placed or hidden within a tumour.

Any surgery will involve some small risk. When dealing with a cancer, or having a biopsy to make a diagnosis, the benefits will usually outweigh the risks. For all operations, it is sensible to consider the acceptability of the scar and the other small risks. Please do not hesitate to discuss any worries with the doctor prior to your minor surgery.

Car parking charges now apply in both the hospital and on Whielden Street. Please allow sufficient time and funds.

### **How can I help reduce healthcare associated infections?**

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitizer available at the main entrance of the hospital and at the entrance to every clinical area before coming in to and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitizer. Staff will let you know if this is the case.

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If you require a translation or an alternative format of this leaflet please call Dermatology Department on 01494 734604.