

Skin lesion excision

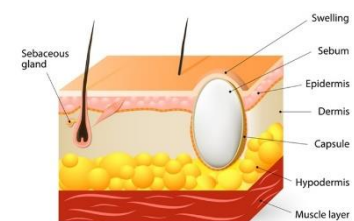
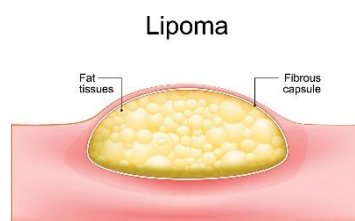
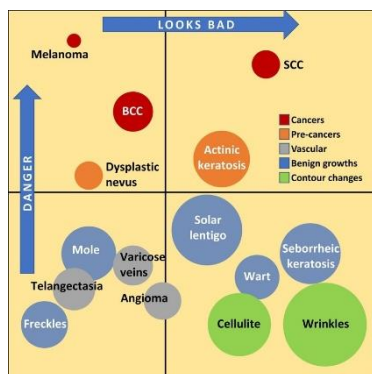
Subcutaneous lump excision

Patient information leaflet

Plastic Surgery

Miss Noemi Kelemen MD, MSc, FRCS (Plast)

Consultant Plastic and Reconstructive Surgeon



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 Miss Kelemen and her team.

Benefits of having my skin lesion removed or sampled

Skin lesions are removed (excised) or sampled (incised) in an attempt to remove or sample skin lesions such as skin tags, moles, cysts, fatty lumps (lipomas) and skin cancers. Most lesions are benign (non-cancerous), but you may want to have them removed due to them being painful, unsightly or you are worried about it. If a lesion has been itching, bleeding, changed colour or it is increasing in size, Miss Kelemen would recommend treatment for the lesion.

If the lesion according to the clinical assessment appears to be suspicious, Miss Kelemen will recommend you removal (excision biopsy) or sampling (incision biopsy) of the lesion. Once removed or sampled the specimen will be sent to histopathology for analysis. Once the histology results are reported, Miss Kelemen will see you in the clinic and will discuss with you the diagnosis and further management, which might include further surgery, radiotherapy or systemic treatment.

If the skin lesion excised or sampled is diagnosed as skin malignancy, your case will be presented by Miss Kelemen in the skin cancer specialist Multidisciplinary Team (SSMDT) meetings. Miss Kelemen is core member of the SSMDT. These meetings are held weekly in Castle Hill Hospital and are part of Miss Kelemen's NHS practice.

Alternatives to excision pending diagnosis

Creams for superficial lesions

There is topical treatment available for skin lesion which are in-between of nature (pre-cancerous). This means they have got the possibility to turn cancerous. These lesion can be treated with topical chemotherapy agents such as Efudix® or Aldara® creams. Miss Kelemen can prescribe these for you and explain the details in her consultation.

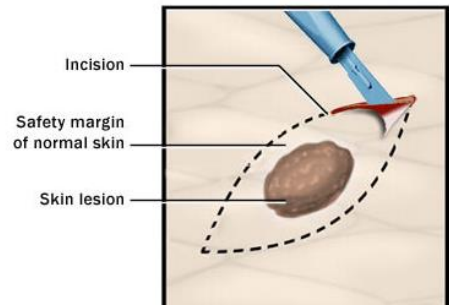
Radiotherapy and alternative treatments

Radiotherapy is an alternative options to surgical treatment. It is delivered in the Queens Center of Oncology, Castle Hill Hospital. It is very effective way to treat skin cancers. However, it can cause skin redness, irritation and can only be administered once in a lifetime. It also requires repeated visits to the hospital. If you wish to have radiotherapy to the skin lesion to avoid scarring of deformity after excision, please ask Miss Kelemen. Laser therapy and cryosurgery are some of the other options possibly available.

Excision of skin lesion and reconstruction

Direct closure following excision biopsy

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.



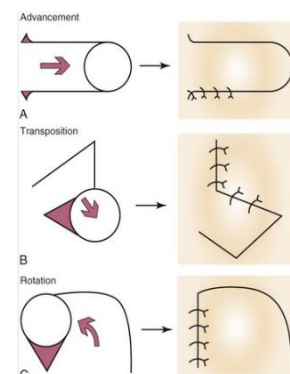
Skin graft reconstruction following excision biopsy

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, we may harvest a full thickness or partial thickness skin graft from your neck or thigh. This usually takes 5-7 days to heal, and it will heal the wound. You will have dressing on the skin grafted area and on the donor site. For a full thickness skin graft the donor site will be closed directly. For the split skin graft, we shall shave part of your skin (usually from the outer side of the thigh). This is like a graze and can be uncomfortable in the first couple of weeks. The donor site heals usually within 10-14 days. You have to keep the donor site clean and dry till you come back for a wound check. Painkillers (Paracetamol) can help to reduce the donor site pain.



Local flap reconstruction

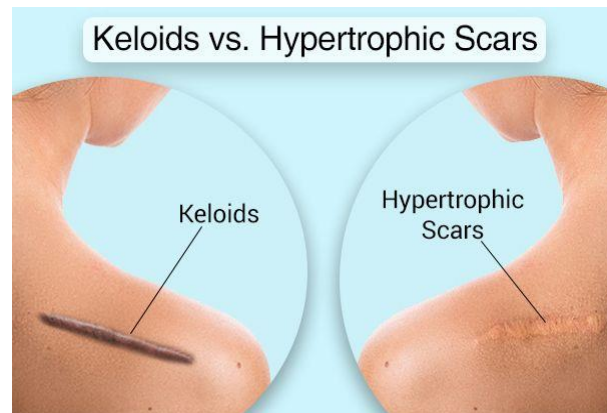
In cases, where the surgical excision of the lesion has caused a larger defect, a local flap can be used. This is where a flap of skin with its blood supply is moved to close the defect. Your plastic surgeon will discuss with you in detail about this procedure during your consultation.



Risks and complication of skin excision or skin biopsy

Scarring

It is impossible to cut the skin without scarring. In some cases a keloid or hypertrophic scar can occur. 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.



If you form a hypertrophic or keloid scar Miss Kelemen will discuss further treatment option with you. For any scar we recommend scar gel and scar tape to be applied in the first month of wound healing. It is crucial to look after your scar, massage it and use SPF50 to avoid abnormal discoloration of the scar.

Numbness of the scar and adjacent skin

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.

Pain

To varying degrees, pain will always follow surgery to the skin. The pain after skin surgery is controlled by regular painkiller in the first couple of days after surgery. These include Paracetamol, Ibuprofen. Miss Kelemen and her team will provide you with painkillers if needed.

Bleeding

Slight post-operative bleeding may occur; this is quite normal and generally responds to applying firm pressure. If the bleeding does not stop despite of continuous pressure for 20 minutes, please contact our team for further advice. Especially if you have undergone skin graft or local flap reconstruction or you are on blood thinning medication. On occasions further intervention may be required.

Infection

Infection of the wound can occur after surgery, and this can affect the wound healing and can cause unsightly scarring. Miss Kelemen takes measures to reduce this risk. Where the risk is significant Miss Kelemen will prescribe appropriate antibiotics for you.

Local recurrence of the lesion

Some types of lesions are more prone to recurrence than others. If this occurs further excision or alternative treatments will be discussed with you.

Incomplete excision of the lesion

Incomplete excision 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 may be considered.

Allergic reaction to suture materials

It 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 appear and the suture material extrudes via the skin.

Medication

- Please tell Miss Kelemen if you are taking any medication, or if you have any allergies or medical conditions.
- If you are taking aspirin, clopidogrel, apixaban, edoxaban or Warfarin please inform Miss Kelemen. You may be asked to stop it to reduce the risk of bleeding during and after the operation. Miss Kelemen will advise you in clinic if this needs to be stopped and when to re-start it.
- If you have a pacemaker Miss Kelemen needs to know whether it is a defibrillating or simple pacemaker. This information will assist Miss Kelemen 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. Miss Kelemen will see you on the ward. Your procedure will again be explained to you, and you will be asked to sign a consent form. Miss Kelemen will mark the operation site pre-operatively with a marker pen.

In theatre

Miss Kelemen 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 no pain should 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 Miss Kelemen, so she can administer more local anaesthetic. 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). The stitches will need to be removed in 5-14 days depending on the site of the lesion. If absorbable sutures are used these will disappear on their own.

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. But if bleeding persists contact Miss Kelemen's team on the contact number provided.
- 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 and when this should be changed. Head and facial wounds are often left uncovered.
- 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 contact the hospital on the number you have been given on discharge or contact Miss Kelemen's team as soon as possible.

Where do I get the stitches removed?

If dissolvable sutures have been used these do not need to be removed, but sometimes Miss Kelemen may request that the knots on dissolvable sutures are to be trimmed. Arrangements will be made with our specialist 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 hospital 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 sun block cream (SPF50) for 6 months.

Further information : www.noemikelemen.com

Thank you for taking the time to read this information leaflet.

Please sign below to confirm that:

- I have read and understood the specific information leaflet provided to me by Miss Kelemen.***
- I understand that this specific leaflet is a detailed guide only, providing useful information and is not replacing a thorough consultation outlining my specific needs and circumstances***
- I understand that I will be required to sign additional consent forms during my treatment course***

I consent and wish to proceed with the recommended surgery provided by Miss Kelemen.

Name:

Signature:.....

Date: