

Patient information

Dermatology - excision of skin lesions

Excision refers to removal of a skin lesion by excision (cutting it out) and suturing (stitching).

Why do skin lesions have to be excised?

A common reason why skin lesions are excised is to remove skin cancers such as rodent ulcers, squamous cell carcinoma or melanoma. Alternative reasons why skin lesions are excised are to remove a lesion that is inflamed, problematic or for further analysis.

Will I have a scar?

It is impossible to remove a skin lesion without scarring in some way. Your dermatologist will try to excise the lesion in a way that will keep the scar to a minimum. Some people have an abnormal response to skin healing and these people may get larger scars than usual (keloid or hypertrophic scarring). This is more common in teenagers and is a particular problem on the shoulders, back and chest.

What is involved in excision of a skin lesion?

Your doctor/specialist nurse will explain to you why the skin lesion needs excision and the procedure involved. You will be asked to sign a consent form to indicate that you understand and agree to the surgical procedure.

The skin will be cleaned with antiseptic and then local anaesthetic will be injected into the area. The injection stings for a minute or two as it works. The skin will go numb to reduce discomfort during the procedure.

The most common type of excision is an elliptical excision. This ensures that the scar is as narrow and short as possible, but it will be longer than the skin lesion itself. There may be some bleeding in the area from where the lesion has been removed. The doctor may seal bleeding points with a heated needle (diathermy). The edges of the ellipse will then be sewn together to make a thin suture line. There may be two layers of sutures (stitches). The deepest layer is absorbable, and the top layer will be

sutures which will need to be removed in 7-14 days. Occasionally special skin glue is used to join the edges together, instead of sutures. In some cases, patients' wounds are left to heal without suturing.

Please tell us in advance if you are on any anticoagulant such as warfarin, clopidogrel, rivaroxaban, apixaban, edoxaban or aspirin (please note this list is not exhaustive). Additionally, please inform us if you have a pacemaker, or if you are allergic to local anaesthetic, or plasters.

What should I expect after skin excision?

You will be given information about how to look after your wound. Remember that after surgery you are likely to have a dressing applied and will need to keep the area dry. You may notice bruising around the area. This is more common around the eyes and in patients taking anticoagulants or steroids. Sometimes when the dressing is removed there is some bleeding.

The numbness of the local anaesthetic wears off after 1-2 hours following surgery. You may need to take painkillers such as paracetamol. This is usually better than aspirin, which can increase bruising. Sometimes the wound gets infected. It will become more tender and painful and the skin around the area will go red. Contact the dermatology department or your GP or practice nurse as you may require antibiotics.

You should avoid sport and swimming whilst the stitches are in and for a week afterwards. Discuss with the dermatologist/specialist nurse whether you will need time off work. If the wound is on the leg, you may be asked to rest with your leg up for a few hours after surgery and avoid strenuous activity the following day. You may be asked to wear a support bandage.

The stitches will stay in for 4 to 14 days depending on where they are. You will be asked to go to your practice nurse for the removal of the stitches.

What can I do to reduce the risk of infection?

Have a shower or bath the day before and on the day of the procedure. Do not shave around the area of the operation. If hair removal is needed it is best done immediately before the procedure by the dermatologist or nurse.

How do I find out the results of analysis of the lesion?

For some patients we make an appointment to come back to the clinic for the results. However, sometimes we communicate your results by letter or phone. The results

may take several weeks to become available. If by 6-8 weeks after the surgery, you have not been contacted, please contact the dermatology department.

Can the problem come back after surgery?

It is sometimes impossible to see exactly where the edge of a skin lesion is. If the lesion is incompletely removed there is then a chance of it coming back. It is sometimes clear when the lesion is analysed that there is some left behind. Depending on what type of skin lesion it was we may then advise further surgery, or you may be asked to come for further checkups. For many skin lesions we will simply advise you to report back to us or to your GP. If the lesion is totally harmless and it returns in a minor way you may not need to do anything further.

General advice

If you are unable to attend for your appointment, please contact the dermatology minor operations bookings administrator on 01284 713853, as soon as possible.

The surgery will take about 15-40 minutes. Waiting times are unpredictable so please leave plenty of time.

You may eat and drink as normal before the skin surgery. You may bring a friend with you, but they will not usually be allowed into the theatre.

You must get someone to drive you home. Although you may feel well enough to drive home, we have heard that some insurance companies would not cover you for an accident if it were immediately following a procedure. If you have no option other than public transport, we advise you have a companion with you. However, for larger procedures we advise against taking public transport.

Please wear clothing that is loose enough to allow a dressing to be applied underneath. You may need to take pain killers such as paracetamol after the procedure, make sure you have a supply of these and also some dressings or plasters at home.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (formerly DisabledGo) <https://www.accessable.co.uk>



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