Excision of skin lesion under local anaesthetic by a maxillofacial surgeon

What is an excision (removal) of skin lesion under local anaesthetic?
Skin lesions can be abnormal areas of skin tissue which can be sampled or removed under local anaesthetic by the maxillofacial surgeons in the day surgery unit. Before you leave the unit, the nurse will give you instructions about how to look after the wound to ensure good healing and will arrange an appointment for the removal of the sutures in the maxillofacial unit if needed.

What are the alternatives?
Skin lesions of the head and neck can be removed under general anaesthetic but this is not indicated for straightforward cases. General anaesthetics pose a small but significant risk to all patients and are avoided when they are not deemed to be necessary. Some lesions, but not all, can be treated by other means such as topical creams or radiotherapy. These options cannot be considered unless the exact nature of the lesion is known.

What are the potential risks and side effects?
Any surgical procedure carries the risks that will be explained fully to you when your consent form is written out by the doctor and signed by you. These are:
- Post operative discomfort
- Bleeding
- Infection
- Bruising
- A scar

There is a small chance that the lesion might not be completely removed by this procedure.

Instructions will be given to you after the procedure to enable you to facilitate optimum wound healing.

Although you will sign a consent form for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

What are the expected benefits of treatment?
Excision of a skin lesion provides an exact diagnosis of what the lesion is. All specimens are sent directly to the laboratory where they are minutely examined. The nature and size of the lesion can then be known exactly.

How long will I be in hospital?
The procedure is performed in the Day Surgery Unit and you will only be there for a few hours. You will be allowed to go home as soon as you feel recovered.
What should I do before I come into hospital?
The procedure will be performed using a local anaesthetic and so it is sensible to eat your normal breakfast and have a good fluid intake before the procedure. This will help reduce any feelings of dizziness following the injection. It is important to take all of your normal daily medication including any inhalers as usual. Do not stop any medicines such as aspirin or warfarin. If you are taking warfarin then the nurse will do a simple finger-prick test to check your blood just before the procedure.

What is a local anaesthetic?
Skin lesions are performed using a local anaesthetic to numb the area. This will involve an injection of anaesthetic into the area where the lesion is going to be removed from. The injection is a similar medication as that used by your dentist. Only a small area of your head or neck will be made to feel numb.

What will happen on the day of the procedure?
The doctor will ensure that you know what is going to happen and answer any questions you may have. You will be required to reconfirm your consent to the procedure at this time. You will be required to change into a gown and you will be taken into the operating theatre.

The skin lesion and surrounding area will be thoroughly cleaned and then local anaesthetic will be injected into this area. This will sting for a few seconds but you should not feel any further discomfort. Once the lesion has been removed, the wound will be painlessly closed with stitches or staples that may need removing a week to ten days later. In some cases, our patients have skin grafts, which are often covered with foam and staples and require a donor site. The skin area that has been removed will be sent to the laboratory for analysis; these results will be discussed with you at a later appointment with your surgeon.

How will I feel afterwards?
The area where the lesion has been removed will feel numb for a couple of hours after the procedure. When the anaesthetic wears off you may experience some discomfort which should be relieved by taking a mild painkiller such as Paracetamol to help you with this. Alternatively, you may be given a prescription for painkillers before you leave the department. Some nerves may be affected by the surgery and so you may experience an area of persistent numbness afterwards. This may be permanent but most likely will recover in time, sometimes with a spell of tingling beforehand.

The nursing staff will ensure that you are feeling fully recovered and will not let you go home after the procedure until you have had a hot drink and a snack. At the end of the procedure, the nurse will explain how to look after your wound and give you a written advice sheet to ensure good wound healing.

What should I do when I go home?
It is important that you follow the written advice sheet and question the nurse about anything that is not clear. Most wounds will be left open without a dressing as fresh air is good for healing. You will be advised to keep the wound clean and may be given an ointment to put on it sparingly.

How soon will I be able to resume normal activities?
As the procedure is carried out under local anaesthetic, you will be able to go about your normal life as soon as it is over. It would be advisable, however, to take things a little easy for a day or
two and to avoid excessive bending down or lifting. Swimming and dirty environments are best avoided during the wound healing period.

**Will I have to come back to hospital?**
When lesions are removed from the head or neck, the surgeon will often use non-dissolving sutures to stitch the wound up. These stitches need to be taken out after seven to ten days. This may be arranged in the maxillofacial department as part of a wound check, or may be arranged at your GP’s surgery. When the results are back from the laboratory, you will need to re-visit the maxillofacial department to see your surgeon to discuss them. This normally occurs about six weeks after surgery.

**When can I return to work?**
Some people return to work directly after surgery. This is not advisable if you work in a dirty environment or do a heavy, manual job. You may feel tired for a few days as your body is working hard to repair itself and may need rest. Bruising is a common after effect of surgery to the face and you may get a black eye or discoloured cheek. The wound is usually left uncovered and so may be quite visible until the stitches are removed. For all these reasons, taking a few days off work is usual after surgery.

**What if my condition worsens whilst waiting for treatment?**
If you are concerned and wish to speak to one of our team please contact the department using the appropriate number below.

**Sources of information**

**Conquest Hospital:**
Tel: (01424) 755255 and ask for the Maxillofacial Department.

**Eastbourne District General Hospital**
Maxillofacial and Orthodontic Unit - Tel: (01323) 417400

**Out of hours:**
In an emergency, go to your nearest Emergency Department (A&E).

**Important information**
The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

**Your comments**
We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

**Hand hygiene**
The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.
Other formats
If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: (01424) 755255 - ask for the Equality and Human Rights Department. Email: esh-tr.accessibleinformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference
The following clinicians have been consulted and agreed this patient information:
Mr. A.B. Moody – Maxillofacial Consultant, Mr. M.D. Williams – Maxillofacial Consultant,
Mr. C.J. Surwald - Maxillofacial Consultant

The directorate group that have agreed this patient information leaflet:
Surgery and Anaesthetics

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Responsible Clinician: Lesley Davies