

Dermatology Minor Skin Surgery

Minor skin surgery is held in the Dermatology Departments at Area A and B at Conquest Hospital and Area E Outpatient Department at Eastbourne District General Hospital.

This information sheet aims to answer any questions you may have before or after your skin surgery. If you have any further questions or concerns before or after your surgery, please contact us on the numbers at the end of this information sheet.

What type of surgery are you going to have?

We perform different types of surgery:-

1. **Curettage and cautery** – this is a simple procedure which involves scraping of the lesion from the skin with a curette then cauterising the area to stop bleeding with a hot wire or diathermy. This procedure is usually repeated two or three times on the same sitting and there are no sutures involved.
2. **Shave excision** – this is a simple procedure where a lesion which is usually above the skin surface is shaved off by a surgical blade and then the area is cauterised with a light diathermy to stop the bleeding and no stitches are used.
3. **Punch biopsy** – is used to obtain a skin sample for diagnosis. We use a circular blade attached to a handle. The blades vary in size from 2mm to 8mm according to the size of the biopsy we need. Cauterisation may be used to stop the bleeding and sometimes we use stitches.
4. **Excision with primary closure** – this is the most common type of surgery. It involves excising a lesion from the skin with a margin of skin around the lesion. Stitches can be placed in two layers to close the wound. The first layers of stitches are dissolving stitches buried in the skin followed by either dissolving or non-dissolving stitches on the top of the skin to close the layers of the skin.
5. **Excision with healing by secondary intention** – this is a type of surgery we do when there is tight skin, infected skin or an area where there is a concaved site such as part of the ear, inner side of the eye or lips. The surgical wound is left open to heal naturally. This can take weeks or months to heal completely depending on the size and the location of the area.
6. **Excision by skin flap** – is a procedure in which tissue is partly detached, moved or lifted from a donor site nearby the lesion to cover the wound. We then apply stitches in a similar way as to when we carry out excision and stitching with primary closure.
7. **Nail matrix biopsy** – is a surgical procedure in which a tissue specimen is taken from a growth or a mole underneath the nails of the hands or feet with or without removing the nail completely.

What you should do before the operation

1. It is advisable that you be accompanied to the surgical/outpatient department with a relative or friend.
2. You should not drive for the rest of the day dependent upon the amount of local anaesthetic used during the surgery.
3. **Medications** – please let your Dermatologist know if you are taking any blood thinning medications like Warfarin, Apixaban, Aspirin or other forms of blood thinning medication. If you are taking Warfarin you will be required to check your INR level one day before surgery and if the INR level is less than three we can go ahead with the surgery; however if the INR level is more than three you may not be able to have the operation as the risk of bleeding is very high.
4. **Allergies** – please let your Dermatologist know if you are allergic to any medicines, latex or any forms of local anaesthesia
5. **Pacemaker** - please let your Dermatologist know if you have a pacemaker. Having a pacemaker is not going to stop your operation but we need to change the instrument we use for cauterisation.
6. **Hearing aid** – we need to remove your hearing aid during the surgery to avoid any interference with our cauterisation machine and your hearing aid. We will ensure that you are able to communicate with us clearly and you understand what is happening.
7. **Exercise** – please avoid any heavy exercise like tennis, football, swimming or golf whilst the stitches are in place. In some cases, we may ask you to stop exercising for up to two-four weeks after the surgery.
8. **Contact lens** – you will be required to remove your contact lens if we are doing any surgery around your eyes. Please bring a suitable container for the removed lens.
9. **Consent form** – you or parent/guardian if the patient is a child, will be asked to sign a consent form. The form indicates that you are fully aware of the procedure and the possible complications.

During the surgery

1. **Undressing** – we usually ask you to remove your clothes and put a hospital gown on so that we can clearly see the area we are going to operate on.
2. **Marking the area of the skin** – the area to be removed will be marked with a skin marker pen.
3. **Local anaesthesia** – the procedure will be performed by your doctor or a nurse who is specialised and trained to do skin surgery. The area will be numbed by Lidocaine with or without Adrenaline which might cause stinging for a few seconds. The numbing effect of the anaesthesia will last between two-four hours after the surgery; therefore if we are performing any procedures around your mouth you need to avoid drinking or eating anything hot for up to three hours after the surgery.

What should I do after the surgery?

1. The stitches (sutures) that we leave on the skin need to be removed at your GP surgery seven-fourteen days after your surgery. We will give you written information about how many stitches you have in your skin and when you should have your stitches removed. You will need to arrange this appointment with your GP practice directly. The numbness effect of the anaesthesia usually will disappear after two-three hours; therefore if you feel any pain please take Paracetamol or Co-Codamol tablets. Please don't take aspirin or Ibuprofen unless part of your regular medication as it may increase the chance of bleeding. You are advised to gently wash your wound after forty-eight hours and apply a fresh dressing. Do this every two days.

What problems might occur after the surgery?

1. **Infection** - is a rare complication and can be seen as swelling or redness or pus formation around the surgical site. If this happens, visit your GP/practice nurse.
2. **Bleeding and bruising** - bleeding is again a rare complication after the surgery; however if you notice any fresh blood coming from the site of the surgery, please apply continuous pressure for up to fifteen-twenty minutes, repeat every five minutes up to four-five times. This is usually enough to stop the bleeding; however rarely the bleeding will continue which might need either re-stitching or cauterisation. If you are concerned speak with your GP/practice nurse. Please note surgery around the eyes will usually cause bruising and black eyes.
3. **Fainting and nausea** - a complication that might happen during or after the surgery. Please inform your Dermatologist or your nurse if you feel unwell. This symptom usually settles down within fifteen-thirty minutes. Please inform your Dermatologist or your nurse if you have any allergy to local anaesthesia.
4. **Wound breakdown (dehiscence)** - this is not common but can occur just after the stitches have been removed or if there is an infection or bleeding. Please speak with your GP/practice nurse.
5. **Numbness and nerve damage** - this can sometime occur around the surgical site. Small or large nerves can be damaged during skin surgery which will result in a small area of numbness around the wound and recovery usually occurs but pain and numbness can sometimes persist.
6. **Scars** - as a rule, in skin surgery the length of the surgical scar is usually three times the width of the lump that needs to be removed. A scar cannot be avoided. If you have any previous problems with surgery that was complicated by scars please let your Dermatology team know. Taking good care of the surgical site with massage after removal of the stitches can help and will reduce scarring. With any surgery you will have a small risk but usually the benefit will outweigh the risks. If you have any questions, please don't hesitate to discuss this with your Dermatologist/nurse before the surgical procedure.

Results

The skin sample you have had taken will be sent to the Laboratory for a report. You will usually be advised of the results by letter in approximately six weeks or at your next Outpatients appointment. If you have not received any communication from us within six weeks please contact the Dermatology Department.

Important telephone contact numbers

Dermatology Secretary Direct line: 01323 413715

Conquest Hospital Outpatients: 0300 131 4500 Ext: 146404

Eastbourne DGH Outpatients: 0300 131 4500 Ext: 134173

In case of medical emergency please seek advice from your GP or visit your local hospital's Emergency Department.

Consent

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

Sources of information

British Association of Dermatologists - www.bad.org.uk

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 the Patient Experience Team - Tel: 0300 131 4500 Ext: 734731 or by email at: esh-tr.patientexperience@nhs.net

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: 0300 131 4500 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.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Andrew Morris	Consultant Dermatologist
Xanthe Knowles	Deputy Head of Nursing
Nicola Booth	Service Manager
Jan Humber	Lead Dermatology Nurse
Tristan Sherwood	Macmillan Skin Cancer Specialist Nurse
Sue Demeza	Dermatology Nurse Specialist
Nick Donald	Dermatology Nurse

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Responsible clinician/author: Dr Andrew Morris Consultant Dermatologist

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