

Wide local excision of skin lesion

affix patient label

What is a wide local excision?

This is a procedure in which a skin lesion and a surrounding margin of normal-looking skin are removed (excised). If a previous skin lesion has been removed in a previous procedure, then the remaining scar and a margin of normal-looking skin are removed.

Why do I need it?

This procedure is used to remove a skin lesion or skin cancer, or to reduce the chances of a cancer recurring on that site in the future. Taking out (excision) of a skin lesion enables a lesion to be diagnosed more accurately by sending it to the lab to be analysed under a microscope.

Are there any alternatives?

If you wish to know about alternative options then please discuss with your surgeon. Surgery is the recommended gold standard for skin cancer in this situation.

What does it involve?

The procedure involves surgical removal of the skin lesion with a surrounding margin of healthy-looking skin. Removing a margin of healthy-looking skin is done to ensure that all cancer cells are removed, as well as any 'seedlings' of cancer cells in the immediate surrounding area – thus reducing the risk of cancer recurring in the future.

Your surgeon will have discussed with you whether you are having a local anaesthetic or general anaesthetic (going to sleep).

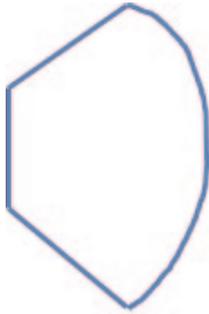
Many wide local excisions take place under local anaesthetic, which numbs the operation site. You may feel some discomfort while the local anaesthetic is injected into the skin at the site of the procedure. If done under local anaesthetic you will be awake during your procedure, but it will only commence once the skin is fully numb. You might feel some pushing but you should not feel pain.

A general anaesthetic will be recommended if the wide local excision is combined with sentinel node biopsy or the wound cover would require a more complex procedure than simply stitching the wound up.

How will the wound be covered?

The gap in the skin (the wound) left following your wide local excision surgery will be mended according to its size and site. It may be best left to heal by itself (granulation). In most cases it will require stitches (primary closure), or a skin flap or a skin graft.

- **Granulation** – letting the wound heal naturally, the result of the healing is a scar. Healing time is approximately 2 to 4 months.
- **Stitched wounds (primary closure)** – side-to-side stitching of the skin after bringing the skin edges together. This offers the chance of a good cosmetic result by hiding the scar along naturally-occurring skin folds.
- **Skin flaps** – if the defect cannot be brought together it will need to be covered either by a skin flap or graft. A skin flap uses adjacent skin to pull over and fashion a cover for the surgical wound. There are many different types of skin flap leading to different sizes and shapes of scar. Your surgeon will have discussed the likely scar pattern to expect. The two most common scars are shown overleaf.



Keystone Flap



Rhomboid Flap

- **Skin grafts** – if the defect cannot be brought together, or a flap is not an option, it will need to be covered by skin harvested from another part of the body. These can be **partial thickness skin grafts** (a thin sheet of skin is 'shaved' off from another site) or **full thickness skin grafts** (a layer of skin is taken out from another site and stitched in place to cover the operation site. The donor site is closed in a line).

How do I prepare for it?

For procedures under local anaesthetic:

- have a light breakfast on the day of your operation.

For procedures under general anaesthetic:

- do **not** eat anything for **6 hours before** your operation. This is to make sure that your stomach is empty when you have a general anaesthetic.
- the Anaesthetist will meet with you before the procedure to make sure you are well on the day for the procedure.

What happens afterwards?

You may be able to go home the same day. Before you go home the nursing staff will check that you are well enough and that the conditions at home are such that you can be discharged safely.

What should I look out for?

If local anaesthetic – when the effect of the local anaesthetic wears off, the surgical wound may become painful; painkillers should treat this.

If general anaesthetic – it may make you slow and forgetful for about 24 hours. Although you may feel fine, your reflexes, judgment and coordination can be affected for up to 48 hours after the operation.

The surgical wound area is likely to have dissolving stitches and be covered by a dressing. You will be advised how to care for your wound before leaving the hospital.

If needed, the ward staff will arrange an appointment for you to attend the dressing clinic or for a district nurse to visit you at home to help care for your wound.

When will I get my results?

The results and any suitable follow up will be discussed with you during your next clinic appointment. Your surgeon or specialist nurse will be happy to discuss this in more detail.

Are there any risks or complications?

As with all procedures, there are risks from having this operation.

General risks

Risk from a local anaesthetic – local anaesthetics are generally very safe and serious problems are rare. You should move carefully until the anaesthetic has worn off, as you may not notice if you injure yourself.

Some people experience temporary side effects:

- dizziness
- headaches
- blurred vision
- twitching muscles
- continuing numbness, weakness or pins and needles.

These problems will usually pass, but tell the healthcare professional in charge of your care if you experience any.

In very rare cases, you could have an allergic reaction to the local anaesthetic (anaphylaxis) or develop serious problems such as seizures (fits) or a cardiac arrest (when the heart stops pumping blood around the body).

Risk from a general anaesthetic – the risk to a healthy patient arising from a general anaesthetic is very small. However each year in the UK a few healthy people will die or suffer serious heart, lung or brain injury following a general anaesthetic.

General risks associated with surgery

- **Bleeding** – this is usually minor. Occasionally patients develop a collection of blood to the site of the operation called a haematoma, which may require a second operation.
- **Infection** – if the wound becomes red, hot or it weeps, or you feel unwell you should consult your doctor. Treatment will involve taking antibiotics.
- **DVT/PE** – with all surgical procedures there is a risk of developing a clot in the deep veins of the leg, called deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and travels to the lungs, known as a pulmonary embolus (PE) which in extreme cases can be life-threatening.
- **Need for re-excision** – the disease may not be completely removed or the margin not wide enough at the first operation. You may be recommended to have further surgery.

Specific risks

Specific risks for wide local excision with primary closure

- **Wound dehiscence** – the wound may fail to heal satisfactorily and break down.
- Blood may build up (**haematoma**) or fluid may build up (**seroma**) under the graft and may need removal.
- The skin and resulting scar may not look like normal tissue for some time.
- The colour and nature of the scar may be different from other parts of the skin.
- Occasionally a red lumpy, thickened and itchy scar may result (keloid scar). This can be disfiguring.
- **Infection** – this may need treatment with antibiotics and can cause wound breakdown.
- **Scarring** – always results from surgical cuts and all surgery leaves scars.

Specific risks for wide local excision with local flap cover

- **Failure to heal** – the skin flap may not heal well. This may result in a larger, less acceptable scar or may need further surgery. The flap may not survive. If this happened your surgeon will discuss alternative ways of healing.
- Blood may build up (**haematoma**) or fluid may build up (**seroma**) under the graft and may need removal.
- The skin flap may never look like normal tissue.
- **Scarring** always results from surgical cuts and all surgery leaves scars. The scar due to flap surgery will be larger than the size of the area from where the skin was removed.
- Thickened, red, lumpy and itchy scars. These can be difficult to treat, and can be disfiguring.
- **Infection** which can lead to a thickened and swollen flap. This will need further surgery and antibiotics. Infection can also cause the flap to die.

Specific risks for wide local excision with skin graft cover

- **Graft loss** – the skin graft may not take. This may require further surgery.
- Blood may build up (**haematoma**) or fluid may build up (**seroma**) under the graft and may need removal.
- The skin graft may not look like normal skin. This may be permanent. There will probably be a contour defect associated with the graft.
- The colour of the grafted area may be different from other parts of the skin.
- The donor area for the graft may be:
 - discharging blood-stained fluid which may need to be drained
 - slow to heal
 - thickened/discoloured in the final healed area and may look different.

Any questions?

If you have any questions or need further information, please contact the skin cancer nurses:

Sarah Carswell – s.carswell@nhs.net

Lisa Tripp – lisa.tripp@nhs.net

01872 252859

07990567768

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

Wide local excision of skin lesion and skin cover (please circle option)

Primary closure / Local flap / Skin graft

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To remove the skin lesion completely and achieve satisfactory cover of the surgical wound.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, numbness, haematoma, seroma, wound dehiscence, scarring, keloid scarring, failure of flap, failure of graft, unsatisfactory cosmetic result/skin contour distortion.*

Uncommon but more serious risks:

- *DVT/PE.*

Rare but serious risks:

- *Risk from the anaesthetic.*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Wide local excision of skin lesion (CHA4069) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Wide local excision of skin lesion (CHA4069) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

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