

**Patient Information to be retained by patient**

# Punch biopsy of skin

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## What is punch biopsy?

This is a method of removing a small circular piece of skin under a local anaesthetic using an instrument called a punch, which has the appearance of a small apple corer.

## Why do I need this?

To make a diagnosis. The small piece of skin will be sent to the pathology laboratory and examined under a microscope to aid diagnosis.

## Are there any alternatives?

Depending on the diagnosis and the site affected, the dermatologist (specialist skin doctor) may consider alternative treatments such as use of a cream, or a bigger surgical procedure known as incisional or excisional biopsy.

## How do I prepare for it?

You do not need any special preparation. You can eat and drink normally before the procedure.

## What does the operation involve?

1. The procedure is performed under local anaesthesia.
2. The anaesthetic is injected around the lesion to numb it.
3. A sharp instrument known as a punch is used to remove a small circular piece of skin to send to the laboratory.
4. The wound may need to be cauterised (heat-sealed) to stop any bleeding. One or two stitches may be required to close the wound.

## Are there any risks or complications?

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

- **Bleeding** – this will usually be controlled during the procedure.
- **Infection** – see your GP if concerned.
- **Delayed healing** – see your GP if concerned.
- **Scarring** – the healing process leaves a scar which is usually flat, although sometimes scarring can be unpredictable or unsightly.
- **Need for further procedure** – your dermatologist will inform you of the results and whether further surgery is needed.

## Will I have any pain or discomfort?

The local anaesthetic injection does cause a temporary stinging sensation. You may have some discomfort after the operation. Simple painkillers such as paracetamol and ibuprofen may be used if necessary.

## What happens afterwards?

Following your punch biopsy you will be given instructions about looking after your wound at home.

**What should I look out for?**

- **Infection** – if the wound becomes red and sore, please see your GP.
- **Bleeding** – if this occurs some hours after the procedure, firm pressure for 10 mins should stop the bleeding. You will be given advice about this before you leave.
- If the scar is raised initially, firm massage to the area is recommended.

**When will I get my results?**

The dermatologist will send the results to you and your GP. This can take up to 4 weeks.

**Will I need any follow up?**

This will be arranged by the dermatologist, if required.

**Contact us**

If you have any questions please contact us:

Dermatology unit: 01872 253254

Patient copy

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**

# Punch biopsy of skin

 Site: \_\_\_\_\_  
 \_\_\_\_\_

 NHS number: \_\_\_\_\_  
 Name of patient: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 CR number: \_\_\_\_\_

AFFIX PATIENT LABEL

**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 make a diagnosis.*

**Significant, unavoidable or frequently occurring risks:**

- *Scarring, bleeding, infection, delayed healing, need for further surgery.*

**Uncommon but more serious risks:**

- *None.*

**Rare but serious risks:**

- *None.*

**Any extra procedures which may become necessary during the procedure:**

- *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:**  
**Punch biopsy of skin (CHA4227) 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: Punch biopsy of skin (CHA4227) 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)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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