

Patient Information to be retained by patient

Excision of skin lesion

affix patient label

What is an excision?

Surgical excision is the most common way of removing a skin lesion. Excision simply means 'to cut out'. Surgical excision can be used to remove skin lesions which look as though they might be skin cancer and to treat melanoma and non-melanoma skin cancer. Skin cancer excision is sometimes called 'wide local excision'. This is because the tumour is cut out together with some of the healthy skin around it. The healthy skin is called a margin. The reason for taking a margin is to remove any cancer cells that have spread into the surrounding tissue.

Why do I need this?

The reasons for removing a skin lesion include making a diagnosis (by looking at the piece of skin in the laboratory) and to minimise the chance of a skin cancer growing back or spreading to anywhere else in the body.

What are the alternatives?

Mohs surgery or radiotherapy (using superficial X-rays to kill cancer cells) may be suitable alternatives for certain skin cancers. These will be discussed with you if appropriate.

Who will perform my procedure?

This procedure will be performed by a doctor or specialist nurse who is a member of the Skin Cancer Multidisciplinary Team.

How do I prepare for it?

Do's:

- The best preparation for surgery is a good night's rest followed by a light breakfast.
- Prepare a list of any tablets or medicines you are taking, and note any allergies you have, and bring this with you. Continue taking your normal medicine unless you have been specifically advised not to.
- Make sure you have a supply of your usual painkiller (such as paracetamol) at home to take for discomfort after your operation.
- You may continue to eat and drink normally, however, light meals are preferable on the day.
- Wear loose clothing that is easy to remove if needed. Buttoned or zipped tops are easier to remove than clothing that must be pulled over the face. For procedures on the lower legs or foot wear loose footwear, slippers or sandals that can accommodate dressings.
- It is advisable to have a bath or shower the night before or the morning of your operation.
- If your operation is to the head area, please wash your hair the night before or day of surgery.
- If you are having surgery on your hand, it is very important to remove all jewellery including rings, watches and bracelets before your operation. If a ring cannot be taken off, surgery may need to be postponed until it can be professionally removed.

Don'ts:

- Do not drive or travel unaccompanied – please arrange for someone to collect you.
- Do not wear any make-up, jewellery or perfumes. Avoid moisturising creams and lotions on the day of surgery as this prevents dressings from sticking.

To reduce the risk of bleeding and poor wound healing, avoid:

- alcohol for three days before and three days after the surgery
- smoking two weeks before and two weeks after.

Anticoagulants and anti-platelets (blood thinners)

Common blood thinning medications include aspirin, Clopidogrel, Dipyridamole, Ticagrelor, Apixaban, Edoxaban, rivaroxaban, dabigatran and warfarin.

Although they increase the risk of bleeding after skin surgery, there are also risks to stopping these medications. Please continue to take these medications as usual, unless you have been specifically asked to stop them by the Dermatology team.

If you take warfarin (or similar blood thinning pills which require regular blood test monitoring), book an INR test within 5 days of your excision date. If the INR is above 3.0, please discuss reducing or missing some doses with your GP or anticoagulation team. Do not reduce or change doses unless your doctor or anticoagulation team say it is safe to do so.

Pacemakers/Defibrillators

If you have either a pacemaker or defibrillator implanted, please let the Dermatology team know as we need to request details of your last device check.

What does the operation involve?

Your procedure will be carried out under local anaesthetic. This means you will be awake during the procedure, and numbing injections are given to the area. You may experience some discomfort for two or three minutes. The procedure will be carried out once the area is fully numb. You may feel a pushing sensation as the procedure is carried out but you should not feel any pain.

Elliptical excision is the most common way to excise a lesion. Your surgeon will draw the margin around the tumour. For the majority of skin lesions, the margin may be as narrow as 2-4 millimetres (mm). For a thick melanoma, the margin may be as wide as 2 centimetres (cm). If you have previously had a lesion removed which requires further treatment, your doctor will mark the margins from the initial scar.

Your surgeon will cut an elliptical (rugby ball) shape around the margin. An elliptical cut removes more skin than a circle would but results in a better-looking scar. Your doctor will close the incision with stitches. The scar will look like a thin, flat line. The procedure speeds healing time and can offer a good cosmetic outcome. For example, the scar can be hidden in a wrinkle line.

Elliptical Excision



Primary Closure



How are tumours excised from complex areas?

Excision and repair of tumours on some parts of the body can be tricky. Tricky areas include the face, ear, scalp, sole of the foot, fingers, and toes. If tumours are excised from these areas, it may not be possible to stretch the skin over the site to close it. The way it is reconstructed (or 'mended') will depend on the site and size of the wound.

In some cases, it is best to leave the wound to heal by itself, but usually it will need some sutures (stitches), a skin graft or skin flap. The repair is usually done at the same time as the skin cancer is removed. In certain cases, the removal and repair may be on different days. This is because your doctor will want to be sure that all the cancer cells are gone before rearranging the skin. It can take a few days between excising a suspected skin cancer and getting the pathology results that confirm the diagnosis and clear margins. Your surgeon will give you detailed instructions on caring for your wound.

Granulation

This involves letting the wound heal by itself naturally. Certain areas of the body will heal naturally with a scar that is just as good or better than can be achieved from further surgical procedures. Healing time is around one to two months.



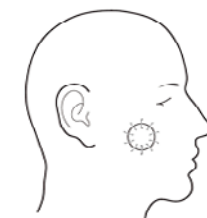
Local Skin flaps

A skin flap uses adjacent skin to pull over and fashion a cover for the surgical wound and is stitched up. There are many different types of skin flap leading to different sizes and shapes of scar. Your surgeon may have discussed the likely scar pattern to expect. This is an example of scar pattern from a commonly used local flap. Flaps usually heal faster than skin grafts.



Skin Grafts

Skin grafts involve covering the wound with skin from another area of the body (the donor site). The patch of skin will be cut out and stitched up. If possible, the graft is taken from an area that is not obviously visible in public. For example, the donor site may be on the front thigh, abdomen or behind your ear. You will have two wounds – the donor site and the recipient site – to care for after surgery.



What happens on the day of surgery?

Please check your appointment letter for where you need to attend, as we perform surgery in more than one location. The time you need to attend will be stated in your letter.

Upon arrival, you will be asked to wait in the waiting area. You will usually be called within 15 to 30 minutes of your surgery time.

The operating clinician will explain the procedure to you and ask you to sign a consent form. You can bring a relative or friend to the procedure room for this discussion if you wish. We ask that only one individual accompanies you. After you have had the opportunity to ask any questions, the person accompanying you will be asked to wait in the waiting room and you will be asked to lie on the couch. The time the procedure may take varies, but it is likely to be between 30 and 90 minutes.

Are there any risks or complications?

Scars – all surgery carries a risk of scarring. Scars are generally red for 3-6 months and then gradually become paler. Blood vessels (telangiectasias) can form around scars. Some individuals have a tendency to heal with raised and thick (keloid) scars. Scars can stretch, especially if they are near areas of the body that are mobile.

Bruising – around the site is common, and swelling can persist for 4 weeks.

Numbness – or altered sensation around the scar is common. This usually recovers after several months but may be permanent. Occasionally numbness can extend to larger areas if sensory nerves have been cut during the procedure.

Motor nerve damage – in some areas of the body, there is a risk of damage to nerves that affect muscle movements. This can occasionally lead to muscle weakness (such as weakness in raising the eyebrow). This is mainly in relation to skin cancers in the temple, jaw line and middle of the neck. Damage to nerves that affect muscles is rare. It usually occurs because the skin cancer is very close to, or involves a nerve, but can also result from injury during the surgery.

Bleeding and Infection – there is a small chance of bleeding or infection after the operation. Advice about how to deal with these problems is given below.

Further surgery – may be required if the microscopy test results show that abnormal cells may still be left behind.

Recurrence – a small number of skin cancers can still recur in the long term, even after surgery.

When will I be able to go home?

You should be able to go home soon after your operation is completed. We may ask you to stay for an hour or two for observation before you go.

If the wound is on your face, you may find that certain types of dressings can cover your eye and impair your vision. For your safety and that of others please arrange for a friend or relative to take you home after the operation.

We advise all patients, following skin surgery, not to travel home alone. If you are travelling home by car, someone else should drive. Your car insurance may be void if you drive after local anaesthetic, or if the anaesthetic or dressings impair your ability to drive.

What can I expect afterwards?

Aftercare advice will be explained to you before you leave. Please let the operating clinician know if you would like a friend or relative present when they go through the aftercare advice. This can be very helpful.

Rest

Following your operation, it is important to rest for 72 hours. Do not drive for at least 24 hours following the anaesthetic, or longer if dressings interfere with your vision, or affect the use of your arm or leg. Remember you must be able to safely do an emergency stop before you consider driving or your insurance may be invalidated.

Pain

The local anaesthetic will wear off in one to two hours. Take regular paracetamol if there is any pain or discomfort (follow the instructions on the packet for the dose).

Numbness

Numbness from the local anaesthetic can spread inside your mouth following procedures on the mid and lower face. To prevent burns, it is important to avoid hot food and drinks for four hours or until full sensation in your mouth has returned.

Bleeding

It is normal to experience minor oozing in the first 24 hours. If your wound bleeds do not dab at it, but press it gently but firmly without stopping for 30 minutes with a clean tissue, towel or dressing. If your wound is on your arm or leg, lift the limb upwards as this will help to stop the bleeding. If the wound is on your head, ensure you are sitting upright and avoid bending forwards. If bleeding persists repeat the pressure for another 15 minutes. Ice packs may also be helpful, and a bag of frozen peas covered by a tea towel applied over the dressing can work well. If there is severe or persistent bleeding, please contact the Dermatology department or attend your local Minor Injuries Unit or Emergency Department.

Infection

A small red area (usually more than 5mm) may develop around your wound. This is normal and does not necessarily indicate infection. However, if the redness extends beyond this or the wound becomes more painful, hot to the touch or discharges pus, please contact your GP or the Dermatology department as you may need antibiotics.

Wound breakdown

Occasionally, a wound that has been stitched together may pull apart, either before the stitches are removed or shortly afterwards. If this happens, contact the Dermatology department to discuss whether any further treatment (such as re-suturing) is required. It is not always necessary to re-suture but may instead require regular dressings for an extended period to support the wound to heal and can sometimes leave a widened scar.

Swelling and bruising

These are very common following surgery, particularly when performed around the eyes or on the forehead. This usually subsides within four to five days after surgery.

Stitches

You will be given information regarding stitch removal, wound care, advice on showering and future clinic appointments before you leave.

Work

You can usually begin gentle work within a week or two, but you might need to wait a little longer for more vigorous activity. Your operating clinician can give you individualised advice regarding this.

Mood

It is not uncommon to feel a bit 'down' after any operation, so do ask your doctor or nurse if you feel you need more psychological support.

When will I get my results?

We will explain this before you leave. We may:

- arrange a further appointment in the clinic
- write to you with your results.

If you have not heard from us regarding your results within six weeks please contact the Dermatology department.

Where can I get further information?

Cancer Research UK	www.cancerresearchuk.org
Macmillan Cancer Support	www.macmillan.org.uk Freephone 0808 8001234
British Association of Dermatologists	www.bad.org.uk
Patient UK	www.patient.co.uk

Contact us

Dermatology Department
Royal Cornwall Hospital
Truro
TR1 3LJ

Dermatology Booking Co-ordinator:	01872 253096
Skin Cancer Specialist Nurses:	01872 252859 / 07990567768

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