SKIN SURGERY - INFORMATION FOR PATIENTS

INTRODUCTION

Skin surgery takes between fifteen to sixty minutes and you should normally be able to go home soon after the procedure has been completed. If you feel at all nervous, it is a good idea to bring a friend or relative for moral support. All young people under the age of 16 must be accompanied by a parent or guardian. The operating lists are on a Monday morning at the Nuffield Hospital, Thursday morning at the Chiltern Hospital and Friday morning at the Paddocks Clinic.

Types of Skin Surgery

**Excision:** This means the complete removal of a lump, mole or blemish. The skin will be repaired usually with sutures (stitches) to leave as neat a scar as possible. The piece of skin removed will normally be sent to a laboratory for confirmation of the diagnosis.

**Biopsy with histology:** This means taking a small sample of skin to send to the laboratory for testing. This test will help to make an accurate diagnosis of your problem. We frequently perform a biopsy on rashes or on large lesions that are too big to remove completely. The skin wound will be very small, usually about less than one centimetre long, but will need closing with sutures.

**Other cutaneous procedures:** These include simple techniques such as curettage (scrapping off), shave excision (shaving off), cryotherapy (freezing), electrodiathermy (coagulation) or cautery (burning). These procedures usually result in small superficial wounds similar to grazes or light burns. They do not require stitches, but may need (daily) cleaning with dilute antiseptic and covering with a non-occlusive plaster for a few days until they dry up and heal. This can be done by yourself at home.

CLINIC ROUTINES

**Consent Form**

You may be asked to sign a consent form (unless you are under 16 when a parent or guardian must sign). This form indicates to us that you are aware of the procedure that we are going to carry out. Most minor operations need local anaesthetic injection to numb the area being treated. General anaesthetic, the type...
that puts you to sleep, is never used in out-patients. A few people feel faint or sick during or after an operation. Please let us know if you are prone to fainting, before your operation if possible.

When you are asked to sign this form, please tell us about any/all medicines (particularly blood thinners) you are taking. Also tell us if you have any allergies.

**Local Anaesthetic**

The anaesthetic is injected just under the skin around the area to be removed. It causes a sharp sting which lasts 5 - 10 seconds. The operation should then be pain free. Please let us know if you feel any discomfort or have previously experienced any difficulty with local anaesthetic.

For children a local anaesthetic cream (EMLA) can be applied under an occlusive patch two hours pre-operatively to lessen the discomfort of the injection.

The following information is for those interested in the type of anaesthetic used. 1% or 2% Lignocaine combined with 1 in 80,000 adrenaline is usually used. This combination provides very rapid numbness and also some vasoconstriction (closing off of small blood vessels) which helps to reduce bleeding. In some areas such as fingers and toes the adrenaline is omitted from the anaesthetic.

**Stitches**

Most operations will be very small and the skin will be repaired using a few skin stitches. The skin surface stitches will usually not be dissolvable and will need removing.

In a few cases where the wound is larger, we may need to use some deep dissolvable stitches in addition to the skin stitches. This is done to give strength to the repair and also to help draw the skin edges nearer together. These will dissolve over the next few weeks and may sometimes be extruded subsequently through the wound.

Stitches will be left in place for between 5-14 days. As a rough guide, in quick healing areas, e.g. the face, they will be removed after one week. Stitches in areas overlying large muscles, e.g. back, thighs, will be removed after 2 weeks.

**Dressings**

All stitched wounds will be well strapped up with special dressings. We advise you to leave our dressings in place if possible until the stitches have been removed and keep the operative site as dry as possible. After the stitches have been removed, we will re-apply paper stitches which should be left in place for a similar length of time.

The newly healed wound takes several weeks to gain strength and care during this time will improve the final appearance of the scar. Sports and strenuous activities may stretch the scar and should be avoided for a few weeks.

**Stitch Removal**

You will be asked to make an appointment for your stitches to be removed by nurses at the hospital. The laboratory test (histology) normally takes 10 - 14 days. For many small lesions no follow-up appointment will be necessary so long as histology confirms the expected diagnosis and so long as
everything heals satisfactorily. Following diagnostic biopsy or when further treatment is required, you will be asked to make a follow-up appointment with Dr Ratnavel.

When no follow-up is needed, it is often worth revisiting your own General Practitioner after three months so that he can check that everything has healed satisfactorily.

PROBLEMS THAT CAN OCCUR

We perform several hundred operations a year and in the vast majority of these there are no complications or side effects. There are, however, a few problems which very occasionally occur and we feel you should be fully informed of the minor difficulties that can sometimes happen.

Inflammation

Normally a slight redness around the stitches. This usually settles down on its own when the stitches have been removed.

Infection

Sometimes the treated area can become infected. This gives rise to pain, swelling and redness or there may be some pus present. If this happens, you should contact our nurses so that they can check the wound and arrange for our resident Medical Officer to provide antibiotics (if necessary) or you should visit your own GP and he will decide whether a course of antibiotics is necessary.

Bleeding

Even a small operation around the eyes is likely to cause some bruising and may give rise to a "black eye". In other areas bleeding is less likely but can occur, especially following larger operations. This may give rise to bruising.

Very occasionally a wound may bleed sufficiently to need re-stitching or a small blood vessel may need recoagulating. Again, we, or our Medical Officer, can be contacted through the nurses in Out-patients. Alternatively, seek advice from your GP or an Accident and Emergency Department if you are away from home. Five or ten minutes of simple pressure is usually enough to stop most bleeding. If the affected area is a limb, raising the limb will help.

Anaesthetic Problems

1. Palpitations can occur in a few people. The adrenaline in local anaesthetic can give rise to a feeling of rapid heartbeat. If this happens, a few minutes' rest before returning home is advised. If this has happened before, please let us know and we will use local anaesthetic without adrenaline.

2. Allergy to the local anaesthetic is extremely rare indeed. We have only had one case in the last 10 years. If you have had problems with local anaesthetic, please let us know.

Scarring

It is impossible to remove anything without leaving a scar. As a general rule, the length of the scar is two to three times the width of the lump to be removed.
1. Stretching of a scar: A wide stretched scar can occur especially if strapping has been removed too soon or activities that stretch the scar resumed too early. Excisions overlying large muscle groups, on the back, and near joints, are more likely to stretch. Make sure supporting tape remains in place and that it is reapplied when sutures are removed.

2. Hypertrophic or Keloid scars: This is an over-reaction of the fibrous tissue/scar tissue in your skin. It does not happen immediately but develops a few weeks after surgery. Keloid scars are due to an individual/inherent tendency to form scar tissue and are more common on the front of the chest, upper arms and upper back. They can occur in anyone but the problem is more common amongst certain racial groups. If you have had any previous problem with thickened scars, please let us know.

3. Bursting of the wound: This is extremely rare. The most likely time for this to occur is just after the stitches have been removed or if the wound becomes infected. The wound may then require re-suturing. Special care and good strapping for the days just after the sutures have been removed will reduce the risk of this happening.

Nerve Damage

1. Sensation: When the area of skin to be removed is quite large, it may be necessary to cut some small nerves in the skin. This type of nerve deals with the feeling of touch. This means you may have a small area of numbness around or just beyond the wound. Although substantial recovery may occur in time, you can be left with a small permanent area of numbness.

2. Movement: There are, certain areas, especially on the face, where deep surgery could cause damage to nerves responsible for movement. We restrict surgery in these areas but there is always a small risk that nerves may be abnormally placed or hidden in among a tumour and could therefore be damaged in surgery.

Any surgery will involve some small risk. When there is a malignancy the benefits will obviously always outweigh the risks. Where a biopsy will help to make a diagnosis, this is also true. For cosmetic operations it is however sensible to be sure that the scar is going to be more acceptable than the lesion to be removed and other inherent risks of surgery will also have to be taken into account.

Minor Operating Charges

Most skin surgery operations will incur a theatre and histology charge in addition to our own consulting and operating fees. You may be asked to pay for the theatre charge on the day of your minor operation by the Hospital Administration and be billed later for the histology report (if necessary) and the Consultant’s fee. Hospital charges should be paid direct to the hospital concerned. Normally all such minor operating charges are reclaimable from Provident Health and Insurance companies, but it is advised that you check your policy and obtain pre-authorisation where possible. On occasions there will be short-falls (eg from a policy excess or cost-sharing arrangement) for which you as the patient will be liable. Please check with the hospital as regards their current theatre charges.