

What about the stitches?

We will tell you how to look after the wound when you attend for the operation and we will also give you another advice leaflet. You will be advised on when and where to have your stitches removed; sometimes dissolving stitches are used.

Do I have to come back to the clinic?

In some cases you may not need to be seen again. If so the results of your biopsy will be sent to you and the doctor or dentist who referred you. Lesions are always sent for examination under the microscope as a matter of routine. The specialist can then tell you what it was and whether it has been completely removed.

Additional information

- www.macmillan.org.uk
- www.cancerresearchuk.org

Reference source

www.BAOMS.org.uk

Contact details

For further information or advice please telephone **01483 571122** and ask for the on-call Maxillofacial doctor.

Day Surgery

Telephone: 01483 406783

Telephone: 01483 406784 (answering machine)

Surgical Short Stay

Telephone: 01483 406828

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm
Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Removal of skin lesions

Maxillofacial Department



Patient information leaflet

What is a skin lesion?

A skin lesion means you have an area of abnormal cells grouped together somewhere on the surface of the skin. There are many different types of lesions. Simple, benign growths may be unsightly, infected or get in the way of your clothes or spectacles etc. These lesions are not skin cancers. Other growths may be a type of skin cancer.

Why do I need the lesion removed?

Not all lesions need to be removed. Sometimes you will be given another appointment so that it can be kept under review. If the growth is causing a problem for you or the specialist thinks that the lesion might be cancerous then it is better to have it removed. Once the lesion is removed it can be analysed under a microscope and an accurate diagnosis made. The specialist will discuss the choices with you and agree the best treatment plan with you when you are seen in clinic.

How is the operation done?

Skin lesions can be removed very successfully under local anaesthetic. You stay awake throughout the operation and the area around the lesion is made numb with an injection. An antiseptic solution may be used to clean the area and special ink used to mark out the piece of skin to be removed. All operations will leave a scar. Where possible the Surgeon will plan to keep scarring to a minimum by following the natural crease lines of the skin. It is usually necessary to remove a small amount

of normal skin surrounding the lesion in order to get a neat scar. The scar may seem quite large compared with the size of the lesion. This is because the lesion might be larger under the skin and it is important to remove it all.

What will the wound look like?

There are three ways to repair the wound:

- 1. Primary closure:** The skin is gently pulled together and stitched over the operation site. The wound will consist of a line of stitches. The stitches may be covered with small dressings called steristrips. Most skin lesions can be removed and repaired simply in this way.
- 2. Local Flap:** If there is not enough loose skin in the area to close the edges together, then skin can be partly lifted from a nearby area and moved round to fill in the gap. The flap is then stitched into place. The scar will not be straight but will be done in such a way as to blend in to the natural folds when it is fully healed. These stitches might also be covered with steristrips.
- 3. Skin Graft:** If the lesion is on an area which is already pulled quite tight, such as a forehead or scalp, or a larger area needs to be removed, then it may be necessary to repair the wound with a piece of skin (a graft) taken from elsewhere. The area just in front of or behind the ear is often used. Once the piece of skin has been removed for the graft, the edges of that wound are stitched together. Then the skin for the graft is put on the area where

the lesion was removed and sewn into place. A dressing will be placed over the graft and held in position with stitches or staples so that the graft will not get dislodged. This dressing will stay in position for up to ten days.

The Surgeon will decide which method is best for you and will agree it with you before you sign the consent form for the operation.

What should I expect afterwards?

- **Pain:** there will be some pain and discomfort once the numbness has worn off. You will need to take some painkilling tablets.
- **Swelling/bruising:** There may be swelling and bruising, especially if the lesion was near the eye. This is quite normal and will settle down after a few days.
- Infection and bleeding are uncommon.
- The surgical area can sometimes feel numb afterwards.

What about working?

If you have had a local anaesthetic then you can drive yourself home after the operation but we recommend you take the day off work. If you do too much the wound might start bleeding.

If the lesion is near your eye it is advisable to get someone else to drive you home in case your vision is altered by the swelling.