

# Advice before your skin surgical procedure

## Information for patients

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Following consultation with your Dermatologist, an operation on your skin is recommended to remove an abnormal patch or growth, or to take a sample from the skin so that it can be examined under the microscope to aid diagnosis. Both before and after surgery you can eat and drink as normal. You should not have any make-up on if your face is going to be treated.

Most operations take between 15 and 30 minutes, but some can take up to an hour. You will be able to go home as soon as the procedure is finished. However, it may be advisable not to drive yourself home, especially if your operation is on your hands or feet, or near your eyes. Please do not cycle home and avoid walking home particularly if the wound is on the lower half of your body.

For virtually all types of operation you will be given a local anaesthetic. This is an injection into your skin next to the place that is to be treated- similar to injections at the dentist. The injection will sting for a moment, but after a few seconds the area will be completely numb and the rest of the operation should be painless but you will still feel touch and pressure.

### **Medication**

Please tell the doctor or nurse if you take any anticoagulants (blood thinning tablets) such as aspirin, clopidogrel, warfarin or apixaban. These do not usually need to be stopped but we do need to know if you take them. If you are on warfarin you will need to have an INR (international normalised ratio) check 1-3 days before the operation. If the result is greater than 3.5 then you will not be able to have your operation as the risk of bleeding is too high. If the result is between 3 and 3.5 your operation may go ahead but this will depend on what type of operation you are having. If it is a simple operation then it is likely that it will go ahead.

### **Allergies**

Please tell the doctor or nurse if you have any allergies to medicines, elastoplast, latex or chemicals in synthetic rubber gloves.

### **Pregnancy**

Local anaesthetic can be safely used in pregnancy. However we would usually recommend avoiding non-urgent skin surgery during the first 12 weeks of pregnancy.

### **Implantable electrical devices**

Please contact us to let your doctor know ahead of your date for surgery if you have an implanted electrical device. A pacemaker may affect which equipment we use but will not prevent your surgery. If you have a defibrillator you may need to have your surgery carried out at St John's Hospital with heart monitoring. If you have any other implanted electrical device (such as a cochlear implant or rectal stimulator) we may need to seek advice from the manufacturer in advance of carrying out your surgery.

### **Shave Excision / Curettage**

The surface of the skin is removed in this procedure and the area may be treated with cautery (burning the area) to stop any bleeding. The area will scab over and heal within a couple of weeks.

## **Excision / Incision Biopsy**

A piece of skin is removed and sutures (stitches) are used to close the skin. These will usually need to be removed after a week or two. Tell the doctor or nurse before the operation if you will have any difficulty arranging this, for example because of a holiday.

If a wound cannot be closed side to side with stitches due to its size or position, we use skin flaps or skin grafts to cover the wound. Occasionally the wound will be left open or partially open to heal on its own (secondary intention healing) or as the first part of a two-stage procedure with a delayed skin graft after a few weeks. You will be given careful instructions on how to manage the wound. The different options for closure of your wound will be discussed with you in theatre as part of the consent process.

### **Problems that can occur with skin surgery:**

#### **Bleeding**

If there is bleeding from the wound, sit up or raise the affected limb and apply firm continuous pressure with a clean tissue or swab for ten minutes. If bleeding persists you should contact the Dermatology Department on the number at the end of this leaflet (Monday to Friday 09:00 to 17:00). If the problem arises out with these times, contact your own General Practitioner (GP), NHS 24 (telephone 111) or go the Accident and Emergency (A&E) Department.

#### **Bruising**

This may occur especially if surgery is performed around the eyes. It will disappear over the next 7-10 days and will not leave any permanent mark.

#### **Infection**

If the wound becomes very red, painful or hot, with weeping and oozing it may be infected. You should contact the Dermatology Department or your own GP as you may require antibiotics.

#### **Wound Breakdown**

This is very uncommon. It is most likely to occur just after the stitches have been removed or if the wound has become infected. If this occurs, you should contact the Dermatology Department or your own GP.

#### **Scarring**

It is impossible to carry out skin surgery without leaving a scar. Every effort will be made to ensure that your surgery causes as little scarring as possible. However, there is always a possibility of more noticeable scarring. As a general rule the length of the scar will be 3-4 times the length of the lump to be removed. Certain areas on the body are more likely to develop scarring. In particular, operations on the upper chest or back, the shoulders and the upper arms may leave scars which can be broad and lumpy. If you have previously noticed lumps arising in scars (keloid), or if other members of your family have a tendency to this, you should be especially aware of this risk. A wide stretched scar can occur if it overlies a large muscle or joint.

#### **Nerve Damage**

**Sensation:** when the area of skin removed is large, some small nerves in the skin will be cut. This may result in a small area of numbness around the wound. Although recovery usually occurs, a permanent area of numbness may persist.

**Movement:** it is extremely rare to cause damage to nerves that deal with movement. However there are certain areas, especially on the face, where deep surgery could cause damage to such nerves- especially if the nerves are hidden within a tumour.

## Who performs skin surgery?

Skin surgery is very common in dermatology and all staff who perform it are experienced. If you were to be treated by a person who is in training you will be informed. As well as medical staff, some senior nurses also perform a range of skin surgery, for which they are fully trained.

## After care

Usually it is advisable to keep the wound dry and covered with a dressing for 48 hours. You will be advised if any special treatments or precautions are needed. Pain relief is not usually needed after simple operations, and if required, the age-appropriate dose of paracetamol up to 4 times a day is recommended.

It is generally advisable not to return to work on the day of surgery. Depending on the nature of your work and the area undergoing surgery, it may be wise to remain off work for a few days following surgery.

After surgery on a lower limb, keeping the limb elevated when seated and avoiding prolonged standing for the first 2-3 days can help with healing.

Avoiding smoking, exercise and swimming for a week after your surgery (at any site) may improve the result and help to avoid some of the complications of skin surgery.

It is normal for a new surgical wound to be red for weeks to months following surgery as part of the healing process and on its own is not an indication of infection.

## Contact details

### Department of Dermatology

Lauriston Building  
Lauriston Place  
Edinburgh  
EH3 9HA

**Nurses' Station    0131 536 2068**