

Information for patients before minor skin surgery

Information Leaflet

What should you expect when you come for Minor Skin Surgery?

- It is a good idea to have something to eat and drink before you come for Minor Surgery. You will be awake for the procedure.
- There will be two clinicians in the Minor Surgery Treatment Room. As this is a Teaching Hospital, on occasion there may be students present.
- The clinician will call you into the room when they are ready to carry out the surgery.
- The clinician doing the surgery will give you information about the surgery, its purpose and any risks, before you are asked to sign a Consent Form to show that you agree to the surgery.
- The clinician will answer any questions you may have about the surgery throughout the surgical procedure.
- After the procedure you will be given a leaflet and advice about the surgical wound and how to take care of it, and about what to expect next in terms of test results and possible further treatment.
- You will be asked to make an appointment in the community to have your sutures removed.

What does the clinician need to know about you?

The clinician will ask you whether:

- You are allergic to any medication or dressing / plasters
- You have a pacemaker, defibrillator or other electrical implanted device
- You are on any medication which stops your blood from clotting: e.g. apixaban, aspirin, clopidogrel, dabigatran, dalteparin, edoxaban, enoxaparin, rivaroxaban, tinzaparin, warfarin. If you are on any of the above you do not need to stop taking them before the procedure

Patients who are on Warfarin

We will ask patients booked for minor surgery who are on Warfarin to have an INR blood test carried out approximately 48 hours before their surgical appointment.

How long does Minor Skin Surgery take?

Minor Skin Surgery will take between 30 and 60 minutes; however, appointment times may overrun due to unavoidable circumstances.

What is the anaesthetic like?

- Injections of a local anaesthetic are given to fully numb the area where the clinician will biopsy or remove the skin lesion.
- The anaesthetic numbs the area quickly, within about 30 seconds. This numbness usually lasts 2-3 hours.
- The anaesthetic injections are sometimes painful as they go in.

Numbing skin before injection in children:

- People under the age of 18 and the parents of young children may be offered anaesthetic cream to numb the skin before injections.
- Anaesthetic cream should be applied 1-2 hours before surgery.
- It should be put on the skin to be injected, under a clear dressing/plaster.

What types of Minor Skin Surgery are carried out?

1. Diagnostic Skin Biopsies:

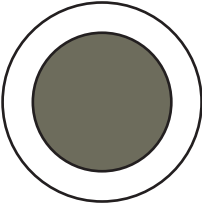
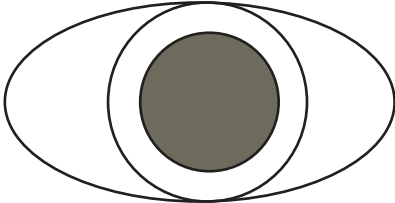
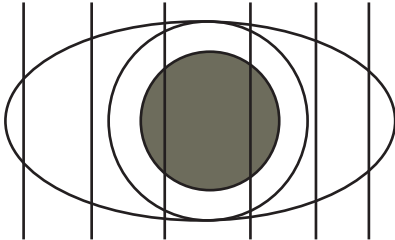
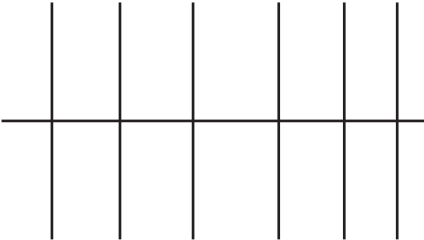
- Small samples through the whole depth of the skin are taken to be examined in the Laboratory.
- These small wounds will usually need 1 or 2 stitches (sutures) to stop bleeding.
- The stitch(es) usually stay in for 7-10 days and will need to be removed by the Practice Nurse at your GP Surgery.

2. Curettage and Cautery (C&C):

- A small circular blade (curette) is used to scrape off an abnormal piece of skin (skin lesion).
- This tissue is sent to be examined in the laboratory.
- A shallow burn wound the same size as the base of the skin lesion will be left.
- Like a burn, these wounds can take 2-3 weeks to heal.

3. Excision Biopsy:

- A whole area of abnormal skin (lesion) is removed using a scalpel (knife).
- The clinician will remove a margin of healthy skin (along with the lesion) to try to ensure removal of all the abnormal cells.
- So that the edges of the wound can be stitched together in a straight line without causing puckering, the piece of skin removed will often be made eye-shaped (see diagram overleaf).
- This means that these wounds may be longer than people expect.
- Stitches stay in for between 7-14 days, depending on where they are. You will need to make an appointment to have them removed by the Practice Nurse at your GP Surgery.

Excision Wound Only: This diagram shows how the clinician removes abnormal skin (skin lesion) with a margin of normal skin and then stitches wound in a straight line.	 1. Skin lesion.
 2. Clinician draws 2-4 mm margin around the lesion.	 3. Clinician draws eye-shape either side of margin.
 4. This shows where the stitches will go.	 5. The wound closes in a straight line.

Unfortunately you will not be able to have someone to accompany you during the procedure. However, you may need someone to either accompany you or drive you home after surgery.

If you have a Lasting Power of Attorney for health and care decisions, please ensure they attend the appointment with you.

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