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Advice to Patients Prior to Skin Surgical Procedures

Following discussion with your Dermatologist you may have an operation on your skin 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.

Most operations take between 15 and 30 minutes, but some can take up to an hour. You will be free 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. You should not have any make-up on if your face is going to be treated.

For virtually all types of operation you will be given a local anaesthetic. This is an injection into the 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 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.

Pacemaker

This may affect the equipment we can use but will not prevent your surgery.

Defibrillator

Please let the doctor or nurse know if you have a defibrillator. You may need to have your surgery carried out at St Johns hospital with heart monitoring.

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. Occasionally the wound will not be sutured, but will be left to heal on its own (secondary intention healing). You will be given careful instructions on how to manage the wound.

Shave Excision / Curettage

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

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 above number (Monday to Friday 0900 hours to 1700 hours). If the problem arises out with these times contact your own General Practitioner, NHS 24 (telephone 111) or go the Accident and Emergency 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 General Practitioner 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 General Practitioner.

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 and often the procedure will leave hardly any long term mark on your skin. 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 that 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, two paracetamol up to 4 times a day is recommended.

Avoidance of smoking, excessive exercise and swimming a week after your surgery may improve the result.

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