Patient information

Surgical procedures

Your dermatologist has recommended minor surgery on your skin. This leaflet outlines different procedures we use and possible risks and complications.

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Why do you need surgery?

Surgical procedures may be carried out as part of your treatment, to help with diagnosis or for cosmetic reasons.

Types of surgery

We use a range of procedures on skin lesions. The term lesion describes lumps and bumps on your skin, including warts, moles, cysts and rashes.

Excision We will cut away the whole lesion with a scalpel and stitch the wound. We will use either: deep sutures (stitches deep in the skin layer) on their own, deep sutures along with superficial sutures (stitches closer to the skin surface), or deep dissolvable sutures (these dissolve of their own accord and don't need to be removed). We may use cautery (this is explained below) to stop any bleeding. Your doctor will talk to you about how much surrounding skin needs to be removed as well.

Saucerisation We will cut the skin tissue out to leave a saucer-shaped dip. We may use a technique called 'purse-string suture' to partially close the wound, but won't try and completely stitch the wound closed. We will use cautery (this is explained below) to stop any bleeding. We use this procedure when the wound left by removing a large lesion would be difficult to stitch up because of its size or where it is. It's also better than doing a skin graft (transplanting a piece of skin from one part of the body to another), which may require hospital treatment, takes longer to heal, and leaves a larger scar.

Curettage and cautery We scrape off the lesion with a curette, which is like a small spoon with sharp edges. The skin surface is then 'cauterised' (burned) to seal the blood vessels. You may notice a hissing sound and a burning smell. This procedure leaves a crusted area that should heal in a few weeks.

Shave and cautery This is a similar process. We shave off bits of skin that stick out with a scalpel and then cauterise the skin surface, leaving less scarring than excision.

Diagnostic biopsy We use a scalpel or an instrument like a holepunch to remove a small sample of skin for testing. You will need one or more stitches, which either dissolve on their own or a nurse will remove.

Cyst removal We remove a tiny cylinder of skin with a special instrument, puncture the wall of the cyst, and squeeze out the contents. We then remove the cyst wall through the hole in your skin before closing the wound with a couple of stitches. It can cause temporary bruising, but leaves a smaller scar than excision, though the cyst is more likely to come back.

Local anaesthetic

You will remain awake during all these procedures, but we'll give you a local anaesthetic so you don't feel anything. You can eat and drink normally before having a local anaesthetic. The sort we use contains lidocaine and adrenaline. Tell the doctor or nurse if you are allergic to either of these.

We will inject the local anaesthetic into your skin to numb the area we are treating. You may feel a stinging sensation, but this passes quickly. Mild reactions are fairly common. You may notice tingling in your mouth, a metallic taste and dizziness.

Your doctor will check the area is completely numb before the operation. It will wear off in a couple of hours and your wound will feel tender.

After most procedures using local anaesthetic it is safe to drive home, but talk to the doctor if you have any concerns.

If you have surgery to your face, the local anaesthetic can temporarily weaken the muscles round your mouth. You should avoid hot drinks until the effects have worn off.

Possible risks and complications

There can be complications from any surgical procedure that you should be aware of.

Infection We reduce the risk of infection as much we can, but it's still possible. Tell your doctor if your wound gets red, swollen and painful, is weeping or bleeding, or there is any discharge. We can test you for infection and prescribe antibiotics to clear this up.

If you have had stitches deep in your wound these can cause some redness about a week after surgery. This is not a sign of infection and will clear up without treatment.

Scarring When a wound heals, it leaves a scar. What this looks like and how quickly it fades depends on the type of procedure and where it was done. The skin on your face usually heals better than skin on your chest, back and upper arms.

Your doctor will talk to you about how much scarring to expect. Most scars start off red and raised but fade after a few months.

There is a risk of developing a keloid scar, especially if you've had one before, or someone in your family has them. A keloid scar forms inside scar tissue and grows bigger than the original wound. They can be painful and itchy but aren't harmful

Nerve damage However careful your doctor is, it is possible to accidentally damage a nerve in the skin during surgery. This can make the skin around the wound numb for some time afterwards, possibly months. You may get pins and needles. Your doctor will discuss the risk of this before your procedure. Surgery can also damage the lymphatic system and cause swelling that takes time to go down. This is most common in the lower leg and eyelids.

Wound dehiscence We often use dissolvable stitches deep in a wound to strengthen it. But wounds do not always heal well and can come open, especially if they are infected or bruised. This is called dehiscence. It is more likely if you are over 65. Smoking, obesity, diabetes, general poor health and taking anticoagulant medication (eg warfarin or clopidogrel) or immunosuppressant medication (eg azathriopine or methotrexate) add to the risk. Make sure you follow advice on resting after surgery and caring for your wound.

What to tell your doctor before surgery

Your doctor will want to know about anything that could affect your surgery and recovery, like medical conditions and allergies. These may be in your patient record, but it's worth highlighting any of the following that apply to you.

- You are prone to fainting.
- You are really nervous about needles and medical settings.
- You have an implanted defibrillator or pacemaker, especially if it is over 10 years old. These could react to surgical instruments that use an electric current, particularly in cauterisation.
- You are taking warfarin, clopidogrel, or other blood-thinning medication, or daily aspirin to stop your blood clotting. The doctor may ask you to have a blood test to look at your clotting. They may then ask you to reduce your intake of these medicines, but please don't do this without medical advice. Some over-the-counter supplements and herbal remedies can also lead to abnormal bleeding. Reducing this medication before your operation means less risk of bleeding.
- You have a history of wounds not healing well, or scarring badly, especially developing keloid scars. Your doctor may be able to combine surgery with special dressings, steroids and other treatment to reduce the risk of keloids.

What happens next?

We will ask you to sign a form giving your consent to the procedure. This will become part of your medical records. After your procedure we will give you detailed advice on looking after your wound and having stitches removed.

Published August 2016
Next review due August 2019

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