

Department of plastic surgery

Excision of a skin lesion under local anaesthesia

About local anaesthesia and its benefits

Many skin lesions are removed in a small operation done under local anaesthesia. This means that the area surrounding the lesion is numbed (anaesthetised) so that you do not feel any pain during surgery. You remain awake during the whole procedure and will have someone at your side for reassurance. This type of surgery is usually done as a day case, which means you will have the surgery and go home on the same day. You can eat and drink as normal before your surgery. We strongly advise that you do not drive immediately after your operation. You will need someone to drive you to hospital and back after your operation if you were planning to come by car.

Consultation with your doctor

When your surgeon decides that you need this type of surgery, he or she will explain the procedure to you. Please let him or her know if you had any reaction to local anaesthesia in the past. Tell the surgeon if you have any fears about having a local anaesthetic.

The procedure

The area is numbed by injecting a local anaesthetic drug in the skin surrounding the lesion. Sometimes the injection is given away from the lesion. This is to block the main nerve responsible for sensation in the area of the operation.

The numbness could last from 1 to 8 hours depending on the type of drug used.

The surgeon will test to make sure that the skin is numb before starting the surgery. You may feel pressure, pulling and pushing but not sharp needle prick type pain. If you feel pain during surgery, tell the surgeon and he or she will give more local anaesthetic before carrying on.

Just after surgery, take care to protect the numb area until the normal feelings return, for example, you should not drink hot drinks after surgery around the lips.

Local anaesthesia is very safe but sometimes side effects and allergic reactions do occur. It may cause nausea, light-headedness, confusion, difficulty in breathing, lowering of blood pressure, slowing of heart rate, muscle-twitching and convulsions. These side effects are uncommon. The staff will monitor you for these during the operation.

Once the area is fully numb the lesion is removed with some of the surrounding skin depending upon the nature of the lesion. After removing the lesion the wound can be repaired with one of the following methods.



- **Spontaneous healing**

If the wound is very small or not deep, it may not need stitching and will be allowed to heal on its own with appropriate dressings.

- **Direct closure**

If the amount of skin removed is small and the skin surrounding the wound is elastic, it can be closed by stitching the edges together. This is the method most commonly used.

- **Skin flap and skin graft**

If the lesion is large and the skin is not elastic, then the edges cannot be joined. Sometimes pulling the edges together may pull and deform important facial features such as the eyelids, nose, lips etc. In such cases, the surgeon will repair the wound by taking a piece of skin from another part of the body either as a flap or a graft. In a graft, the skin is completely detached from its donor site. With a flap, the borrowed skin is still attached at one end to the donor area and keeps its blood supply.

Further information leaflets are available about skin flap and skin graft. If you would like a copy, please ask a member of the surgical team you see in clinic.

Agreeing to treatment

Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Risks and complications

The surgeon will discuss these options with you and explain which option is suitable for you. The common risks and complications with this type of surgery are bleeding, infection, lumpy scars and wound breakdown, although these risks are small. If you have a skin graft or a skin flap there can be similar complications at the donor site. Sometimes the graft may not take fully and the flap may not survive. The grafted area looks like a patch and may look indented. Scars initially look red/purplish but generally become paler with time.

Are there any alternatives to this procedure?

Surgery is one way of treating skin lesions. Some lesions may be suitable for radiotherapy rather than surgery.

Post-operative care

- At the end of surgery the surgeon may put a dressing over the suture line (stitches) or leave it without a dressing depending on the site and type of surgery. Try to keep the area dry for the first 24 hours. After that you can take a shower but gently pat the area dry. If you have had a skin graft or skin flap, keep the area dry till the first dressing in 5 to 7 days.
- There may be some oozing of blood soon after surgery. Do not panic. Press the area with clean tissue papers or a cloth for 5 minutes. Most minor bleeding stops in 5 to 10 minutes. If bleeding continues contact the hospital.

- Some pain is to be expected after the surgery. Please take a painkiller such as paracetamol or the ones prescribed by the surgeon. You should not have any severe pain after minor surgery. If you do have any severe pain or the area becomes very swollen, red and painful (which may be due to a collection of blood inside the wound or infection) contact your GP or this hospital for advice.
- Your stitches are usually removed in 5 to 14 days. Your surgeon will tell you when and where they will be removed. Sometimes a special type of stitch material is used which dissolves itself and does not need to be removed. Sometimes the skin is not completely healed when the stitches are removed and you may need dressings for a few more days.
- The scar remains quite noticeable for the first 3 to 6 months and then starts getting flatter and paler. Massaging the scar with a moisturising cream two or three times a day for the first few months helps in this process. The scar should be protected from direct exposure to sun during this early period. Sometimes the scar may take up to two years to fade. In some people the scar may get lumpier and painful and may need further treatment. If you are worried about your scars discuss it with your GP, and you may be referred to a surgeon for advice.

Contacting the hospital:

If you have any further questions, you can contact:

Dressing clinic - **0161 918 7310**

Skin cancer, clinical nurse specialist - **0161 918 7587**

Consultant plastic surgeons (secretaries)

Mr D Mowatt - **0161 446 3368**

Mr D Oudit - **0161 918 7054**

Mr G Lambe - **0161 918 7455**

Mr Kosutic - **0161 918 7054**

After 5pm and at weekends: Phone The Christie Hotline on **0161 446 3658** for advice.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham, Salford or Macclesfield. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week