

Procedures

Skin Lesion Exision

What are the issues?

A skin lesion is a generic term applicable to virtually any skin abnormality. Some arise at birth, while others appear later in adulthood either spontaneously or through trauma or infection. They may be benign or malignant (cancerous) and can involve any of the structures of the skin including the normal skin cells, the pigment cells, blood vessels, hair follicles, grease or sweat glands. As plastic surgeons, it is part of our normal work to assess, investigate and treat most types of skin lesions.

What are the options?

Most skin lesions can be removed under local anaesthetic. Whenever possible, we close the resulting wound directly with sutures to leave as neat a scar as possible. It may not be possible to close larger wounds directly and we might need to use skin grafts or move local flaps of skin and fat into the wound to allow closure. We usually reserve these more complex techniques for wounds left after skin cancer excision.

Which procedure is right for me?

There are many types of skin lesions. Those that have been present for many years and have not changed are likely to be benign and their removal is largely a cosmetic issue. Newly identified lesions or those that appear to be changing or causing symptoms such as itching or bleeding should be treated with suspicion and we advise that you seek an urgent assessment, if only to be reassured. Your surgeon will discuss fully the options available to you and further investigations or treatment that may be required.

What are the limitations?

Any skin lesion may be excised. However, surgery will always leave a scar. If the scar will be large and unsightly, or indeed if a more complex reconstruction will be required, then it may be best to leave the lesion alone as long as it is not cancerous. If there is any suspicion of malignancy, then it is best to take a small biopsy of the lesion to send for analysis and reach a diagnosis.

Your surgeon will always attempt to diagnose correctly before removing the lesion, although absolute certainty is often impossible. He or she will also try to ensure that the lesion is fully removed at the first attempt. However, sometimes, further surgery is advisable once the laboratory report is made available. We can treat most skin lesions adequately and completely by surgery alone. Others may require less invasive treatments such as specialised creams, cryotherapy (freezing) and LASER. Your surgeon will advise you of the most appropriate treatment in your case.

It is always possible that a skin lesion may recur, or that further new lesions appear elsewhere. Some skin cancers are known to spread (metastasise) on occasion. Where appropriate, your surgeon will ensure that appropriate investigations and treatments are carried out.

What are the risks?

If we perform skin lesion removal surgically, there is a small risk of infection in the wound. While most infections respond well to a course of antibiotics, wound healing may be slower and, in some cases, worsen the appearance of the scar.

With most skin lesion excisions, the risk of bleeding and bruising is normally very small.

If skin grafts are required to close a wound, there is a small chance that all or a portion of the graft will not survive ('take'). This may necessitate a prolonged period of dressings or a repeat of the grafting procedure. In any case, the results of the laboratory investigations on the lesion may suggest that further surgery or investigations are needed.

Most scarring settles well. If not, though, we can employ other options to improve the scar. [[link to 'scar improvement or revision' page](#)].

What can I expect afterwards?

In most instances, the local anaesthetic cover lasts well beyond your discharge from the hospital. By the time the anaesthetic wears off, you will normally have mild pain or none at all. Any discomfort you experience is normally easily controlled with simple painkillers, which will be prescribed for you.

It is not always appropriate to use buried, dissolving stitches to close a wound. Should you have standard stitches, they must be removed between 4 and 21 days after surgery, depending on the area and size of the wound.

Following discharge, you will be given a follow-up appointment for removing sutures and a wound check with the nurses. You will also have a review appointment with your surgeon a few weeks later to discuss the test results and check the progress of your healing.

Contact Us

For information and appointments please contact us and we will be happy to help.

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