



Minor Surgery Patient Information

Infection Prior to Surgery....

If your lesion shows signs of infection (e.g., increased pain, redness, swelling or weeping) when you attend for your surgery your procedure may need to be postponed.

If you think your lesion may be infected, please contact your GP for advice/treatment and ensure the infection has cleared up before your surgery. Please also let us know so we can rearrange your appointment if required.

Emla Cream/Numbing Cream...

You can purchase Emla Cream from your local pharmacy which can be applied at least an hour or more before your surgery. This will numb the area prior to the Local anaesthetic being administered. We recommend using this if the patient is Under 18 years of age or is exceptionally nervous/ Needle phobic. Please follow the instructions included on how to apply.

How will the Clinician remove my lesion?

The Clinician will discuss this with you at your appointment. One of the following two methods is commonly used:

- **Elliptical Excision:**

An eye-shaped excision is used for removing a skin lesion or a cyst. Local anaesthetic with adrenaline is administered, which may sting momentarily. This knocks out the pain fibres, you will still feel movement/ pressure but shouldn't experience any pain. The lesion is removed, and stitches used to close the incision. A sterile dressing or tape may then be applied. Using this method, the scar should be a straight line with one or two stitch marks.

- **Shave Excision:**

A shave excision is the process normally used to remove lesions from the surface of the skin. A local anaesthetic is injected into the area to numb it. This may sting a little. The lesion is then shaved off using a derma blade, curette, or scalpel. The wound is then cauterised to stop the bleeding and a sterile dressing is often applied.

- Cautery using heat will encourage the development of a scab which will disappear over time as the lesion heals.
- Cautery using chemicals such as Silver Nitrate will cause the development of a Black/ Grey mark on the skin and scab which will disappear/ fade over time as the lesion heals. The healing is happening underneath the Scab/ mark, it is important not to pick or remove this and care should be taken when washing the area. The body is super-efficient and will try to remove the Black/Grey pigment and can on occasion leave a streak this is perfectly normal and part of the healing process which will fade over time.

This process is the preferred method for lesions on the face as it generally achieves a better cosmetic result. There is a small risk of recurrence of the lesion, and this will be discussed with you at your appointment. Depending on size, depth and site of the wound it may take between one and three weeks to heal. Wounds on the lower leg often heal more slowly.

- The initial dressing if one was applied should be left in place for 24 hours unless instructed otherwise by the Clinician.
- Remove the dressing gently and wash the area under the shower or pour warm water over it. This will help to remove any loose debris which can cause infection.
- Pat the area dry with a clean towel and cover with a thin layer of Vaseline from a clean pot or tube.
- A dry dressing may be applied if more comfortable but is not essential, this must be a breathable not waterproof type of dressing or plaster.
- Repeat the above every day until the wound has healed.

On the day of your surgery...

On the day of your surgery, we would encourage you to rest and take it easy this will protect your wound and reduce the risk of bleeding and leakage from your wound. Having any surgical procedure can cause you to feel tired and perhaps slightly stressed which is a natural reaction. Please avoid strenuous activity for the rest of the day.

Pain or Infection after surgery...

You may experience some pain after surgery once the local anaesthetic wears off, this is normal the Clinician undertaking your procedure will advise you on simple pain relief you can buy at your local pharmacy. ***If you experience severe pain which does not resolve after taking pain relief/worsens after 48hrs or if your lesion shows signs of infection (e.g., increased pain, redness, swelling or weeping) after your procedure.*** We would advise you to contact your GP to discuss whether a wound infection is developing, and antibiotics are required.

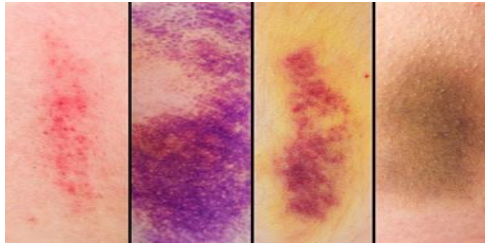
Bruising and swelling after surgery...

Bruising appears after surgery because of blood leaking from small blood vessels (capillaries) once the surgery is complete. Although most of these vessels are cauterized during surgery,

there may be some mild bleeding afterwards. There is no reason for concern, as bruising and some swelling is inevitable after surgery and is rarely serious.

Bruising Timeline...

Bruising is never pretty, especially for the first few days following surgery. It's particularly unpleasant when it affects highly visible areas like the face.



As you heal, an iron-rich substance in your blood -- called haemoglobin -- breaks down into other compounds. This process makes your bruise change colours:

- It's usually red right after the Surgery.
- Within a day or two, it turns purplish or black and blue.
- In 5 to 10 days, it may be green or yellow.
- In 10 to 14 days, it's yellowy-brown or light brown. It should fade away totally in about 2 weeks.

Following your Surgery....

Your wound may have been closed with stiches or body glue and will take between 1-3 weeks to heal.

Several factors can influence the type of wound closure that is used such as:

- The strength and flexibility of the surrounding skin
- The size, and depth, of the lesion
- The removal method used.
- The location of the lesion on the body, including distance to the skin surface

Some of these factors cannot be accurately assessed from the photograph you provided and may be determined on the day of your appointment. Any further information regarding the wound closure method will be discussed with you at your appointment before the surgery takes place.

If you would like more details specific to your lesion in advance, we recommend that you arrange a separate consultation prior to your surgery, for which there will be a charge. Please be aware, however, that it may still not be possible to provide further specific details until the Clinician has begun to remove the lesion.

We use 3 types of closure methods to close wounds after surgery:

- **Removable/Non- Absorbable Stitches** – These will need to be removed by your practice Nurse at your own registered GP surgery within the time frame recommended.

Generally, stitches are normally kept in for 7-10 days but please check your wound care leaflet given to you after your surgery for this information.

- **Absorbable Stitches** – These will gradually dissolve under the skin over several weeks and will not require any removal. Occasionally Stitches may not completely dissolve, if they are still bothering you after your wound has healed, please make an appointment with your GP surgery.
- **Skin Glue** – The glue usually forms a scab that peels or falls off in 5 to 10 days.

You are **likely** to need removable sutures/ stitches when having these types of lesions removed: Cysts, Lipomas, and some Moles. Depending on the area of the body that the lesion is removed from will depend on the removal timings as some areas heal quicker than others.

Location on body	Timing guide of suture removal
Face	5- 7 days *
Scalp	5-10 days*
Arms	7-14 days*
Legs	10-14 days*
Trunk/Abdomen	9-14 days*

***This is a guide to the timings for suture/ stitch removal. The Surgeon will discuss with you on the day exactly how long your stitches/sutures will need to stay in for, this will depend on the complexity/ depth of the lesion removed and other factors such as your medical history.**

Resuming of normal activities after Surgery....

Physical Activity/Active Job/Exercise – To prevent damage to the wound and healing process, avoid excess strain over the wound while stitches are in place & for 2 weeks following stitch removal. Exercise can cause your wound to stretch and will lengthen the healing process and may cause a larger scar.

Washing/Bathing/Swimming – Avoid touching the wound as much as possible. Washing is perfectly fine but please avoid getting your dressing wet. You can shower after 24 hours and bathe once the dressing has been removed but do not soak the wound for long periods of time and please avoid very hot showers as this can promote swelling. It should be patted dry. Use Vaseline twice a day to keep moist and encourage healing. We recommend you refrain from swimming for 2 weeks following your surgery.

Sun Exposure – We recommend you avoid exposing your wound to direct sunlight for 2 weeks following your surgery. Covering your wound with a hat or clothing is advisable while it is still healing.

Driving – Many doctors advise patients not to drive after surgery due to a risk of fainting or not concentrating properly.

Managing Bruising, Swelling and Dressings After Surgery

Post op bruising and swelling can't be avoided but can be reduced by rest, ice, compression for the first couple of days and elevation much like sprains and strains. The extent to which this is necessary will vary depending on both the procedure and your normal level of activity. Your surgeon will explain when you can remove your dressings and supply some spare dressings if required. If you require additional dressings over and above this these can be sourced from your local pharmacy.

Elevation

As a rule, you should keep your incisions above your nipples to allow fluids to drain away from the wound area for the first few days after surgery. An extra pillow or two in bed provides the best elevation so you can relax or sleep comfortably.

Further and more specific wound care advice will be provided by the Clinician on the day of your surgery. Please feel free to ask any questions.