

Following on from your initial consultation you have been referred for a Minor Skin Procedure. This information leaflet provides you with both pre-operative (prior to attending your appointment) and post-operative advice for any procedure undertaken on the day.

Preparation for surgery

The procedure will be performed under a local anaesthetic by one of our skin surgery specialists. You are able to eat and drink as usual prior to the procedure. It is recommended that you have someone accompany you to the appointment as you may not be able to drive home, particularly after surgery to the face, neck, head or hands.

Please do not stop taking your usual medication ahead of your appointment; and check to see if any of the following areas are applicable to you:

Smoking

Impairs the skin's ability to heal. If you are able to stop smoking for 2 weeks before and after the operation the overall wound healing will be improved.

Blood Thinners

Aspirin. If you take a 'mini aspirin' daily continue to take it, but please inform us at the time of surgery. Warfarin. The INR ideally should be less than 3. Please get your INR checked 2 days before the procedure. Do not alter your warfarin dose unless this has been advised by the doctor prescribing the warfarin. Please bring your anticoagulation book to your appointment. Other blood thinners such as clopidogrel, dipyridamole, edoxaban, rivaroxaban, apixaban or dabigatran we can still proceed with surgery continue to take inform us at the time for surgery.

Medical Conditions

If you have diabetes, epilepsy, a bleeding disorder (including a low platelet count), a pacemaker, cochlear implant or any implantable device, prosthetic heart valves or any other significant medical conditions then please let us know ahead of appointment.

Allergies

Please inform of any allergies on the day of procedure, particularly to antibiotics, dressings, latex and anaesthetics.

The Procedure

Local anaesthetic will be injected into the site for your required surgical procedure. This causes a stinging sensation lasting several seconds. The area then becomes numb and no discomfort should be felt. The lesion is biopsied or excised and sent to the laboratory for pathological analysis (checked under a microscope). The wound may be closed with stitches – on the skin surface and often underneath the skin (these will dissolve over several months). A dressing will be applied. It is important that we know if you have any antibiotic allergies. Further information on the types of surgical procedures carried out by our surgical team are provided at the end of this information leaflet. Please note You may not be covered on your driving insurance if you have had local anaesthetic please check this with your insurance. On the day please arrange your transport with this in mind you may want to make alternative transport arrangements for on your way home.

Skin biopsy analysis

All skin surgery specimens are sent to our pathologists for analysis. The result is usually available within 4 weeks but may take longer if further analysis is needed to reach a diagnosis. A member of the Dermatology Team will either write to you, or contact you over the phone with the results, or request a follow up appointment to see you.

Care for your surgical wound

Keep the area completely dry for 48 hours. At this stage the dressing can usually be removed. The area can be gently washed once a day, and you can apply a thin smear of ointment. If you prefer you can keep the wound covered with a simple dressing which should be changed daily. If the wound starts to bleed, apply firm continuous pressure for 30 minutes. Slight bleeding in the few hours after surgery is common and is aggravated by activity. Hot drinks or bending down can cause bleeding, especially on facial wounds. Swelling and bruising is common, especially after facial surgery, and can be lessened by use of an ice pack. Use extra pillows after facial surgery and elevate the leg after lower limb surgery.

Do not use make-up near a wound until the surface has completely healed. Avoid swimming until the stitches are removed. The scar will be strong by 30 days — and is at its weakest during the first few days after the stitches have been removed. Too much activity can put strain on the healing scar. This can lead to stretching of the scar or bursting of the wound. Surgical wounds on the lower leg generally take a lot longer to heal.

In the rare event that you incur wound infection and antibiotics are required please call in for management of your wound and to report it, A private prescription can be sent to you after assessment for a cost of £30/ Or you can contact your GP for management.

What do I do in an emergency?

Symptoms of DVT;

If you experience Swelling of legs compared to other side , distended veins in legs entire leg swellings contact 111/999/attend ED

Symptoms of Cellulitis:

Mark with a Pen, mark the limit of skin infection if it spreads past the line ring your own GP or 111, ring 111 if you feel more unwell , unusually drowsy, high fever, feel breathless or if you feel unable stand up or feel unusually cold

Signs of Sepsis:

If you feel sleepy/confused/unable to stand/unable to get out of bed breathless/not able to pass urine for 12 hours contact 999/attend ED

Emergency Care that may not be related to your skin condition;

If you experience any medical emergency where you feel unwell chest pain worse on breathing /coughing up blood contact 111/999/attend ED

Pain Care

When the local anaesthetic wears off after 2 to 3 hours, the area may be uncomfortable. Take 2 paracetamol (500mg) tablets every 4 to 6 hours (a maximum of 8 tablets in 24 hours). It is better to avoid aspirin or ibuprofen as pain relief on the day of the procedure as occasionally they can contribute to bleeding. Alcohol – do not drink any alcohol for 24 hours after the operation.

The Scar

All skin surgery results in permanent scar formation. Scar tissue is red for 3 to 6 months and then usually fades to white. The appearance of a scar usually improves over 12 months as it 'matures'.

Removal of Stitches

Generally Dissolvable stitches will be selected wherever possible if sutures need a removal we will book this in for you between 5 and 21 days after the procedure depending on the part of the body and further guidance will be given on the day of procedure.

If you require any further information, please visit our email; *info.dermatology@vhg.co.uk*

Or contact us on: 02475103299

Types of Surgical Procedures

This section of our information leaflet provides a brief overview of the following procedures which may / will be necessary as part of your treatment: You can go onto our website for all the up to date information vitahealthgroup.co.uk

Punch Biopsy

A punch biopsy is a procedure in which a small circular shaped piece of skin is removed and sent to the laboratories for analysis, to establish a diagnosis. The patient remains awake during the procedure and the area is injected with a local anaesthetic to numb the skin being operated on. The skin is closed with one or two stitches that can be removed after five to fourteen days (often by a practice nurse at the patient's GP surgery).

Incisional Biopsy

An incisional biopsy is when part of a skin lesion is removed for analysis, using a scalpel (sharp surgical blade). The patient usually remains awake during the procedure and the area is injected with a local anaesthetic to numb the skin being operated on. The skin is closed with a few stitches that can be removed after five to fourteen days

Excision Biopsy

An excision biopsy is complete removal of a skin lesion/mole. As for an incisional biopsy, the patient usually remains awake and the area is closed with a few stitches.

Cryosurgery / Cryotherapy

This procedure uses extreme cold liquid nitrogen to destroy skin cells. We will freeze the cells to kill them. This removes abnormal tissue and requires minimal down time.



Get in Touch with us today





