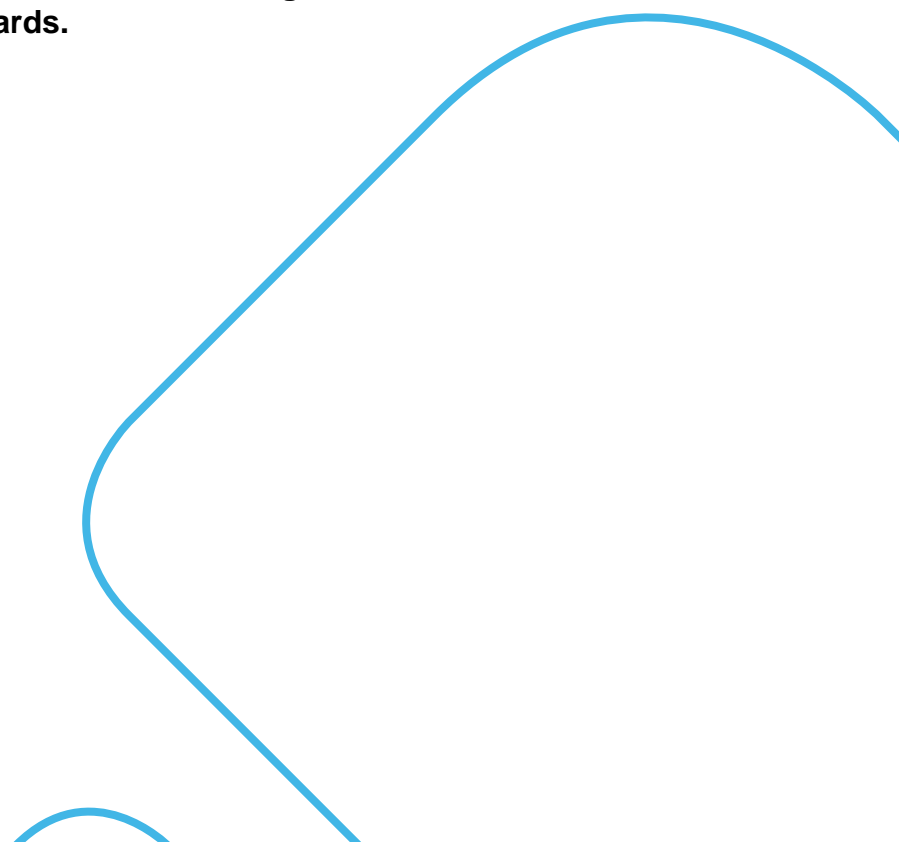


# How to prepare for your minor surgical skin procedure

**This leaflet will provide you with information on what to expect on the day and how to manage afterwards.**

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## **PREPARING FOR THE PROCEDURE**

- Your procedure will be in the **Dermatology Department in C42 at the RUH** (the same place where you attended for your clinic appointment). The appointment will usually take between 30 – 60 minutes (or longer if you are having multiple procedures).
- There will be a surgeon (doctor or specialist nurse) and an assistant present on the day.
- **It is advisable (but not necessary) to have someone to accompany you.** They will be asked to wait in the waiting room while you are having the procedure but can accompany you for the pre- and post-operative discussion.
- You can **eat and drink as normal** on the day of the procedure and we recommend making sure that you've eaten something and had plenty of water.
- You should **take all of your usual medications on the day of your skin surgery unless you have been specifically advised not to** by the doctor that you saw at your initial dermatology appointment.
- You will be able to drive after the procedure and you should be able to return to work unless otherwise instructed.
- If your lifestyle involves **strenuous lifting or exercise** you may need to modify this for at least 2 weeks after your surgery and then gradually resume normal activity. This will depend on the site and extent of the operation that you are having.
- Please buy a **new pot of Vaseline** and have **paracetamol** ready in advance as you may need these after the procedure.
- Sometimes stitches need to be removed 7-14 days after the procedure by the Practice Nurse at your GP surgery. If attending your GP will be difficult or you are planning to go abroad following your surgery please let us know.
- Surgical wounds on the lower legs take longer to heal. If the procedure is going to be on your lower legs you may be asked to see your GP in advance to have some compression stockings fitted to improve the wound healing process.



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## INFORMATION THAT THE MEDICAL TEAM WILL NEED TO KNOW TO BE ABLE TO PLAN YOUR PROCEDURE SAFELY

Please tell the surgeon if you are:

- Taking any medications which thin the blood, such as aspirin or clopidogrel. If you think you may not remember your usual medications please bring a list with you on the day.
- If you take warfarin - Please have your INR level checked 2-3 days before the surgery, bring the result with you on the day. If it is greater than 3, please contact reception **Tel: 01225 825658** the day before your procedure.
- If you have a pacemaker or implantable defibrillator - Please make sure that we know in advance.
- If you are taking any medications which suppress the immune system.
- If you have any allergies (especially to local anaesthetics, latex, plasters or dressings).
- If you are prone to bleeding because of a medical condition.
- If you have any other significant medical conditions such as diabetes, epilepsy, kidney disease, liver disease, heart disease, uncontrolled high blood pressure or infections such as HIV or hepatitis B or C.
- If you are pregnant - Minor surgery will not pose a threat to your unborn child but might guide the type of local anaesthetic we use.

## WHAT DOES MINOR SURGERY INVOLVE?

Local anaesthetic is injected into the skin to numb the area. This causes an initial stinging feeling and the area then becomes numb. We try to make this injection as painless as possible. Once the area is numb we then remove the skin sample(s) by one or more of the

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methods below (your doctor will tick which one you are having). The samples are then sent to be analysed under a microscope, the wound is closed and a dressing is applied to cover the area.


**Punch biopsy:** a small circular shaped piece of skin is removed and sent to the laboratory for analysis to help inform what the diagnosis is and sometimes to remove the area affected. The skin is closed with one or two stitches which are usually dissolvable.

**Curettage and cautery:** the affected area is scraped away using a curette (a specially designed surgical instrument) or a scalpel to produce a shallow wound. Any bleeding underneath is cauterised (using electricity to burn the tissue underneath). Sometimes this is repeated for a further two cycles. No stitches are used and you are left with a small graze/circular superficial burn which then heals.

**Excisional biopsy:** The entire affected area is removed with a margin of normal skin around it. Your doctor will inform you how much normal skin needs to be removed. The area is removed and sent for analysis. Any bleeding is stopped using cauterisation (electricity to burn any bleeding points). A deeper layer of stitches is put in below the surface of the skin. These stitches are dissolvable and are not visible from the outside. A second layer of stitches is used for the surface of the skin. These stitches are usually dissolvable, but sometimes need to be removed.

## **RISKS**

As with any procedure there are risks to be aware of when having skin surgery. On the day of the procedure the doctor will talk you through the risks associated with the procedure you are having. Some of the possible risks are listed below.



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**Pain:** The wound may be painful when the anaesthetic wears off. We recommend taking paracetamol if your wound is painful. Avoid ibuprofen and aspirin as these medications can contribute to bleeding.

**Bleeding:** Slight bleeding in the few hours after surgery is common and if this occurs you should apply firm continuous pressure directly over it for 15-30 minutes.

**Infection:** Around 1 in 20 procedures are complicated by a wound infection. If you notice signs of infection (redness, swelling, pain or discharge), seek a review from your **GP** or **111** as you may need a short course of antibiotics.

**Local anaesthetic reactions:** the local anaesthetic that is injected can cause a temporary fast heartbeat, palpitations and feeling faint. Severe reactions are very rare. Please inform the doctor if you have had any bad reactions to local anaesthetic.

**Scar:** There will be a scar present after the procedure which can be two to three times larger than the original lesion (if you are having an excision biopsy). Sometimes scars can be stretched, or bumpy (keloid scars). The appearance of a scar usually improves over 12 months.

**Recurrence:** Occasionally the affected area can recur (come back) after the procedure.

**Further surgery:** Sometimes further surgery is needed after the initial procedure.

**Inconclusive results:** In most cases a biopsy enables us in the diagnosis but occasionally, even with a biopsy we still don't have a definite diagnosis and your biopsy may be sent for a second opinion.

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## CARING FOR THE WOUND AFTER YOUR PROCEDURE

A dressing is usually applied after the procedure and you will be given detailed written information on how to care for the wound after the procedure. The area should be kept completely dry for 48 hours. After 48 hours the dressing can be removed and the area can be gently washed once a day. After washing apply a layer of Vaseline (from a clean, new pot) each day and if you would like to cover it you can use a new dressing each day after washing and applying Vaseline. Avoid swimming or vigorous physical activity for the first few weeks as this will put strain on the healing scar which can stretch it or cause the wound to come apart. Surgical wounds on the lower leg take longer to heal.


## RESULTS

These will be **available to the Doctor around 4-6 weeks after your surgery**. To receive the results you may be invited to attend a results clinic, be given the results over the phone, or receive a letter with the results. Your case may be discussed at our skin cancer multidisciplinary team meeting. **If you do not receive your result, please phone the dermatology secretaries on 01225 825326.**

**If you need to change the date of your appointment please contact 01225 825658. If you have any queries about your surgery please phone the dermatology secretaries on 01225 825326.**

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email [ruh-tr.pals@nhs.net](mailto:ruh-tr.pals@nhs.net) or telephone 01225 825656.

**Date of publication: February 2023 | Ref: RUH DER/013**  
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