

Curette, shave biopsy, shave excision with local anaesthesia

This leaflet is to help explain the operation and recovery for patients who are going to have a curettage or shave biopsy/excision of a lesion.

Why do you need the procedure?

You have a lesion (such as a mole, a scar or an ulcer) that requires a biopsy or removal. This is done to diagnose the cause of the problem and treat it promptly.

What are the aims and benefits of having this surgery?

The main aims are to biopsy or remove the lesion completely and safely. This is analysed in the laboratory for diagnosis. Our other aim is to perform surgery with the best cosmetic result that is possible. Again you should understand the likely outcomes but also the rare possibilities and risks before committing to surgery. Remember no guarantees can be made. Please remember to ask lots of questions.

What do I need to do to prepare myself for surgery?

Before admission, you should prepare yourself physically and mentally. Stopping smoking and alcohol are essential parts of this preparation. Understanding the operation will help towards your mental preparation.

It is important to tell the doctor or nurse of any serious conditions you currently have or have had in the past, and any problems you may have had with anaesthetics. You must inform them of any drugs that you are currently taking and any allergies you have. Please remember to bring a list of your medications with you and you must inform the doctor before the surgery if you have a pacemaker or similar device fitted.

If you are taking WARFARIN, please ensure you have a blood test to check your INR level 3-5 days before the procedure. Your INR must be 3 or less, if it is above please contact the clinic.

If you are taking any other blood thinning medication, continue as normal, unless you have been given any specific instructions by your doctor.

Having understood all the information about the operation, including the potential risks and complications, you will be asked to sign a consent form by the doctor.

Where do I go on the day of the surgery?

You will be given a location for your procedure – this will either be at Southface Dermatology Clinic, 1 Avenue Road, Christchurch BH23 2BU or at Nuffield Health Bournemouth, 67 Lansdowne Road, Bournemouth.

If you are attending the Nuffield Hospital please arrive 15-20 minutes before your procedure time.

If you are attending Southface Dermatology Clinic, Christchurch please arrive 5 minutes before your procedure.

Please remember to bring your medication list with you and ask a friend or relative to bring and collect **you**.

What does the procedure involve?

A local anaesthetic (LA) is injected just under the skin to numb the area being treated. This injection does sting for a few seconds, but very quickly goes numb. The numbing effect can last several hours and care should be taken. If during the surgery you require more LA, please let the Surgeon know straight away. We want you to be as comfortable as possible.

Once the area for surgery has been numbed, cold solution will be used to clean and sterilise the skin. Please do not touch this area once "prepped". Sterile towels will be used as drapes. Please keep as still as in comfortable, with your hands, arms and legs under these drapes.

The lesion (s) is removed by shaving or curetting (scraping) the lesion from the skin and it is sent to the laboratory for analysis. The wound is then cauterised (electrical burn) to seal the blood vessels. The wound will look like a burn, will dry out, scab and then heal over time.

What will happen to the wound and dressings after the surgery?

A dressing will cover the wound and can be removed 48 hours after the operation unless otherwise directed by the nurse. The wound goes through various stages of repair. Initially there will be some scab formation, which usually comes off by about 14 days, however larger areas may have considerably longer healing times and go through a cycle of crusting and re-crusting before healing. Vaseline™ can be used to massage into the crusted area to relieve itching and soften the scab. After this, it may become a little pink and raised for a few months. Eventually this will fade and become less noticeable. Do not swim or soak the wound in water until the crust and scab have healed.

Will the surgery cause discomfort and limit my mobility?

We suggest you take paracetamol as an analgesic [painkiller] if you feel any discomfort. You will find that you can return to normal activities very soon however please limit your activities especially in the area of the operation.

If your operation has been on your arm and leg, you may be required to rest these areas. Often this means a sling, or resting with your leg raised. You will receive full directions as to the amount of rest needed but it is often at least 1-2 weeks. Resting the area of surgery is extremely important so please listen to the advice given.

If you have any questions please ask them before your discharge.

When will I receive the results of the analysis [histology result]?

You will be given the results of the laboratory analysis [histology] by letter or at a follow up appointment when available; this may take 2-6 weeks from the operation. If you require further treatment this will be discussed either directly with you or information sent by letter in the post.

What are the DO'S and DON'T'S after skin surgery?

When can I have a bath?

It is not advisable to soak the wound in a bath until it is fully healed. You may shower after 48 hours but you must ensure that the wound is thoroughly patted dry afterwards.

When can I resume driving?

It is suggested that you do not drive for a minimum of 24 hours depending on the site of the operation after discharge from the clinic. You need to be comfortable to enable you to drive safely and to perform an emergency stop. However, in the end, it is your responsibility and you must decide whether your insurance company would pay in the event of a claim.

You can return to work when you feel comfortable to do so usually the next day. The length of time off will vary depending on the type of work you do and how quickly you recover from the surgery. Please discuss this with the Nurse before leaving the hospital.

When can I resume exercise?

Once home you can begin to exercise after the stitches have been removed and when it is comfortable to do so. Start off gently and build up gradually. If it hurts do not do it. Be sensible.

When can I resume sexual relationships?

You can return to your normal relationships when you feel comfortable to do so (see discomfort and limitations section). This may vary depending on the site of the surgery. Please discuss this with the nurse before leaving the hospital if you have any questions.

What are the risks and complications of the operation?

An excision of a skin lesion is a safe operation and complications are rarely seen. All operation have a small risk of side effects, such as pain, bleeding and infection. It is important that you feel well informed about this operation and fully understand the risks and benefits of this surgery. If you have any further questions, please contact **the clinic on southfaceskin@gmail.com or 01202 702827**

Local Anaesthesia

Serious problems are uncommon with local anaesthesia. Risks cannot be removed completely, but modern drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated or long. Please discuss any pre-existing medical condition with the Doctor. You must inform the Doctor if you are pregnant as some drugs may affect the foetus.

Very common and common side effects

Pain during injection of drugs, feeling sick, palpitations and bruising and soreness.

Uncommon side effects and complications (1 in 1000 people)

An existing medical condition getting worse.

Rare or very rare complications (1 in 10,000 or 1 in 100,000)

Allergy to drugs, nerve damage.

Bleeding (1 in 10)

Bleeding may occur at the operation site. If your wound bleeds, apply pressure directly to the wound for 5-10 minutes and keep the area elevated. If the surgery has been on the face do not eat and drink hot or spicy foods and avoid alcohol for 24hours. If the bleeding continues contact the clinic on 01202 702827 or southfaceskin@gmail.com or out of hours go to the emergency department closest to where you live.

Scarring (all) and keloid scar (1 in 100)

Scarring is unavoidable with any trauma to the skin. Occasionally you can get a type of scar called a keloid scar. This is a wide, sometime raised scar, more common to happen on the upper torso, in areas with a lot of movement and in

younger people. Please speak to the doctor or clinical nurse specialist if you are concerned about this as they will be able to offer advice on this.

Bruising/Haematoma (1 in 10)

Bruising may occur at the operation site. If a haematoma (large bruise/collection of blood) should occur, a second small operation may be necessary to remove the blood from the cavity. Rarely, a blood transfusion may be required to replace the blood lost.

Wound Infection (1 in 50)

As with any wound, there is a potential for infection. Signs might be redness around the wound, increasing pain, discharge (pus) from the wound or feeling unwell and feverish. If infection occurs, it may be necessary to have a course of antibiotics. The wound edges occasionally do not heal quickly and may need special dressing. If you have any concerns about your wound, please contact the clinic on southfaceskin@gmail.com or your GP.

Pain (1 in 50)

If you experience any pain once home, rest and take painkillers such as Paracetamol as required (although you should not take more than 8 tablets in a 24 hours period). Do not take aspirin or ibuprofen unless it is prescribed by your doctor for another condition as this may encourage bleeding. If the pain is not controlled with regular Paracetamol please contact the clinic on southfaceskin@gmail.com or your GP.

Numbness or nerve pain (1 in 50)

Nerves during the excision can be bruised or cut causing numbness in the surrounding wound/scar area. This may be temporary but can be permanent. Sometime as the body is repairing itself, you can experience nerve pain. Please speak to your Doctor or Nurse if you are concerned about this as they will be able to offer advice on this.

DVT and PE (very rare with local anaesthesia)

Blood clots can develop in the legs. These are called deep vein thrombosis (DVT). Rarely, part of this clot can travel to the lungs; this is called a pulmonary embolism (PE). This is a serious problem and although very rare (1 in 1000), usually due to immobility after a procedure, it can be fatal. We therefore suggest that whilst elevating your limbs that you do foot/calf exercises by lifting the foot up and down and rotating in a circle hourly during your period of immobility to reduce the risk of a DVT.

Recurrence and Further treatment (1 in 200)

We aim to completely remove the lesion, however, despite this, it may on analysis be found close to the surgical margins or be a type of skin cancer that requires a wider excision to remove a larger margin of clear skin around lesions such as Melanoma or Squamous Cell Carcinoma. Skin Cancers may recur at the scar site or spread to the lymphatic system and will require further treatment.

Can I change my decision about having treatment?

You are not under any obligation to have surgery and can withdraw your consent at any time. Alternatives to surgery are available should you wish to discuss these. Only you can decide whether to go ahead with the operation. Ask lots of questions until you are happy that you have got all the information that you need.

Who can I contact if I have a problem or need further information?

Please email us at southfaceskin@gmail.com or phone us on 01202 702827.