

## **Punch biopsy with local anaesthesia**

This leaflet is to help explain the operation and recovery for patients who are going to have a punch biopsy of a lesion on inflammatory skin change.

### **Why you need a skin biopsy?**

You have a lesion or inflammatory skin change [such as a mole, a scar, an ulcer or rash] that requires a biopsy to diagnose the cause of the skin problem and treat it promptly.

### **What are the aims and benefits of having this surgery?**

The main aim is to diagnose the skin problem. Our other aim is to perform surgery with the best cosmetic result that is possible. You should understand the likely outcomes as well as the more rare possibilities and risks before committing to surgery. Remember no guarantees can be made. Please remember to ask plenty of questions.

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

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

It is important to let the doctor or nurses know of any serious conditions you currently have or have had in the past, and any problems that you may have had with anaesthetics. You must inform them of any drugs that you are currently taking and any allergies that you have.

**If you take warfarin you should have a blood test done to measure your INR 3 – 5 days before your operation. Your INR must be 3 or under [unless you have a metal heart valve], if it is above this the operation will not go ahead and you will be re-booked when your INR has been reduced. Please also advise us prior to the procedure if you are taking any other blood thinning medication.** You can contact us if you have any queries on 01202 702827.

Having understood all the information about the operation, including the potential risks and complications [see below] as well as the benefits, you will be asked to sign a consent form by the doctor or specialist nurse.

### **Where do I go on the day of the surgery?**

Please come to the location you have been given 10 minutes before your appointed time and report to the Reception. Please bring with you your completed Medication List. Do not drive to the hospital but ask a friend or relative to bring and collect you.

### **What does this 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. A drape will be used in preparation for surgery. Please keep as still as is comfortable, with your hands, arms and legs under these drapes.

The lesion[s] is biopsied by making an incision using a small [4mm or 6mm] punch biopsy [looks like a tiny apple corer] in the skin which is sent to the laboratory for analysis. The wound is closed with stitches. Usually these are the type which have to be removed.

If we have not made an appointment for you to come back to the clinic/hospital to have these stitches removed we would ask you to make an appointment at your local surgery with your practice nurse for this. Stitches usually remain in place for 5-14 days. Please make an appointment as soon as possible after your surgery.

### **What will happen after the surgery?**

Following the procedure you will go home but you do need to rest at home for the remainder of the day.

### **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. After this it may become a little pink and raised for a few months. Eventually this will fade and become less noticeable. Please keep the area clean and dry.

### **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 keeping them elevated. You will receive full directions as to the amount of rest needed but it is often at least one week. 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 three weeks. If you require further treatment this will either be discussed 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 your dressing has been removed 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 one to two days depending on the site of the operation after discharge from hospital. 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. Please inform your insurance company before you return to driving.

## **When can I resume work?**

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?**

You can begin to exercise when it is comfortable to do so. Start gently and build up gradually. If it hurts don't do it? Be sensible. Please discuss this with the nurse before leaving the hospital.

## **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?**

A Punch biopsy is a safe operation and complications are rarely seen. All operations 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.

**Local anaesthesia** – Serious problems are uncommon in 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 your surgeon. You must inform the surgeon 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.

**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. Do not eat and drink hot or spicy foods and avoid alcohol for 24 hours. If bleeding continues contact the outpatient nurses or out of hours go to the emergency department closest to where you live.

**Scarring [all] and keloid scar [1 in 10]** – 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, sometimes 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 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 wounds please contact outpatient nurses 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 prescribed by your doctor for another condition as this may encourage bleeding. If the pain is not controlled with regular Paracetamol, please contact the outpatient nurses or your GP.

**Numbness or nerve pain [1 in 10]** – 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. Sometimes 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.

**Dehiscence [1 in 100]** – Occasionally the wound can open, this is called dehiscence. This may happen as a result of infection. Other common reasons are diabetes, age, being overweight and strain on the wound edges from movement of the skin. If this occurs, please see your practice nurse at your surgery or contact outpatient nurses. The nurse will dress your wound and further advice will be given.

## **Further treatment**

A punch biopsy is done to gain diagnosis, you will therefore usually need further treatment depending on the diagnosis and this may include surgical treatments, topical [creams] treatment or referral to another doctor.

### **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 all the information you need.

### **What other information and support is available?**

Additional information will be given to you in the form of a patient information leaflet. Do feel free to speak to a member of staff if you have any questions or anxieties.

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

Contact us on [southfaceskin@gmail.com](mailto:southfaceskin@gmail.com)