

## **Skin Excision and Skin Graft/Flap Repair with Local Anaesthesia**

This leaflet is to help explain the operation and recovery for patients who are going to have an excision of a lesion with a graft/flap repair.

### **Why you need a skin lesion excision and skin graft/flap repair?**

You have a lesion (such as a mole, a scar or an ulcer) that requires removal. The size or site of the lesion requires moving skin to repair the wound. This is done to diagnose the cause of the skin problem and treat it promptly.

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

The main aim is to remove the lesion completely and safely. This is analysed in the laboratory for diagnosis. Sometimes this is known before surgery (for example, if you have had a biopsy by your GP.)

Our other aim is to perform surgery with the best cosmetic result that is possible which may mean repairing the wound by moving/rotating skin (flap) or moving skin from one area to another (graft). Again, 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. Stopping 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 nurse 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 are taking WARFARIN please ensure you 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's above this the operation will not go ahead and you will be re-booked when your INR has been reduced. If you are taking any other blood thinning medication, continue as normal, unless you have been given any specific instructions by your doctor. Inform the doctor if you have a pacemaker or similar device.

Please contact us if you have any queries on 01202 70 2827 or southfaceskin@gmail.com

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 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 this procedure involve?**

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 surgery you require more local, 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 is comfortable, with your hands, arms and legs under these drapes.

The lesion(s) is excised by making an incision around the lesion, including a margin of clear skin and sent to the laboratory for analysis. If the wound is too large or at a difficult site you may require a skin graft or flap repair.

A Skin Graft which involves making an incision into skin either from behind the ear, inside of the arm or around the collar bone (donor site), to move it to cover the wound (graft site). The donor site will then be stitched together and the donor skin grafted to the wound by stitching it in place. A pressure dressing may be stitched onto the graft site and remain in place for 1-2 weeks.

Skin Flap involves the movement of adjacent healthy skin to cover the wound which is then stitched in place. A pressure dressing is then applied and removed after several days.

## **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 dressing after the surgery?**

An appointment will be made before you leave for you to return in 7-10 days to review your dressings and remove the stitches. If we have not made an appointment for you to come back to the hospital to have the 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 the appointment as soon as possible after your surgery.

## **Will the surgery cause discomfort and limit my mobility?**

We suggest you take paracetamol as an analgesic (painkiller) if you feel any discomfort. You need to rest for a week but will be able to return to normal activities very soon after that. Please limit your activities especially in the area of the operation. If you have had surgery on your head or neck do not bend your head forward, keep it upright and if necessary have a few extra pillows at night. Do not drink or eat hot or spicy foods in the first few days.

If your donor operation has been on your arm, you may be required to rest this area too. 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 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 either be discussed directly with you or information sent in the letter.

### **What are the DO's and DON'Ts 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 kept dry.

#### **When can I resume driving?**

It is suggested that you do not drive for a minimum of 1-2 weeks depending on site of 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. The length of time off will vary depending on the type of work you do and how quickly you recover from 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 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 complication of the operation?**

An excision of a skin lesion with a skin graft/flap repair 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. If you have any further questions, please contact us.

### **Local Anaesthesia**

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and 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 anaesthetist.

### **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. Do not eat or drink hot or spicy foods and avoid alcohol for 24 hours. If bleeding continues, contact the outpatient nurses or if 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, 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 100]** – 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.

**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 risk of a DVT.

**Dehiscence [1 in 50]** – 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.

## **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, be a type of skin cancer that requires a wider excision to remove a larger margin of clear skin around the lesion such as Melanoma or Squamous Cell Carcinoma, recur at the scar site or spread to the lymphatic system and require further treatment at a later date.

## **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 01202 702827 or [southfaceskin@gmail.com](mailto:southfaceskin@gmail.com)

### **Other agencies that offer support and information**

**Macmillan Cancer Support - Freephone 0808 808 2020 [www.macmillan.org.uk](http://www.macmillan.org.uk)**

Macmillan offers a range of support for the emotional and practical impacts of living with cancer, for you, your family and friends. From giving you someone to talk to, providing information about what to expect or what financial help is available through cancer support groups, they are there to help.

**Wessex Cancer Trust – 023 8067 2200 [www.wessexcancer.org](http://www.wessexcancer.org)**

Wessex Cancer Trust is a Southampton based charity that offers help, information and advice to patients who have cancer. The trust provides leaflets, complementary therapies and has its own counsellor who is available to patients and families who have been affected by cancer.

**British Association of Dermatologists [BAD] [www.bad.org.uk](http://www.bad.org.uk)**

The BAD offer information on their website

**Cancer Research UK [www.cancerresearchuk.org](http://www.cancerresearchuk.org)**

Cancer Research UK offer information and support.