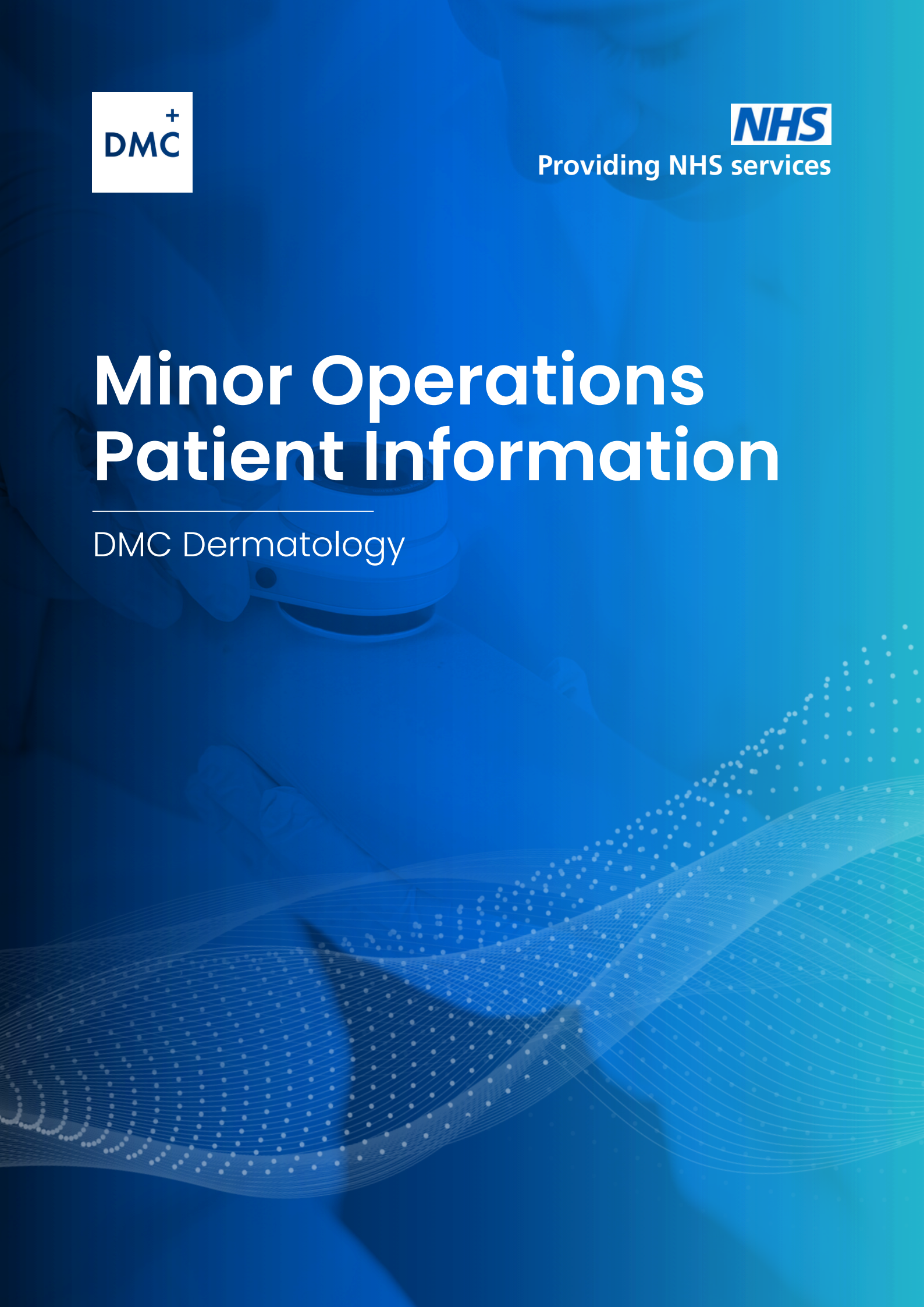
DMC

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Minor Operations Patient Information

DMC Dermatology



Introduction

This leaflet is being given to you as the dermatologist you have seen has recommended skin surgery, or because surgery might be offered and if suitable, conducted at your next visit to the Dermatology department (one-stop surgery).

It is designed to answer most of your questions and give instructions about your planned skin procedure. You will have further opportunity to ask any questions prior to surgery with your surgeon.

*** PLEASE READ ALL OF THIS LEAFLET CAREFULLY**



Types of Procedures Carried Out at The Skin Surgery

Excision

This means the complete removal of a lump, mole or blemish. The skin will be repaired with stitches to leave as neat a scar as possible. The piece of skin removed will be sent to a laboratory for confirmation of the diagnosis.

Biopsies with Histology

This means taking a small skin sample to send to the laboratory for testing to make an accurate diagnosis. Biopsies are usually performed for rashes or on large lesions that are too big to remove completely. The skin wound will be very small, usually less than 1 cm long and closed with stitches. To let it heal by natural healing or healing with secondary intention, this will heal leaving a good cosmetic scar.

Minor Surgical Procedures

These include simple techniques such as curettage (scraping off), shave excision (slicing off), cautery (burning), cryotherapy (freezing off), or electro-diathermy (coagulating). These procedures usually result in small superficial wounds, similar to a graze or a superficial burn. They do not require stitches. The area will need daily moisturising with plain Vaseline until healed. You can manage this yourself and you will be given appropriate advice at the time.

Video Clips Demonstrating Procedures

Biopsy Simulations



Live Excision Biopsies



Live Shave and Punch Biopsies



- Any surgery will involve some small risk. When dealing with a cancer, or having a biopsy to help with a diagnosis, the benefits will usually outweigh the risks.
- It is sensible to consider the acceptability of the scar and other small risks.
- Please discuss any worries with the doctor prior to your surgery.

Minor Operations Process

01 Before Your Operation

02 Operation Day

03 After Your Operation

Before Your Operation | Operation Day | After Your Operation

Before Your Operation

We want your surgery to go as smoothly as possible. There are certain things that may affect our ability to operate - please make sure you consider the following:

Drugs and Medication
Certain drugs / medications may affect your surgery. Please make sure you bring a list of drugs that you are prescribed by your doctor and include over the counter medications such as vitamins that you may buy yourself.

Warfarin
You need to let the doctor at the hospital know before you attend for your surgery. Even if your blood tests are stable **you need to have an extra INR test 1-3 days before the operation. If your INR level is over 3 then you may not be able to have your operation as the risk of bleeding is too high.**

Aspirin, Clopidogrel
These do not always need to be stopped but is useful to let the doctor know if you are on it. If these are not prescribed by your doctor or GP, we would recommend avoiding these for 3 days before your operation.

Any medications for blood thinning or anti-clotting agents
e.g. Rivaroxaban, to prevent clots after major surgery, please let us know in advance. Please stop 24 hours prior to surgery, **discuss with the surgeon at the time of your surgery- regarding when to start your Rivaroxaban/ Apixaban or Edoxaban.**

Over the counter medications
That may cause bleeding should be avoided for at least 2 weeks prior to and after your operation. This includes avoiding vitamins (such as vitamin E) or herbal supplements (gingko, cod liver oil) that may cause bleeding, if in doubt please ask your doctor or pharmacist.

Non-steroidal anti-inflammatory medications
Should ideally be avoided if they are not essential, one week prior to and after the operation as they may rarely cause increased bleeding. If in doubt, please ask your doctor or GP.

Allergies
Please let the doctor know any allergies to medicines or to Latex. It is unlikely to affect your surgery unless you have an allergy or have had bad reaction to local anaesthetic. Please bring documentation of this to your appointment.

Pacemaker or Defibrillator
This may affect what equipment we can use but will not prevent your surgery. Please let us know the type of pacemaker, if an ICD device, then it needs to be stopped before surgery. Your pacemaker ID card will provide such information.

Holidays/ Special Events
You may have a dressing and stitches that need to be removed which may be difficult if you are going away within 1-2 weeks of your surgery. As there may also be bruising, you may not look or feel your best for a special event. Unless your surgery is URGENT, please reschedule the procedure by phoning.

Sports/ Exercise
You should not swim, play sports (incl. Golf), or exercise whilst the stitches are in place. Depending on the size and site' of the surgery you may be asked to refrain from activities that might stretch that area for a longer period of time (3-4 weeks) after the stitches have been removed. Please ask if you are not sure.

Pregnancy
If there is chance you could be pregnant, please check before having any procedure. We may delay procedures for patients who are pregnant unless the procedure is absolutely necessary.

Alcohol
This can increase bleeding during and after surgery. Please avoid alcohol for at least 3 days prior to and after your operation and this may increase bleeding.

Smoking
Please try to avoid smoking at least two weeks prior to and after your operation as this may negatively affect wound healing.

Before Your Operation
Operation Day
After Your Operation

Operation Day

Consent for surgery
You may be asked to sign a consent form unless you are under 16yr when a parent or guardian must sign. This form indicates that you are aware of the procedure to be carried out. You will be given a copy of your signed consent and must ask any questions you have during the consent process. Patients with dementia and special needs should have a next of kin (POA) to sign consent on their behalf, and be present at the time of surgery.

Undressing
You will be asked to remove enough clothing so that we can clearly see the part of your body.

Marking
The area of skin to be removed will often be marked with ink. This is not permanent

Operating Couch
Apart from exceptional circumstances such as breathlessness or immobility, all patients will be treated lying down on an operating couch. This makes the operation easier and optimises use of the operating light.

Local Anaesthetic
Most minor operations need a local anaesthetic to numb the area, which will be injected just under the area to be treated. It causes a mild sting lasting 5-10 seconds. The operation will then be pain free. Please let the doctor/ nurse know if you feel any discomfort during the procedure, and a top up can be given.

Surgery
Most surgery is performed by a doctor, with a nurse in attendance. We also have specialist trained nurses who can operate on a select group of patients requiring small excisions or biopsies.

Duration
Depending on the complexity of the surgery and the site, surgery can take from 15 minutes to one hour. We usually run on time, but where there are delays, you will be informed.

Stitches or Sutures
Most minor operations will be small and the skin repaired using a few non dissolvable stitches that can be removed at your GP's practice 1-2 weeks later; depending on site. For larger wounds we may also use deep dissolvable sutures. This gives strength to the repair and also helps draw the skin edges closer together.

Strapping or bandaging
All stitched wounds will be well strapped up with special dressings. You will be advised at the end of the surgery on the necessary wound care. This information will be explain.ed to you verbally and in writing, and a contact number is included. After the stitches are removed, strapping may be reapplied. Strenuous activity, exercise and sports may stretch the scar arid must be avoided in the initial 3 to 4 weeks.

Jewellery and makeup
Please do not wear this on the day of your operation.

After Your Operation

1. You must allow yourself enough rest following your procedure.
2. We recommend informing your work of your procedure and possible time off.
3. We recommend that you do not drive directly after your procedure.

Your Histology Results

It is very important that you know your results in a timely manner. We endeavour to forward you results of your surgery and diagnosis as soon as possible. However, sometimes there may be a delay.



What Complications Can Occur After Surgery

You will be given detailed instructions on your dressing and how to care for your wound. Your wound will change after the operation and the following changes that may occur are detailed below.

Inflammation: This is normal and presents as a slight redness around stitches and usually settles down when the stitches are removed.

Infection: Sometimes the treated area can become infected. This gives rise to pain, swelling and redness, or occasionally some pus. If this happens you should visit your GP (including at the weekend) and they will decide if a course of antibiotics is necessary. You may also contact the nurses at the Dermatology unit between working hours.'

Bleeding: Continuous pressure for 10-15 minutes is usually enough to stop bleeding. Elevation of the affected area, limb or head, will also help. We will review patients at our clinics if such a problem occurs. Alternatively, contact your GP or Accident & Emergency Department.

Bruising: All procedures will lead to some bruising especially when around the eyes is likely to cause some bruising and may give rise to a 'black eye'. In other areas bleeding is less likely but can occur, especially following larger operations.

Pain: Most people require painkiller when the anaesthetic wears off. Paracetamol is the drug of choice; please ensure you have a supply at home (avoid Anti-inflammatory medications: Ibuprofen / Naproxen).

Scarring: It is impossible to remove anything without leaving a scar. As a general rule, the length of the scar is three times the width of the lesion to be removed.

Stretching of the scar: A wide stretched scar can occur especially overlying large muscle groups and near joints, or if strapping has been removed too soon or activities that stretch the scar resumed too early.

Hypertrophic or Keloid Scars: This is an over-reaction of the fibrous tissue/scar in your skin. It does not happen immediately but develops a few weeks after surgery. Keloid stars are more common on the front of the chest, arms and back, and in scars which have not been sufficiently immobilised. They are more common in Afro- Caribbean skin types. If you have had any previous problem with thickened scars,
please let us know.

Bursting of the wound: This is very uncommon. The most likely time for this to occur is just after the stitches have been removed or if the wound has become infected. Special care for the days just after the sutures have been removed will reduce the risk of this happening.

Nerve Damage: When the area of skin removed is large some small nerves in the skin will be cut. This may result in a small area of numbness around the wound. Although recovery usually occurs, a permanent area of numbness may persist. Damage to nerves that deal with movement is very rare. There are certain areas, especially on the face, where deep surgery could cause damage to such nerves especially if the nerves are abnormally placed or hidden within a tumour.

Re-pigmentation & Recurrence: Shave excision of moles can rarely induce increased pigmentation at the excised site. This can be marked and sun protection should be used for all scars within the first year; we recommend using a high factor sunscreen (>30 SPF). A pale scar is the usual end result, which should be less noticeable. Similarly, partially excised moles may recur some months or years later.



About DMC Healthcare

DMC Healthcare is a leading NHS provider, working collaboratively across Integrated Care Systems with various providers. Specialising in integrated clinical services, DMC offers fully managed solutions tailored to your needs. With nearly 55 years of experience rooted in the NHS, DMC currently partners with over 30 NHS organisations and other customers, caring for more than 100,000 patients annually across multiple ICBs and NHS Trusts throughout the UK.

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