

# Skin Treatments



## DR RACHEL CHANDER

### MOLE, CYST, LIPOMA, SKIN TAG AND SEBORRHOEIC WART REMOVAL

We offer a service to remove benign moles, cysts, skin tags and seborrhoeic warts and other benign skin lesions (non-cancerous lumps and bumps). These are done under a local anaesthetic (numbing agent) whilst you are awake.

### PRE-OPERATIVE ADVICE

You may want to do this if they are catching and causing pain. You may simply want to remove them as they look unsightly or are concerned about them. We send off all lesions to the lab for analysis to confirm the diagnosis. If you are concerned about a lesion then this will give you piece of mind. If there is any diagnostic uncertainty we may need to biopsy it (take a small sample for microscopic analysis) before full removal to ensure we make an accurate diagnosis and remove it safely.

We offer a free no obligation initial online consultation. You will be requested to send an image of the lesion you want removed and fill out our online questionnaire. We will then reply within 1-2 working days. If we feel this is suitable for removal or if it requires further examination we will invite you for a face-to-face consultation. From this we will discuss your suitability to have the procedure. Some procedures will be scheduled to be done at a particular date and time. Some procedures we will be able to do on the same day. The cost of the consultation will be separate to the cost of the procedure.

Certain lesions in difficult areas or complex lesions we may refer to a plastic surgeon or dermatologist. If we suspect it may be a cancerous lesion or there are concerns about the nature of the lesion we may refer you onto the NHS skin cancer pathway or discuss options for referral to a dermatologist.

Prices depend on the type of lesion removed, how many, and the type of procedure. Prices are fixed and include lab analysis of the lesions removed and aftercare. If you are required to return for removal of any stitches or review of the wound this is included in the cost of the procedure. If you have any further questions please ask the doctor before your procedure. We will ask you to sign a consent form if you are happy to proceed.

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## OPERATIVE PROCEDURE

The area of skin will be cleaned and disinfected to prevent infection. All procedures will be done under local anaesthetic meaning you will have the area numbed but you will be awake.

We can remove lesions in a variety of ways depending on what it is we are removing. We can perform curettage (scraping off), cryotherapy (freezing off), cautery (burning off), shave excisions (slicing off), biopsy (taking a sample) and full excision (cutting out) of lesions. Very occasionally for larger lesions, we may need to close a wound with a skin graft (skin taken from elsewhere on the body) or move an area of skin around (skin flap) to close the wound but this will be discussed before surgery.

## PROCEDURE DISCHARGE ADVICE

### Wound Information and Pain relief

The area operated on will be numb for 2-3 hours due to the local anaesthetic. Once the anaesthetic wears off you may take over the counter pain relief such as paracetamol as needed.

### Dressings and sutures

If you have a dressing, this will need to be kept clean and dry. If washing, change any wet dressings and pat dry the area with a clean cloth. If you have non-absorbable sutures you will be told when these need to be removed.

### Wound care and hygiene

After two weeks you can start to massage the wound with Vaseline to help with the healing process and also help minimise the scarring.

### Physical activity

You should not swim, play sports, 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 will stretch that area for a period of time (3-4 weeks) after the stitches have been removed. Please ask

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if you are not sure. This will avoid wound dehiscence and stretching of the scar.

## **Risks and complications**

The majority of procedures we do will have no complications. However a small number may experience some unavoidable minor complications or consequences. Most of these are short lived. These include:

### Inflammation

Patients may find slight redness and swelling around the wound. This is part of the normal healing process and the body's response to injury. This usually settles as it heals.

### Infection

Any invasive procedure gives bacteria a window to breach the body's natural defences. This is minimised by cleaning the area of skin with a disinfectant before the procedure. If there are any signs of spreading redness which is hot to touch, discharge/pus or swelling please see your GP or contact Candover Clinic outpatient department.

### Wound breakdown/dehiscence

Occasionally the wound may not heal well. This can happen if you develop an infection, have poor nutrition, diabetes or are a smoker. Rarely this can be due to the stitches loosening or breaking as a result of starting activities too soon or stretching the area.

### Bleeding/Bruising

You may have some ooze for the first day, which is normal. However if your bleeding is excessive then you may need to apply some pressure for 10-15 minutes to stop the bleeding. If this doesn't help, you may need to be seen to check for any bleeding vessels which may need to be sutured or cauterised.

### Scarring

Anything we do will leave a scar. As a general rule, the length of the scar is three times the width of the lump to be removed.

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## Stretching of the scar

A wide stretched scar can occur if it overlies a large muscle or joint, or if activities that stretch the scar are resumed too early.

## Hypertrophic or Keloid Scars

Hypertrophic scars are excessive scarring restricted to the healed area. It does not happen immediately but develops a few weeks or years after surgery. Keloid scars are an overreaction of scarring which goes beyond the original boundaries of the scar. It's more common on the front of the chest, upper arms and upper back, and in scars that have not been sufficiently immobilised. They are also more common in Afro-Caribbean skin types. If you have had any previous problems with thickened scars please let us know.

## Recurrence

Moles removed by shave excision can occasionally recur or produce increased pigmentation at the excised site. This may need a repeat or further procedure. A pale scar is the usual result. Cysts may recur if the capsule is not fully removed.

## Nerve Damage

The loss of sensation or numbness happens due to unavoidably cutting through small nerves which supply the skin. This may be temporary but occasionally this may persist and be permanent.

## Loss of movement

It is very rare to damage a nerve responsible for movement as these are deeper below the skin. However on occasions there may be abnormal anatomy or deeper lesions which may involve the nerve. This may not be known until we come to take the lesion out. If we have any doubt beforehand, you will be referred to a plastic surgeon for the removal of the lesion where possible.

**If you have any questions regarding this information or concerns, please contact Candover Clinic**