

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

Clare Park Hospital

Switchboard – 01252 850216

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Also at The ENT Partnership – Hampshire Clinic

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Information for Patients on

Removal of Skin Lesions

Introduction

Skin Lesions are areas of abnormal cells grouped together somewhere on the surface of the skin. There are many different types of lesions: simple benign growths which may be unsightly, infected, or get in the way of your clothes or spectacles etc, and other growths which may be types of skin cancers.

The ENT Consultants are

Jonathan Blanshard FRCS (ORL).

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Paul Spraggs FRCS (ORL).

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

Follow up and results

Lesions are always sent for examination under the microscope as a matter of routine. The specialist can then tell you at your follow up appointment what the skin lesion was and whether it has been completely removed. In some cases you may not need to be seen again in clinic. If so, the results of your biopsy will be sent to you and your GP instead. Occasionally, if a skin lesion such as a skin cancer is not completely removed, it may be necessary to perform a wider excision of the scar. Your specialist will discuss this with you.

Sources of additional information

The Surrey & Hampshire ENT Partnership
www.entpartnership.co.uk

British association of Dermatology
www.bad.org.uk

British Association of Otorhinolaryngologists
www.entuk.org

National Institute for Health and Clinical Excellence (NICE)
www.nice.org.uk

Why do I need the lesion removed?

Not all lesions do need to be removed. Sometimes you will be given another appointment so that it can be kept under review. If the growth is causing a problem for you, or your specialist thinks that the lesion might be cancerous, then it is better to have it removed. Once the lesion is removed it can be analysed under a microscope and an accurate diagnosis made. Your specialist will discuss the choices with you and agree the best treatment plan with you when you are seen in the clinic. It is very important that you let your specialist know if you are taking Aspirin, Warfarin, Clopidogrel or any other blood thinning medicine.

About the procedure

Skin lesions can be removed very successfully under a local anaesthetic - you stay awake throughout the procedure. The area around the lesion is made numb with an injection. Where possible the surgeon will plan to keep scarring to a minimum by following the natural crease lines of the skin. It is usually necessary to remove a small amount of normal skin surrounding the lesion in order to get a neat scar and ensure complete removal of the lesion. The scar may seem quite large compared with the size of the lesion; this is because the lesion might be larger underneath the skin and it is important to remove it all.

There are four ways to repair the wound; your surgeon will decide which method is best for you and will agree it with you before you sign the consent form for the operation:

Primary closure

The skin is gently pulled together and stitched over the operation site. The wound will consist of a line of stitches. The stitches may be covered with small dressings called steristrips. Most skin lesions can be removed and repaired simply in this way.

Local flap

If there is not enough loose skin in the area to close the edges together, then skin can be partly lifted from a nearby area and moved round to fill in the gap. The flap is then stitched into place. The scar will not be straight but will be in such a way as to blend in to the natural skin folds when it is fully healed. These stitches may also be covered with a steristrip dressing.

Full thickness skin graft

If the lesion is on an area which is already pulled quite tight, such as the forehead or scalp, or a larger area needs to be removed, then it may be necessary to repair the wound with a piece of skin (a graft) taken from elsewhere. The area just in front or behind the ear is often used, or just above the collar bone. Once the piece of skin has been removed for the graft, the edges of that wound are stitched together. The skin for the graft is then put on the area where the lesion was removed, and sewn into place. A dressing will be placed over the graft and held in position with stitches so that the graft will not become dislodged. This dressing will stay in position for up to ten days.

Split skin graft

Some large skin lesions, particularly if they occur on the scalp, require larger skin grafts. If the donor site cannot be closed with stitches, a very thin superficial segment of skin is removed. This may be from the thigh or arm. The donor area is covered with dressings for up to two weeks and allowed to heal naturally.

Risks

Pain: There will be some pain and discomfort once the local anaesthetic has worn off. You may need to take some painkilling tablets.

Swelling/Bruising: There may be some swelling and bruising, especially if the lesion was near the eye. This is quite normal and will settle down after a few days.

Bleeding: May occur and usually responds to pressure over the wound.

Infection: Antibiotics are not given routinely, but if a post-operative infection occurs, your GP or specialist will prescribe a suitable antibiotic.

Graft problems: The skin grafts need to integrate and develop a blood supply to survive. Occasionally this does not occur and the graft does not survive. Bleeding or infection makes this more likely. If a skin graft does not survive, the area will eventually heal naturally.

Donor site problems: The site that a skin graft was taken from may also give problems such as delayed healing, bleeding or infection.

Post procedure advice

If you have a local anaesthetic you can drive yourself home after the procedure but we recommend you take the day off work. If you do too much then the wound may start bleeding.

If the lesion is near your eye it is advisable to get someone else to drive you home in case your vision is altered by any swelling.

We will tell you how to look after your wound when you attend for your procedure. You will be advised when and where to have the stitches removed.