Excision of Skin Lesions

Excision of a skin lesion refers to the removal of a section of skin by making small cuts (*incisions*) in the skin. This is typically done to remove a cancerous growth (basal cell carcinoma, squamous cell carcinoma, or melanoma) or a noncancerous growth (*cyst*). It may be done to treat or prevent cancer or infection. It may also be done to improve cosmetic appearance (removal of mole, skin tag).

BEFORE THE PROCEDURE

It is important to follow your caregiver's instructions prior to your procedure to avoid complications. Steps before your procedure may include:

- Physical exam, blood tests, other procedures, such as removing a small sample for examination under a microscope (*biopsy*).
- Your caregiver may review the procedure, the anesthesia being used, and what to expect after the procedure with you.

You may be asked to:

- Stop taking certain medicines, such as blood thinners (including aspirin, clopidogrel, ibuprofen), for several days prior to your procedure.
- Take certain medicines.
- Sign a patient consent form.
- Stop smoking.

It is a good idea to arrange for a ride home after surgery and to have someone to help you with activities during recovery.

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies to food or medicine.
- Medicines taken, including vitamins, herbs, eyedrops, over-the-counter medicines, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or numbing medicines.
- History of bleeding problems or blood clots.
- History of any prostheses.
- Previous surgery.
- Other health problems, including diabetes and kidney problems.
- Possibility of pregnancy, if this applies.

RISKS AND COMPLICATIONS

Many complications can be managed. With appropriate treatment and rehabilitation, the following complications are very uncommon:

- Bleeding.
- Infection.
- Scarring.
- Recurrence of cyst or cancer.
- Changes in skin sensation or appearance (discoloration, swelling).
- Reaction to anesthesia.
- Allergic reaction to surgical materials or ointments.
- Damage to nerves, blood vessels, muscles, or other structures.
- Continued pain.

PROCEDURE

There are several excision techniques. The type of excision or surgical technique used will depend on your

condition, the location of the lesion, and your overall health. After the lesion is sterilized and a local anesthetic is applied, the following may be performed:

Complete surgical excision
The area to be removed is marked with a pen. Using a small scalpel and scissors, the surgeon gently cuts around and under the lesion until it is completely removed. The lesion is placed in a special fluid and sent to the lab for examination. If necessary, bleeding will be controlled with a device that delivers heat. The edges of the wound are stitched together and a dressing is applied. This procedure may be performed to treat a cancerous growth or noncancerous cyst or lesion. Surgeons commonly perform an elliptical excision, to minimize scarring.

Excision of a cyst
The surgeon makes an incision on the cyst. The entire cyst is removed through the incision. The wound may be closed with a suture (*stitch*).

Shave excision
During shave excision, the surgeon uses a small blade or loop instrument to shave off the lesion. This may be done to remove a mole or skin tag. The wound is usually left to heal on its own without stitches.

Punch excision
During punch excision, the surgeon uses a small, round tool (like a cookie cutter) to cut a circle shape out of the skin. The outer edges of the skin are stitched together. This may be done to remove a mole or scar or to perform a biopsy of the lesion.

Mohs micrographic surgery
During Mohs micrographic surgery, layers of the lesion are removed with a scalpel or loop instrument and immediately examined under a microscope until all of the abnormal or cancerous tissue is removed. This procedure is minimally invasive and ensures the best cosmetic outcome, with removal of as little normal tissue as possible. Mohs is usually done to treat skin cancer, such as basal cell carcinoma or squamous cell carcinoma, particularly on the face and ears.

Antibiotic ointment is applied to the surgical area after each of the procedures listed above, as necessary.

AFTER THE PROCEDURE
How well you heal depends on many factors. Most patients heal quite well with proper techniques and self-care. Scarring will lessen over time.

HOME CARE INSTRUCTIONS
- Take medicines for pain as directed.
- Keep the incision area clean, dry, and protected for at least 48 hours. Change dressings as directed.
- For bleeding, apply gentle but firm pressure to the wound using a folded towel for 20 minutes. Call your caregiver if bleeding does not stop.
- Avoid high-impact exercise and activities until the stitches are removed or the area heals.
- Follow your caregiver's instructions to minimize scarring. Avoid sun exposure until the area has healed. Scarring should lessen over time.
- Follow up with your caregiver as directed. Removal of stitches within 4 to 14 days may be necessary.

FINDING OUT THE RESULTS OF YOUR TEST
Not all test results are available during your visit. If your test results are not back during the visit, make an appointment with your caregiver to find out the results. Do not assume everything is normal if you have not heard from your caregiver or the medical facility. It is important for you to follow up on all of your test results.

SEEK MEDICAL CARE IF:

- You or your child has an oral temperature above 102° F (38.9° C).
- You develop signs of infection (chills, feeling unwell).
- You notice bleeding, pain, discharge, redness, or swelling at the incision site.
- You notice skin irregularities or changes in sensation.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

FOR MORE INFORMATION

American Academy of Family Physicians: www.aafp.org
American Academy of Dermatology: www.aad.org

Document Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.