

Oral facial surgery

Surgical procedure information leaflet

Name of procedure: Removal of facial skin lesion

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

The problem

You have a lesion on the skin of your face that requires removal. It will already have been discussed with you that this is the best form of treatment rather than using creams, lotions or freezing the area. The removal involves a local anaesthetic, you are going to be awake but the area will be numb so that you feel no pain.

What does the operation involve?

First the area in and around the skin lesion will be frozen with a local anaesthetic injection. This takes a few minutes to work. An antiseptic solution may then be used to clean the area and special ink used to mark out the piece of skin to be removed.

How long does the operation take?

This depends on where and how big the lesion is, and how the resulting hole is repaired. If it is a small lesion that is being shaved off this will only take 15 minutes. If the lesion is being cut out then normally between 30 to 60 minutes is set aside for the whole operation from initial anaesthetic to dressing the wound at the end.

Is anything done after the area is removed?

Removal of the lesion leaves a hole in the skin. This hole can be repaired in one of three ways:

- If the hole is small the surrounding skin can be gently pulled together with stitches. Some of these stitches may be dissolvable but often stitches on the skin need removal after 5 to 7 days, usually at your own medical practice. Most skin lesions can be removed and repaired in this simple way.
- If there is not enough loose skin next to the hole to allow the edges to be stitched directly then a neighbouring area of skin can be partly lifted and moved round to fill in the hole. This is called a skin flap. This is then stitched into place, again usually with a combination of dissolvable and removable stitches. The flap is designed to repair the defect so that the final appearance is as normal as possible. The resultant scars can look alarming immediately after the surgery especially with all the sutures in place. However where possible the scars are placed in the natural skin creases and will blend in over time.
- In areas where the skin is very tight or a large area of skin has been removed it may be necessary to repair the wound with a piece of skin taken from elsewhere. Such a "graft" is often taken from behind the ear or just above the collarbone. These sites are chosen because they already have an excess of skin. The graft is then laid over the area where the facial lesion has been removed and sewn into place. A dressing is put over the graft for around 10– 14 days.

Some distortion of the tissues immediately after the operation is not unusual and in some parts of the face quite marked bruising and swelling can occur; for example around the eye. The likelihood of these occurring and duration will be explained by the surgeon.

Occasionally redness of the wound edges with a mild discharge of fluid from the wound occurs. A clear or white thread may also poke through the wound. This is the resorbable suture working its way out. Both problems will usually resolve rapidly if instructions for cleaning the area are followed.

Your consultant will discuss which method of skin closure is best for you.

Benefits of the procedure

The aim of the procedure is to confirm the diagnosis and remove the abnormal tissue

Serious or frequent risks

Everything we do in life has risks. Removing a skin lesion is generally a safe operation with few risks. The general risks of surgery include problems with:

- **The wound** (for example, infection);

Those specifically related to removal of a skin lesion include problems with the following.

- **Bleeding**

It is unusual for the area to bleed after surgery but should this happen it can usually be stopped by applying pressure over the area for at least 10 minutes with a rolled up handkerchief or swab. If the bleeding does not stop please contact the department.

Most people will not experience any serious complications from their surgery. The risks increase for the elderly people, those who are overweight and individuals who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

Leave the lesion alone (if safe) and observe

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre or oral surgery department.

To monitor you during your operation, we will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

There are different options for the type of anaesthesia for your operation. Your consultant will discuss the choices with you.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect. Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you.

Intravenous sedation and local anaesthetic

Intravenous sedation involves an injection of a sedative into a vein, usually in your arm. This is given to help you relax during the operation. Once the sedative has taken effect, local anaesthetic is injected into the skin around the site of operation. Once the area is numb the procedure can be performed. You will not be asleep, although you will probably remember little or nothing of the procedure later.

At the end of the operation you will be taken back to the Day Case Ward to recover.

What should I expect afterwards?

There will be some mild pain and discomfort once the numbness of the local anaesthetic injection has worn off. You may need to take simple painkillers (for example, aspirin or Ibuprofen). There is a variable amount of swelling and bruising which tends to be worse for the first few days after surgery but has usually settled after a fortnight.

When a skin flap is used for repair you will be usually be given a prescription for an antiseptic ointment to apply to the surgical site three times daily until the sutures are removed. The ointment is usually Chloramphenicol eye ointment. It helps keep the site clean and scab free. The nursing staff will explain how to clean the site and apply the ointment immediately after the operation.

Where skin flaps are used to repair the defect it can take several months for the swelling and distortion of the tissues to settle. Once the sutures are removed it is recommended the area is massaged with a skin cream (for example, E45) daily for at least two minutes a day. Sometimes other measures such as anti-scar tapes are advised but the surgeon will discuss this with you prior to at the time of surgery.

Do I need to take any time off work?

If you have a local anaesthetic then you can drive yourself to and from hospital on the day of your operation. However, for the more complex procedures taking an hour or more, or if the lesion is close to your eye; it is advisable you come with someone who can drive you. Depending on the type of work you do it may be best to take the rest of the day off.

What are the possible problems?

Bleeding is uncommon. Should it occur it can usually be stopped by applying pressure over the area for at least 10 minutes with a rolled up handkerchief or swab. Infection is also uncommon but if the doctor carrying out the surgery thinks it might happen you will be given an antibiotic ointment or tablets.

Will I need further appointments?

You will need any dressings and/or stitches removed and we will give you instructions to arrange this with your medical practice or an appointment arranged to return to the outpatient department. It is important to keep any dressings or stitches dry until they are removed. It is routine for any skin lesions to be sent for examination under a microscope so that we can tell you what the lesion was and whether it has been completely removed. This test takes time to carry out and the results may not be available for a couple of weeks. Usually a review appointment is made 3 – 6 weeks after the surgery to assess the healing of the site and discuss the result of the tests carried out on the lesion.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining please contact the following:

Worcestershire Royal Hospital

- Ward Nursing Staff Beech Head & Neck (phone 01905 760267). This number is available 24 hrs.
- Hawthorne Suite Reception (phone 01905 760212)

Kidderminster Treatment Centre

- Day Case Ward Nursing Staff (phone 01562 826350)
- Reception (phone 01562 826397)

Alexandra Hospital

- Reception (phone 01527 503854)

Additional Information

The following Internet websites contain additional information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust

Information about Worcestershire Acute Hospitals NHS Trust

- www.patient.co.uk

Information fact sheets on health and disease.

- www.rcoa.ac.uk

Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'.

- www.nhsdirect.nhs.uk

Online Health Encyclopaedia and Best Treatments Website.

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 01527 512177 or extension 42177. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাসেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پبلیشنگ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733 與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____ Date: _____

Comments:

Thank you for your help.