

Curette, shave biopsy, shave excision with local anaesthesia

This leaflet is to help explain the operation and recovery for patients who are going to have a curettage or shave biopsy/ excision of a lesion.

Why you need a skin lesion curetted, shave excision or biopsy?

You have a lesion (such as a mole, a scar or an ulcer) that requires a biopsy or removal. This is done to diagnose the cause of the skin problem and treat it promptly.

What are the aims and benefits of having this surgery?

The main aims are to biopsy or remove the lesion completely and safely. This is analysed in the laboratory for diagnosis. Our other aim is to perform surgery with the best cosmetic result that is possible. Again you should understand the likely outcomes as well as the more rare possibilities and risks before committing to surgery. Remember no guarantees can be made. Please remember to ask plenty of questions.

What do I need to do to prepare myself for surgery?

Before admission you should prepare yourself physically and mentally. Stopping smoking and avoiding alcohol are essential parts of this preparation. Understanding the operation will help towards your mental preparation.

It is important to let the doctor or nurse know of any serious conditions you currently have or have had in the past, and any problems that you may have had with anaesthetics. You must inform them of any drugs that you are currently taking and any allergies that you have. An appointment letter will be sent with a pre-operative questionnaire sheet to complete, please remember to bring this with you on the day of surgery.

If you are taking WARFARIN please ensure you have a blood test done to measure your INR 3-5 days before your operation. Your INR must be 3 or under (unless you have a metal heart valve), if it is above this please contact our Surgical Bookings Office. (For telephone number, refer to our Contact Details at the end of this leaflet).

If you are taking other blood thinning medication (such as Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban etc.) you should have been informed by your referring dermatology doctor as to any special instruction regarding this medication prior to attending surgery. If you have not received this instruction, please contact our Surgical Bookings Office. It is possible that we may need time to seek the medical advice from the referring doctor, before being able to provide the appropriate instruction.

Having understood all the information about the operation, including the potential risks and complications (see below) as well as the benefits, you will be asked to sign a consent form by the Doctor or Specialist Nurse.

Where do I go on the day of surgery?

Please come to Christchurch Hospital at your appointed time and report to reception - this may be at the Dermatology Resource Unit or in the out-patient department - please refer to your appointment letter for the location. Remember to bring with you your completed Dermatology Patient Pre-surgery Questionnaire and Medication List. Do not drive to the hospital but ask a friend or relative to bring and collect you.

What does this procedure involve?

A local anaesthetic (LA) is injected just under the skin to numb the area being treated. This injection does sting for a few seconds, but very quickly goes numb. The numbing effect can last several hours and care should be taken. If during surgery you require more LA, please let the Surgeon know straight away. We want you to be as comfortable as possible.

Once the area for surgery has been numbed, cold solution will be used to clean and sterilise the skin. A drape will be used in preparation for surgery. Please keep as still as is comfortable, with your hands, arms and legs under these drapes.

The lesion(s) is removed by shaving or curetting (scraping) the lesion from the skin and it is sent to the laboratory for analysis. The wound is cauterised (electrical burn) to seal the blood vessels. The wound will look like a burn, and like any other burn will dry out, scab, and then heal over time.

What will happen after the surgery?

Following the procedure you will go home, but you do need to rest at home for the remainder of the day.

What will happen to the wound and Dressings after the surgery?

A dressing will cover the wound and can be removed 48 hours after the operation unless otherwise directed by the nurse. The wound goes through various stages of repair. Initially there will be some scab formation, which usually comes off by about 14 days, however, larger areas may have considerably longer healing times and go through a cycle of crusting and re-crusting before healing. Vaseline TM can be used to massage into the crusted area to relieve itching and soften the scab. Once healed the scar left may become a little pink and raised for a few months. Eventually this will fade and become less noticeable. Please keep the area clean and dry.

Will the surgery cause discomfort and limit my mobility?

We suggest you take Paracetamol as an analgesic (painkiller) if you feel any discomfort. You will find that you can return to normal activities very soon however please limit your activities especially in the area of the operation.

If your operation is to be on your arm, afterwards you may require a thick bandage from wrist to elbow, and it may even be placed in a sling (but this is not commonly required), so please bring suitable loose clothing to accommodate this. If the operation is to be on your lower leg, you may require a thick bandage from your toes to knee. Please come prepared with suitable alternative safe footwear to accommodate the potential increase in foot size. The importance of resting your arm or leg (with it raised up when sitting), will be discussed with you, and it is often required for at least 1-2 weeks. If you have questions, please ask them before your discharge.

When will I receive the results of the analysis (histology result)?

It can take from 3-8 weeks after your operation for the histology results to arrive. Often you will be given the results by letter, however it may be more appropriate for us to see you in the out-patient department with the results, in which case we may either telephone you or send out a letter, with an appointment.

If further treatment is required, this will either be discussed directly with you or information sent by letter in the post.

What are the DO'S and DON'T'S after skin surgery?

When can I have a bath?

It is not advisable to soak the wound in a bath until it is fully healed. You may shower after 48 hours but, you must ensure that the wound is thoroughly patted dried afterwards.

When can I resume driving?

We advise that you arrange for someone to drive you home on the day of your procedure. Thereafter, it is suggested that you may need to refrain from driving for a minimum of 1-2 weeks depending on site and size of operation. You need to be comfortable to enable you to drive safely and not be compromised in movement or vision from your normal driving ability. For example, would you still be able to perform an emergency stop if required? However, in the end it is your responsibility and you must decide whether your car insurance policy would cover you in the event of a claim.

When can I resume work?

You can return to work when you feel comfortable to do so. The length of time off will vary depending on the type of work you do and how quickly you recover from the surgery. Please discuss this with the nurse before leaving the hospital.

When can I resume exercise?

You can begin to exercise when it is comfortable to do so. Start off gently and build up gradually. If it hurts don't do it. Be sensible. Please discuss this with the nurse before leaving the hospital.

When can I resume sexual relationships?

You can return to your normal relationships when you feel comfortable to do so (see discomfort and limitations section). This may vary depending on the site of the surgery. Please discuss this with the nurse before leaving the hospital if you have any questions.

What are the risks and complications of the operation?

A Shave Biopsy/ Excision or Curette of a skin lesion is a safe operation and complications are rarely seen. All operations have a small risk of side effects, such as pain, bleeding and infection. We want you feel well informed about this operation and fully understand the risks and benefits of this surgery.

Local anaesthesia - Serious problems are uncommon with local anaesthesia. Risks cannot be removed completely, but modern drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated or long. Please discuss any pre-existing medical condition with the Doctor. You must inform the Doctor if you are pregnant as some drugs may affect the foetus.

Very common and common side effects - Pain during injection of drugs, feeling sick, palpitations and bruising and soreness.

Uncommon side effects and complications (1 in 1000 people) - An existing medical condition getting worse.

Rare or very rare complications (1 in 10,000 or 1 in 100,000) - Allergy to drugs, nerve damage, death, equipment failure.

Bleeding - Bleeding will occur at the operation site. This will be managed by the operator at the time using electrocautery (a device that helps seal small blood vessels from further bleeding). Once the procedure is completed a dressing will be applied. This will help manage any minor post-operative bleeding that may occur (1 in 10 people). Further advice will also be provided in your post-operative after care leaflet.

Scarring (all) and keloid scar (1 in 10) - Scarring is unavoidable with any trauma to the skin. Occasionally you can get a type of scar called a keloid scar. This is a wide, sometimes raised scar, more common to happen on the upper torso, in areas with a lot of movement and in younger people. Please speak to the doctor or clinical nurse specialist if you are concerned about this as they will be able to offer advice on this.

Bruising (1 in 10) - Bruising may occur at the operation site. This will settle in a short period of time.

Wound infection (1 in 50) - As with any wound, there is a potential for infection. Signs might be redness around the wound, increasing pain, discharge (pus) from the wound or feeling unwell and feverish. If infection occurs, it may be necessary to have a course of antibiotics. The wound edges occasionally do not heal quickly and may need special dressings. If you have any concerns about your wound, you can contact the Dermatology Unit via the Nurse Advice Line (see under heading Contact Details at the end of this leaflet) or seek advice from your GP.

Pain (1 in 50) - If you experience any pain once home, rest and take painkillers such as Paracetamol as required (although you should not take more than 8 tablets in a 24 hour period). Do not take aspirin or ibuprofen unless it is prescribed by your doctor for another condition as this may encourage bleeding. If the pain is not controlled with regular Paracetamol you can contact the dermatology Unit via the Nurse Advice Line (for telephone number, refer to our Contact Details at the end of this leaflet), or seek advice from your GP.

Recurrence and further treatment (1 in 200) - Occasionally dependent on the diagnosis, the lesion removed may recur or require further treatment this may include surgical or topical treatment (creams) or referral to another Doctor.

Can I change my decision about having treatment?

You are not under any obligation to have surgery and can withdraw your consent at any time. Alternatives to surgery are available should you wish to discuss these. Only you can decide whether to go ahead with the operation. Ask lots of questions until you are happy that you have got all the information that you need.

Who can I contact if I have problems or need further information?

Address

Dermatology Resource Unit, Christchurch Hospital, Fairmile Road, Christchurch BH23 2JX

Telephone Numbers

For matters relating to your surgical appointment, and providing if required your pre-surgery INR results:

Surgical Bookings Office: **0300 019 5486** or **0300 019 5253** (Monday - Friday 9am to 4:30pm).

For matters relating to post-operative dressings, wound care, healing, pain control or removal of sutures:

Nurse Advice Line: **0300 019 5471** - This is an answerphone, please leave your name, telephone number and hospital number (if known) and we will endeavour to return your call within two hours, during Monday - Friday 9am to 4:30pm.

Other agencies that offer support and information

Macmillan Cancer Support

Freephone **0808 808 0000** www.macmillan.org.uk

Macmillan offers a range of support for the emotional and practical impacts of living with cancer, for you, your family, and friends. From giving you someone to talk to, providing information about what to expect or what financial help is available, through to cancer support groups, they are there to help.

Wessex Cancer Trust

023 8067 2200 www.wessexcancer.org

Wessex Cancer Trust is a Southampton based charity that offers help, information and advice to patients who have cancer. The trust provides leaflets, complementary therapies and has its own counsellor who is available to patients and families who have been affected by cancer..

British Association of Dermatologist (BAD)

www.bad.org.uk

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW

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