

Skin Excision with skin graft or skin flap repair under Local Anaesthesia

This leaflet is to help explain the operation and recovery for patients who are going to have an excision of a lesion with a graft/ flap repair.

Why you need a skin lesion excision and skin graft/ flap repair?

You have a lesion (such as a mole, a scar or an ulcer) that requires removal. The size or site of the lesion requires moving skin to repair the wound. 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 aim is to remove the lesion completely and safely. This is analysed in the laboratory for diagnosis. Sometimes this is known before surgery (for example, if you have had a biopsy). Our other aim is to perform surgery with the best cosmetic result that is possible which may mean repairing the wound by moving/ rotating skin (flap) or moving skin from one area to another (graft). 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 the Dermatology Resource Unit at Christchurch Hospital at your appointed time and report to reception. Please 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 excised by making an incision around the lesion, including a margin of clear skin and sent to the laboratory for analysis. If the wound is too large or at a difficult site you may require a skin graft or flap repair.

A Skin Graft is a surgical operation in which a piece of healthy skin - selected by the surgeon considered to be the best suited, (for example this could be from behind the ear, inside of the arm or around the collar bone and is known as the donor site), is transplanted to cover the wound (known as the graft site). The donor site will then be stitched together and the donor skin grafted to the wound by stitching it in place. A pressure dressing is applied which may be required to be stitched onto the graft site and remain in place for 1-2 weeks.

A Skin Flap involves the movement of adjacent healthy skin to cover the wound which is then stitched in place. A pressure dressing is then applied and removed after several days.

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?

Skin Graft - An appointment will be made before you leave for you to return to Dermatology Unit in 7-10 days to review your dressings and remove any non-dissolvable stitches.

Skin Flap - A dressing will cover the wound and can be removed two to three days after the operation unless otherwise directed by the nurse.

If we have not made an appointment for you to come back to the hospital to have these stitches removed we would ask you to make an appointment at your local GP surgery with your Practice Nurse for this. Stitches usually remain in place for 7-14 days. Please make the appointment as soon as possible after your surgery.

Will the surgery cause discomfort and limit my mobility?

We suggest you take Paracetamol as an analgesic (painkiller) if you feel any discomfort. You need to rest for a week. Please limit your activities especially in the area of the operation. If you have had surgery on your head or neck do not bend your head forward, keep it upright and if necessary have a few extra pillows at night. Avoid alcohol, hot drinks or spicy foods in the first few days.

Resting the area of surgery is extremely important so please listen to the advice given. 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 your dressing has been removed but, you must ensure that the wound is thoroughly patted dry 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 and any post-operative discomfort or dressing requirements. 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?

An Excision of a skin lesion with a skin graft / flap repair 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 - In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and 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 your surgeon. You must inform the surgeon 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 / Haematoma (1 in 10) - Bruising may occur at the operation site. If a haematoma (large bruise/collection of blood) should occur a second small operation may be necessary to remove the blood from the cavity. Rarely, a blood transfusion may be required to replace the blood lost.

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.

Numbness or nerve pain (1 in 10) - Nerves during the excision can be bruised or cut causing numbness in the surrounding the wound/ scar area. This may be temporary but can be permanent. Sometimes as the body is repairing itself you can experience nerve pain. Please speak to your Doctor or Nurse if you are concerned about this as they will be able to offer advice on this.

DVT and PE (very rare with local anaesthesia) - Blood clots can develop in the legs. These are called deep vein thrombosis (DVT). Rarely, part of this clot can travel to the lungs, this is called a pulmonary embolism (PE). This is a serious problem and although very rare (1 in 1000), usually due to immobility after a procedure, it can be fatal we therefore suggest that whilst elevating your limbs that you do foot / calf exercises by lifting the foot up and down and rotating in a circle hourly during your period of immobility to reduce the risk of a DVT.

Dehiscence (1 in 50) - Occasionally the wound can open, this is called dehiscence. This may happen as a result of infection. Other common reasons are diabetes, age, being overweight and strain on the wound edges from movement of the skin. If this occurs please see your practice nurse at your surgery 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). The Nurse will dress your wound and further advice will be given.

Recurrence and Further Treatment (1 in 200) - We aim to completely remove the lesion however despite this; it may on analysis be found close to the surgical margins, be a type of skin cancer that requires a wider excision to remove a larger margin of clear skin around the lesion such a Melanoma or Squamous Cell Carcinoma, recur at the scar site or spread to the lymphatic system and require further treatment at a later date.

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 Cancer Support 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 BAD offer information on their website

Cancer Research UK www.cancerresearchuk.org

Cancer Research UK offer information and support

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

Author: **Marivic Atienza** and **Ali Murguia** Date: **December 2021** Version: **Four** Review date: **December 2024** Ref: **519/21**

t: 01202 303626 w: www.uhd.nhs.uk : @UHD_NHS : @UHDTrust : @uhd_nhs