

# Wide local excision and skin flap for skin cancer

## Department of BESS Surgery [Patient information](#)

This is a guide for anyone having a wide local excision and skin flap.

### What is a wide local excision and skin flap?

It is a surgery performed under a general anaesthetic (which makes you sleep). We will either remove your old scar or an existing lesion. This will include a wider margin of normal surrounding skin. We will close this wound by using a flap of normal skin. This will be from the area directly around your wound.

### What does a wide local excision and skin flap involve?

Your surgeon will make a cut around the scar or lesion. This will be a wider margin of skin than before. This is then sent for testing. We will make another cut in your surrounding skin. We will move this skin to cover your wound. Your surgeon will close your wound with stitches. We will put a pressure dressing over the top. If you need your stitches removed, we will tell you.

### Why do you need a wide local excision and skin flap?

The area that you need cutting out is too big to sew back together. The skin flap will cover the wound.

### What are the aims and benefits of a wide local excision and skin flap?

Removing the extra skin should reduce the chance of cancer cells returning in this area. We will send the new skin away for testing. Using a skin flap means we can close larger wounds. It stays attached to its original blood supply. This should mean it heals quickly.

### What will happen before the surgery?

You will come to a pre-assessment clinic where you will:

- be asked about any health conditions and tablets you are taking
- have your weight and blood pressure checked
- be screened for risks of infection and blood clots
- have blood tests and may have an ECG (heart tracing) and x-ray
- be told where/when to come on your day of surgery.
- be advised when to stop eating and drinking.

### What will happen on the day of the surgery?

Make your way to the surgical unit in your appointment letter. Your nurse will admit you and your surgeon will meet with you. This is a good time to ask any last questions you may have.

## What will happen after the surgery?

You will return to the ward. If you have a drip (a small needle in your arm attached to a bag to give you fluids into the vein), we will remove this. You can eat and drink. Please ask for pain relief if you have any discomfort. The area surrounding your wound may be numb. This is because we cut your minor sensory nerves. You will go home on the day of your surgery. Please arrange for someone to collect you. Have someone at home to help you for a few days. You will get an outpatient appointment in the post to see your surgeon. Your appointment will be 2-4 weeks after the surgery to discuss your results.

## What will happen to the wound and dressings after the surgery?

We will make you an appointment at the hospital to have your stitches removed, if necessary. This is normally 7-10 days after your surgery. Once we have removed your stitches, you will still need dressing changes. These should be once or twice a week. It should be fully healed in a few weeks.

## What are the possible risks of a wide local excision and skin flap?

All surgeries have a small risk of side effects. The following diagram may help you decide how you feel about risk:

People vary in how they interpret words and numbers.

This scale is provided to help.



\*Royal College of Anaesthetists 2024

## Very common and common side effects (1 in 10 or 1 in 100 people):

### Infection and wound breakdown

Signs of infection include a fever, redness, or bad smell. Please let a member of the team know as you may need antibiotics. Infection may cause your wound to break down and need regular dressings until it heals.

### Seromas (tissue fluid) and haematomas (bleeding)

Tissue fluid and blood can collect within the wound. We may need to remove it using a needle and syringe. Very rarely you may need further surgery to stop the fluid/bleeding and remove this.

## Scarring

This surgery will leave a scar. This should settle over time. Once it's healed rubbing in moisturiser or vitamin E cream in may help.

## Nerve pain

Tingling and/or stabbing pains are common after this type of surgery. Keep taking analgesia (painkillers) as prescribed. This will settle over time.

## Uncommon side effects

**(1 in 1000 people):**

### Lost or decreased feeling

We cut some of your minor sensory nerves during surgery. This may make the area around your wound feel numb. For most the loss of feeling should be temporary. For some patients it may last longer.

## Rare or very rare side effects

**(1 in 10,000 or 1 in 100,000):**

### Blood clots in the limbs (DVT) and lungs (Pulmonary Embolism (PE))

Blood clots are a risk with all general anaesthetic surgeries. If you have a higher risk, we will take special precautions. This may include wearing stockings. Moving around after the surgery will help to stop clots forming.

## What can you do when you get home?

### Washing

Avoid soaking your wound in the bath as this increases the risk of infection. A strip wash or shower is best. Make sure to completely dry the area after bathing.

### Work/general life

You can go back to work when your wound has healed. This normally takes two weeks. If your job involves heavy lifting, you may need to take longer. You will get a sick note on discharge. You should be able to resume a normal lifestyle within 4-6 weeks.

### Sport

You should not start any strenuous exercise for 8-12 weeks after your surgery. This could cause your wound to break open. Your surgeon will let you know when it is safe to do so.

### Driving

You cannot drive for 24 hours after surgery. Ideally you should avoid driving for 2-3 weeks. Only drive if you feel confident and can make an emergency stop. If in doubt, seek medical advice or check with your insurance company.

## When do you get the results of the wide local excision and skin flap?

You will get an outpatient appointment for around 2-4 weeks after your surgery. We will check your wound and give you the results from your surgery. We will let you know if you need any more treatment.

## Consent

We must take your written consent to this surgery by law. We will explain all the risks and benefits. Please do not hesitate to ask us any questions.

## Contact details

If you have any queries please contact your consultant skin surgeon, skin cancer nurse specialists, or skin cancer advanced nurse practitioner.

### Consultant skin surgeons:

Your consultant's secretary can be contacted on the following numbers:

**Mr Perry: 0300 019 4870**

**Miss Clark: 0300 019 2616**

**Miss Pearce: 0300 019 2600**

**Skin cancer nurse specialists: 0300 019 5205**

**Skin cancer administrator: 0300 019 5465**

**Skin cancer advanced nurse practitioner: 0300 019 8073**

**\*The above contacts should be available Monday-Friday, 8-4pm. Evenings and weekends please phone your district nurse, 111 or go to the Emergency Department in an emergency.**

## Further information

Melanoma Focus- provides information, guidance and support for patients and carers. It has a free helpline **0808 801 0777** answered by expert skin nurses. [www.melanomafocus.org/support](http://www.melanomafocus.org/support)



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or email [uhd.patientexperienceteam@nhs.net](mailto:uhd.patientexperienceteam@nhs.net).

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