

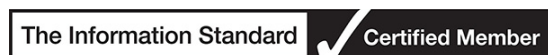
Patient Information for Consent

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GS05 Removing Benign Skin Lesions

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What are skin lesions?

Skin lesions are lumps found on or just below your skin. Examples of skin lesions are sebaceous cysts (also called epidermal inclusion cysts or epidermoid cysts), lipomas, skin tags and moles. These are not usually life-threatening but your surgeon can remove the skin lesion if you want. You may simply leave the skin lesion alone if your surgeon is certain it is benign (not cancer).

It is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What is a sebaceous cyst?

A sebaceous cyst is a lump in your skin where a cyst fills with a waxy whitish substance. It usually has a central pore that opens onto your skin.

What is a lipoma?

A lipoma is simply a lump of fatty tissue in the layer of fat underneath your skin. The skin over it is completely normal and is not attached to the lipoma underneath. A lipoma can vary in size and some may grow to over 10 centimetres. There is often only one of them but some people have several at the same time.

What is a skin tag?

A skin tag is a small lump hanging from your skin.

What is a mole?

A mole is a coloured lesion, which may be present at birth or develop later in life. Moles that change suddenly may be turning malignant (cancerous) and your doctor may recommend that your mole is removed to make sure it does not change into a cancer.

What are the benefits of surgery?

Most skin lesions can be safely left alone. You may want the skin lesion removed for cosmetic reasons or to be reassured that it is not a cancer.

Are there any alternatives to surgery?

Surgery is the only reliable way to remove skin lesions but you may simply leave them alone.

What will happen if I decide not to have the operation?

Sebaceous cysts can be left alone and often cause no problems at all. Some may grow in size. Sometimes the contents of sebaceous cysts leak out or they can become infected, needing antibiotics or surgery.

Lipomas tend to grow in size if they are left alone. As they get larger they appear more obvious and can interfere with clothing. Sometimes lipomas on the inside of the upper arm or thigh may rub during movement and cause irritation or pain.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a local anaesthetic. Your surgeon will only begin the operation when both of you are satisfied that the local anaesthetic is working.

The operation usually takes 15 to 25 minutes.

When removing a sebaceous cyst, your surgeon will try to remove it whole as this makes sure that none of the cyst wall is left behind and prevents it from coming back. Your surgeon will make an elliptical (oval) cut over the cyst and then cut out the cyst (see figure 1).

Your surgeon may be able to safely remove the cyst using a smaller cut. They will close the cut with stitches. The cut usually heals to leave a small straight scar.

The stitches may be dissolvable. If not, they are usually left for 5 to 7 days but this will depend on the operation.

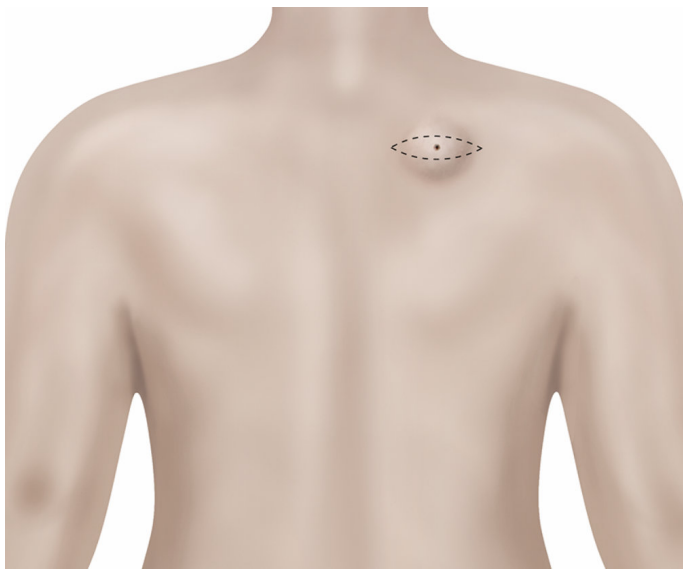


Figure 1
Removing a sebaceous cyst

To remove a lipoma, your surgeon will make a straight cut on your skin directly over it (see figure 2). The lipoma is freed up from the tissues around it and removed. They will close the cut with stitches which, depending on the operation, can be removed in about 5 days.

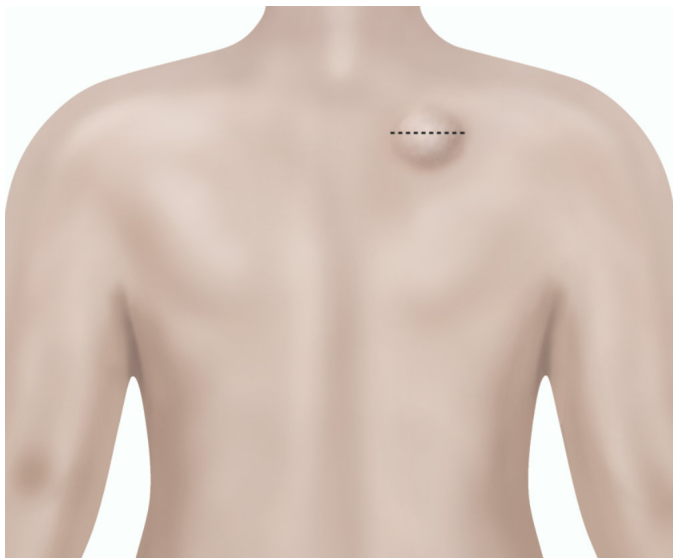


Figure 2
Removing a lipoma

A skin tag can simply be numbed with local anaesthetic and then removed. You will often not need a stitch.

When removing a mole, your surgeon will cut all the way around it using an elliptical cut (see figure 3). They will close the cut with stitches. The cut usually heals to leave a small straight scar.

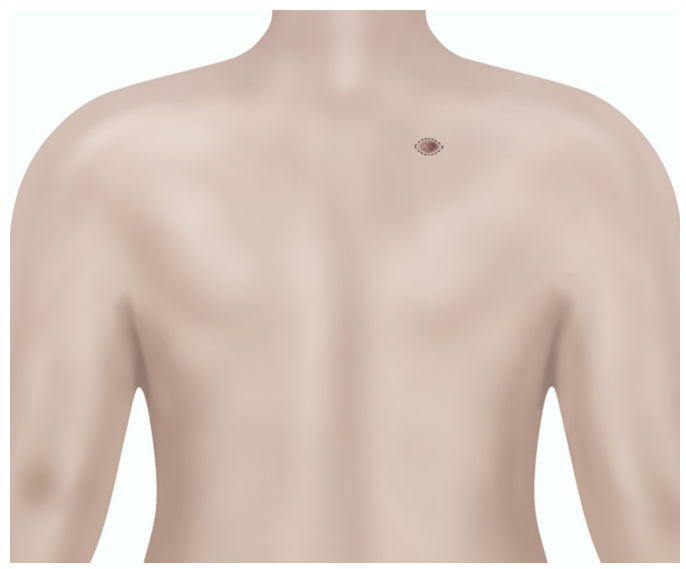


Figure 3
Removing a mole

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The local anaesthetic will start to wear off after about 2 hours. After this time you may feel some pain. You may need simple painkillers such as paracetamol.
- Bleeding during or after the operation. Usually there is little bleeding but it may cause bruising or temporary swelling under your skin.
- Infection of the surgical site (wound). This is unusual. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin.
- Wound breakdown, if your skin fails to heal. This is usually treated with dressings that allow your wound to heal without needing more stitches.

Specific complications of this operation

- A lipoma or a sebaceous cyst can come back. You may need another operation.
- Damage to nerves that supply your skin, leading to a numb patch.
- You may need a larger operation. If a lesion was removed and was found to be a cancer, you will need another operation to make sure it is completely removed.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area. After a short while you will be able to go home. A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you were given a sedative, you should also not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to work the next day unless your work will place a strain on the stitches. It is unusual for these procedures to restrict any daily activities you carry out.

Summary

Skin lesions are common and can be treated by surgery.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewers: Mr Ayan Banerjee FRCS (Gen. Surg.), Mr Simon Parsons DM FRCS (Gen. Surg.)
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