

Minor Surgery Patient Information

Thank you for choosing Cohese Healthcare to undertake your minor surgery. We will strive to answer any questions that you might have, and we have provided some information that other patients have told is useful before and after surgery.

We offer a wide range of minor surgery procedures, so some of this general information may not feel relevant to you. More specific information relating to your surgery will be provided by the surgeon following your procedure.

Please keep this safe for future reference.

What are the benefits of surgery?

People choose to have surgery to remove skin lesions for several reasons including:

- The lesion that you may feel is unsightly will be removed.
- Any symptoms or discomfort that the lesion is causing may reduce or disappear.
- Self-confidence may be improved.
- A wider impact on mental health, anxiety and wellbeing that may be improved.
- Reassurance as a specimen of the lesion can often be sent for analysis to confirm a diagnosis and rule out any malignancy.

Whatever the reason for having surgery, there are several things for you to be aware of

Infection prior to surgery If your lesion shows signs of infection (e.g. increased pain, redness, swelling or weeping) when you attend for your surgery, your procedure may need to be postponed.

If you think your lesion may be infected, contact your GP for advice/treatment and ensure the infection has cleared up before your surgery. Please also let us know as soon as possible so we can rearrange your appointment if required and reduce any additional costs to you.

What are the risks of surgery?

All skin surgery carries the following risks:

- Bleeding
- Scarring

- Wound infection or wound breakdown/splitting
- Reoccurrence of the lesion
- Nerve damage which can cause pain or numbing.

More information will be provided by your surgeon on the day of your consultation and surgery.

Local anaesthetic

Prior to undertaking your surgery, the clinician will inject a local anaesthetic around your lesion to ensure that it is numb before they start to remove it. Some people however like to use an additional numbing cream called Emla before they attend for their surgery. While it is not necessary, if you wish to use it, you can purchase Emla cream from your local pharmacy which should be applied at least an hour before your surgery. This will numb the area prior to the local anaesthetic being administered. We would recommend using this if you are exceptionally nervous or needle phobic. Please follow the instructions included on how to apply the cream. Avoid applying to the face especially around the eyes as it can cause irritation.

How will the clinician remove my lesion?

The Clinician will discuss this with you at your appointment. Depending on the type of lesion being removed, the below methods are most commonly used:

- **Elliptical excision:**
An eye-shaped excision is used for removing a skin lesion or a cyst. Local anaesthetic is administered, which may sting momentarily. You will still feel movement/ pressure but should not experience any pain. The lesion is removed, and stitches used to close the incision. A sterile dressing or tape may then be applied. Using this method, when fully healed, within 2-4 weeks the scar should be a straight line with one or two small stitch marks.
- **Shave excision:**
This process is normally used to remove lesions from the surface of the skin. A local anaesthetic is injected into the area to numb it. This may sting a little. The lesion is then shaved off using the most appropriate specialist instrument for your lesion. The wound is then 'cauterised' to stop the bleeding, and a sterile dressing is often applied if needed.
 - Cautery using heat will encourage the development of a scab which will disappear over time as the lesion heals.

- Caustery using chemicals such as silver nitrate will cause the development of a black/ grey mark on the skin and scab. This will disappear/ fade over time as the lesion heals. The healing is happening underneath the scab/ mark. It is important not to pick or remove this and care should be taken when washing the area. The body is super-efficient and will try to remove the black/grey pigment and can on occasion leave a streak which will fade over time.

This process is the preferred method for lesions on the face as it achieves a better cosmetic result. There is a small risk of recurrence of the lesion, and this will be discussed with you at your appointment. Depending on size, depth, and site of the wound it may take between 1 and 3 weeks to heal. Wounds on the lower leg often heal more slowly.

On the day of your surgery

After your procedure, we would encourage you to rest and not overexert yourself as it is important that you protect your wound and reduce the risk of bleeding and leakage from it. Having any surgical procedure can cause you to feel tired and perhaps slightly anxious which is a natural reaction. Please avoid strenuous activity for the rest of the day.

Following your surgery

Your wound may have been closed with stiches or skin glue and will take between 1-3 weeks to heal.

Several factors can influence the type of wound closure that is used such as:

- The strength and flexibility of the surrounding skin
- The size, and depth, of the lesion
- The removal method used
- The location of the lesion on the body, including distance to the skin surface

Some of these factors cannot be accurately assessed from the photograph you provided and may be determined on the day of your appointment. Any further information regarding the wound closure method will be discussed with you at your appointment before the surgery takes place.

If you would like more details specific to your lesion in advance, we recommend that you arrange a separate consultation prior to your surgery, for which there will be a charge. Please be aware, however, that it may still not be possible to provide further specific details until the clinician has begun to remove the lesion.

We use 3 types of closure methods to close wounds after surgery:

- **Removable/Non- Absorbable Stitches** – These will need to be removed by your Practice Nurse at your own registered GP surgery within the timeframe recommended by the surgeon. Stitches are normally kept in for 7-10 days but please check the wound care leaflet given to you after your surgery for this information.
- **Absorbable Stitches** – These will gradually dissolve under the skin over several weeks and will not require any removal. Occasionally stitches may not completely dissolve, if they are still bothering you after your wound has healed, please make an appointment with your GP surgery.
- **Skin Glue** – The glue usually forms a scab that peels or falls off in 5 to 10 days.

You are likely to need removable sutures/ stitches when having these types of lesions removed: Cysts, Lipomas, and some Moles. Depending on the area of the body that the lesion is removed from will depend on the removal timings as some areas heal quicker than others.

Location on body	Timing guide of suture removal
Face	5- 7 days *
Scalp	5-10 days*
Arms	7-14 days*
Legs	10-14 days*
Trunk/Abdomen	9-14 days*

*This is a guide to the timings for suture/ stitch removal. The surgeon will discuss with you on the day exactly how long your stitches/sutures will need to stay in for, this will depend on the complexity/ depth of the lesion removed and other factors such as your medical history.

We recommend you contact your GP Practice to make an appointment for removal of any stitches as soon as possible following your surgery.

Skin care following your surgery

- The initial dressing, if applied, should be left in place for 24 hours unless instructed otherwise by the clinician.
- Remove the dressing gently and wash the area under the shower or pour warm water over it. This will help to remove any loose debris which can cause infection.

- Pat the area dry with a clean towel and cover with a thin layer of Vaseline twice daily if your wound does not have a dressing covering it, from a clean pot or tube. This will help to keep the healing skin moist and reduce scarring.
- A dry dressing may be applied if more comfortable but is not essential, this must be breathable and not a waterproof type of dressing or plaster.
- Repeat the above every day until the wound has healed.

Pain or infection after surgery You may experience some pain after surgery once the local anaesthetic wears off, this is normal and the clinician undertaking your procedure will advise you on simple pain relief you can buy at your local pharmacy.

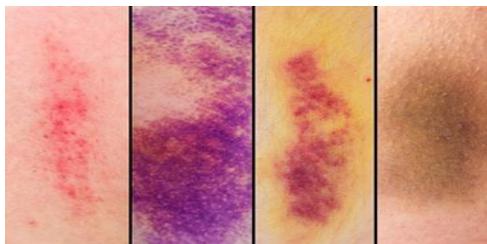
If you experience severe pain which does not resolve after taking pain relief or worsens after 48hrs or if your lesion shows signs of infection (e.g. increased pain, redness, swelling or weeping) after your procedure contact your GP to discuss whether a wound infection is developing, and if antibiotics are required.

Bruising and swelling after surgery Bruising can appear after surgery and is completely normal, because of blood leaking from small blood vessels (capillaries) once the surgery is complete. Although most of these vessels are cauterized during surgery, there may be some mild bleeding afterwards. There is no reason for concern, as bruising and some swelling is inevitable after surgery and is rarely serious.

Bruising Timeline Bruising is never pretty, especially for the first few days following surgery. It is particularly unpleasant when it affects highly visible areas like the face.

As you heal, an iron-rich substance in your blood - called haemoglobin - breaks down into other compounds. This process makes your bruise change colour:

- It is usually red immediately after the surgery.
- Within a day or two, it turns purplish or black and blue.
- In 5 to 10 days, it may be more green or yellow.
- In 10 to 14 days, it is yellowy-brown or light brown. It should fade away totally in about 2 weeks.



0-1 1-2 5-10 10-14 days.

This timeline is only a guide and will depend on the individual's ability to heal considering factors such as age, location of lesion and any underlying medical conditions.

Resuming normal activities after surgery

Physical activity/ active job/ exercise – To prevent damage to the wound and healing process, avoid excess strain over the wound while stitches are in place and for 2 weeks following stitch removal. Exercise can cause your wound to stretch and will lengthen the healing process and may cause a larger scar.

Washing/ bathing/ swimming – Avoid touching the wound as much as possible. Washing is perfectly fine but please avoid getting your dressing wet. You can shower after 24 hours and bathe once the dressing has been removed but do not soak the wound for extended periods of time, avoiding extremely hot showers as this can promote swelling. The wound should be patted dry after washing. Use Vaseline twice a day to keep moist and encourage healing. We recommend you refrain from swimming for 2 weeks following your surgery.

Sun exposure – We recommend you avoid exposing your wound to direct sunlight for 2 weeks following your surgery. Covering your wound with a hat or clothing is advisable while it is still healing.

Driving – Many doctors advise patients not to drive immediately after surgery due to a risk of fainting or not concentrating properly.

Managing bruising, swelling and dressings after surgery

Post operative bruising and swelling cannot be avoided but can be reduced by rest, ice, compression for the first couple of days and elevation, much like sprains and strains. The extent to which this is necessary will vary depending on both the procedure and your normal level of activity. Your surgeon will explain when you can remove your dressings and supply some spare dressings if required. If you require additional dressings over and above this these can be sourced from your local pharmacy.

Elevation

As a rule, you should keep your wound above chest height to allow fluids to drain away from the wound area for the first few days after surgery. An extra pillow or two in bed provides the best elevation so you can relax or sleep comfortably.

Scarring

All surgery involving the skin will leave a scar. Most will fade and become virtually invisible over time as can be seen on the before and after surgery photographs on our website that recent patients have shared. Scars can be many colours such as pink, red, purple, white, brown, skin-coloured, or darker than the skin around it. Initially, while they are healing, they can also be itchy, painful, or uncomfortable.

Scars usually heal well and tend to fade, looking better with time, however it can take several months for them to settle fully. The time this takes can vary between individuals depending on other factors such as age, medication and lesion site. We would expect your lesion/scar to be improving within 2-3 months. Very occasionally wounds or scars can lead to a poorer appearance after surgery which some patients may find upsetting. Further surgery may help but sometimes the change is permanent or difficult to correct.

Any surgery has a risk of scarring associated with it and on rare occasions some individuals will be more prone to and may develop Keloid or Hypertrophic scars. Keloid and Hypertrophic scarring is not the result of poor surgical technique, and these are rare, but it is important that you mention to the surgeon if you have had any issues with scarring in the past. For more information regarding scarring please see our Keloid and Hypertrophic scarring information leaflet.

<https://cohese.healthcare/Keloid-and-Hypertrophic-Scarring-information-leaflet>

The vast majority of people who use the Cohese Healthcare minor surgery service feel and see a marked improvement following their procedure but if you are concerned that your lesion/ scar is not improving, please contact Cohese Healthcare as soon as possible for further advice as you may need a follow up review.

Further and more specific wound care advice will be provided by the clinician on the day of your surgery. We encourage you to ask any questions you might have.