

Wide local excision

Dermatology

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Introduction

The aim of the leaflet is to explain what a skin biopsy is, why it is needed and how it is performed.

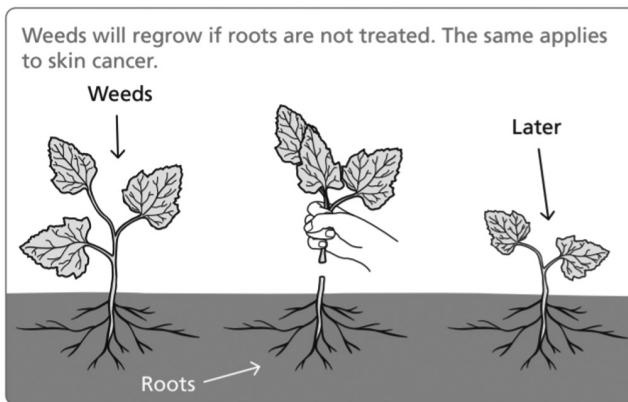
What is a wide local excision?

A wide local excision is a procedure in which a skin lesion and the surrounding margin of normal looking skin are removed (excised). If the skin lesion has already been removed in a previous diagnostic procedure, then the remaining scar and a margin of normal looking skin are removed.

Why is a margin of normal skin around the lesion or scar excised?

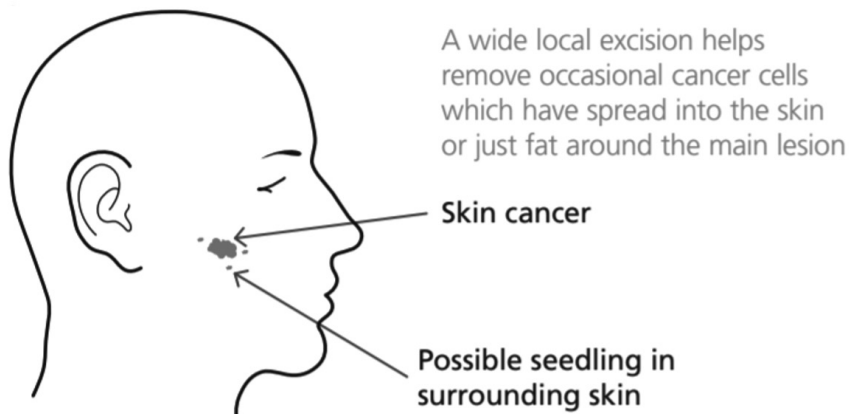
1. To remove roots

Skin cancers may have fine roots which are not visible without a microscope. A margin of normal looking skin surrounding and below the lesion is removed to increase the chance that all the roots are cleared away. This reduces the likelihood of the skin cancer recurring in future.



2. To remove potential seedlings

With some types of skin cancer, there may also be a chance that an occasional cancer cell has separated from the main lesion and spread into the skin and fat surrounding the tumour, as a small 'seedling'. These seedlings can grow and cause problems in the future if they are not treated. A wide local excision will help remove possible seedlings, reducing the chance they can cause problems in the future.



Who will perform my procedure?

The procedure will be performed by a doctor or nurse who is a member of the Skin Cancer Multidisciplinary Team.

What kind of anaesthetic will I require?

Most wide local excisions are carried out under local anaesthetic. This means you are awake during the procedure, and numbing injections are given to the area. You will not be sedated or feel drowsy. You may experience discomfort for 2 to 3 minutes. The procedure will be carried out only once the skin is fully numb. You may feel a pushing sensation as the procedure is carried out, but you should not feel any pain. Occasionally some patients need to have a general anaesthetic. This will be discussed with you in the clinic before your procedure.

How big will the wound be?

This depends on the type of skin cancer treated and is based on the best available evidence. Your doctor will be able to advise how much of a margin of normal looking skin is required in your case, but in general:

Skin cancer type	Typical margin
Basal cell carcinoma	4mm to 6mm
Squamous cell carcinoma	6mm to 10mm
Melanoma	10mm to 30mm

How will the wound be reconstructed?

There will be a wound following completion of the wide local excision procedure. The way it is reconstructed (or 'mended') will depend on the site and size of the wound. In some cases, it is best to leave the wound to heal by itself, but the majority will need some stitches, a skin graft or skin flap.

Granulation

This involves letting the wound heal by itself naturally. Certain areas of the body will heal naturally with a scar that is just as good or better than one from further surgical procedures. Healing time is approximately 1-2 months.



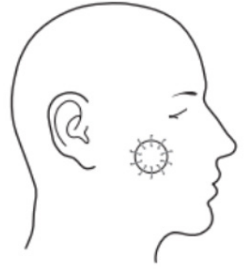
Side-to-side stitches

Closing the wound with stitches is often performed on smaller lesions. This involves some adjustment of the wound and sewing the skin edges together. This procedure speeds healing and can offer a good cosmetic result. For example, the scar can be hidden in a wrinkle line.



Skin grafts

Skin grafts involve covering the wound with skin from another area of the body. This patch of skin may be cut out and stitched up, or shaved off the skin surface.



Skin flaps

Skin flaps involve movement of adjacent health tissue to cover a wound. Where practical, they are chosen because of the excellent cosmetic match of nearby skin.



Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What are the benefits of a wide local excision?

The procedure will treat a skin cancer and reduce the chance of it recurring in future. In some instances, the procedure will also enable the lesion to be diagnosed more accurately by allowing it to be analysed under a microscope.

What are the risks?

Scarring – All procedures carries a risk of scarring. Scars are generally red for 3-6 months and then gradually become paler. Blood vessels (telangiectasias) can form around scars. Some individuals have a tendency to heal with raised and thick (keloid) scars or hypertrophic scars. Scars can stretch, especially if they are near areas of the body that are mobile. Limiting exercises or stretching on the back or limbs for at least 7 days will help the scar heal as finely as possible.

Swelling and bruising – Swelling and bruising are very common following surgery, particularly when performed around the eyes or on the forehead. This usually subsides within 4-5 days after surgery.

Numbness – Numbness from the local anaesthetic can spread inside the mouth following procedures on the mid and lower face. It is important to avoid hot food and drinks for 4 hours or until full sensation in the mouth has returned, as burns can develop.

Motor nerve damage – In some areas of the body, there is a risk of motor nerve damage which can lead to muscle weakness (such as weakness raising the eyebrow). This is mainly in relation to skin cancers on the temple, jaw line and middle of the neck. Damage to nerves that affect the muscles is rare. It usually occurs because the skin cancer is very close to, or involves a nerve, but can also result from injury during the procedure from the diathermy, injection needles, or because the nerve has been accidentally cut.

Bleeding – It is normal to experience minor oozing of blood in the first 24 hours:

- If your wound bleeds do not dab it, but press it gently but firmly without stopping for 15 minutes with a clean tissue, towel or dressing
- If your wound is on your arm or leg, lift the limb upwards as this will help to stop the bleeding
- If the wound is on your head, ensure that you are sitting upright and avoid bending forwards
- If the bleeding does not stop, repeat the process for another 15 minutes
- If the bleeding is profuse or continues after these measures, please contact the Dermatology Department (contact details can be found at the end of the leaflet) for advice (or the Accident and Emergency Department out-of-hours)

Infection – A small red area (usually no more than 5mm) may develop around your wound. This is normal and does not necessarily indicate infection. However, if the redness extends beyond this or the wound becomes more painful, hot to the touch, or discharges pus, please contact the Dermatology Department or your GP. You may need antibiotics.

Further procedures – May be required if the microscopy test results show that roots may still be left behind.

Recurrence – A small number of skin cancers can still recur in the long term, even after the procedure.

What are the alternatives?

Mohs procedure or radiotherapy (using high dose X-rays to kill cancer cells) may be suitable alternatives for certain skin cancers. These will be discussed with you if appropriate.

How do I prepare for the procedure?

You should read and follow the advice below to prepare for your procedure:

- The best preparation for the procedure is a good night's rest followed by a light breakfast
- It is advisable to have a shower or bath the night before or on the morning of your procedure. If your procedure is to the head area, please wash your hair the night before, or on the day of the procedure
- Avoid alcohol for 3 days before and 3 days after the procedure as this increases the risk of bleeding and poor wound healing. For similar reasons, smoking should be avoided 2 weeks before and 2 weeks after
- Prepare a list of any tablets or medicines you are taking, and note any allergies you have, and bring this with you. You should continue to take your normal medicine unless you have been specifically advised not to
- Continue taking Aspirin, Clopidogrel, Prasugrel, Ticagrelor and Dipyridamole (unless you have been specifically asked not to). Even though continuing these medications may increase the risk of bleeding after a wide local excision, stopping these medications abruptly is more risky as this can lead to clot formation in the blood vessels in the heart or brain
- Make sure you have a supply of your usual painkiller, such as Paracetamol, as home to take for discomfort after your procedure

- You should not drive or travel unaccompanied – please arrange for someone to collect you. In most cases you will be safe to drive the next day
- Wear loose clothing that is easy to remove if needed. Buttoned or zipped tops are easier to remove than clothing that must be pulled over the face. For procedures on the feet or lower legs, wear loose footwear, slippers or sandals that can accommodate dressings
- Do not wear any make-up, jewellery or perfumes. Avoid moisturising creams and lotions on the day of the procedure as this prevents dressings from sticking

Important information if you are on Warfarin or any other blood thinning medications

If you are on Warfarin, your INR (international normalised ratio) needs to be 2.5 or less for the procedure to be carried out. Please inform your anticoagulation service of this and the date your procedure will be on. You should arrange to have an INR test 5 days before your procedure date:

- If the INR is 2.5 or less, 5 days before the procedure, stay on the same dose of Warfarin. A further INR test is not required
- If the INR is greater than 2.5, 5 days before the procedure, please ask your anticoagulation service to reduce your dose accordingly. Arrange a further INR test 1 or 2 days before the procedure if you can
- Bring your yellow Warfarin book with you to your procedure

If you are on Apixaban, Rivaroxaban, Edoxaban or Dabigatran, please continue to take these as usual unless you have been specifically advised not to by your doctor. For larger wide local excisions, your doctor may advise you to omit your dose on the day of your procedure and for the two days before.

Will I be seen at my appointment time?

Please ensure you arrive on time for your appointment. Every effort is made to see patients at their appointment times, but inevitably delay sometimes occur. Please bring a book or newspaper with you to help pass the time.

What happens on the day of your procedure?

The doctor or nurse carrying out the procedure will explain the procedure to you and ask you to sign a consent form. It can be helpful to bring in a relative or friend to the procedure room for this discussion. We ask that only one individual accompanies you.

After you have had the opportunity to ask any questions, the person accompanying you will be asked to wait in the waiting room and you will be asked to lie on a couch. Please inform us if you require an interpreter.

How long will the procedure last?

The time the procedure may take varies, but it is likely to be between 30 and 90 minutes.

When will I be able to go home?

You should be able to go home soon after the procedure is completed. Sometimes we may ask you to stay for 1-2 hours for observation before you go.

If the wound is on your face, you may find that certain types of dressings can cover your eye and impair your vision. For your safety and that of others please arrange for a friend or relative to take you home after your procedure.

We advise all patients not to travel home alone after their procedure. If you are planning to travel home by car, someone else should drive. Your car insurance may be void if you drive after a local anaesthetic, or if the anaesthetic or dressings impair your ability to drive.

What will happen after surgery?

Aftercare advice will be explained to you before you leave. Please let the operating clinician know if you would like a friend or relative present when they go through the aftercare advice. This can be very helpful. An aftercare leaflet will be supplied.

Rest

It is important to rest for 72 hours. You should not drive for at least 24 hours following the anaesthetic, or longer if dressings interfere with your vision, or affect the use of your arm or leg. Remember, you must be able to safely do an emergency stop before you consider driving or your insurance may be invalidated.

Pain

The local anaesthetic will wear off in 1-2 hours. You may take regular Paracetamol if there is any pain or discomfort (follow the instructions on the packet for the dose).

Stitches

You will be given information on the stitch removal (a leaflet will be supplied with this information), wound care, advice on showering and future clinic appointments before you leave.

When can I return to work?

You can usually begin gentle work within 1-2 weeks, but you might need to wait a little longer for more vigorous activity.

Will the surgery affect my mood?

It is not uncommon to feel a bit 'down' after any procedure, so do ask your doctor or nurse if you feel you need more psychological support.

How will I be informed of results?

All samples of skin removed are sent to the laboratory for analysis. This process normally takes a few weeks. We may:

- Write to you or telephone you with the results
- Arrange a further appointment in the Dermatology clinic

Where can I get further information?

National organisations

Cancer Research UK

www.cancerresearchuk.org

Macmillan Cancer Support

www.macmillan.org.uk

Freephone 0808 808 0000

British Association of Dermatologists

www.bad.org.uk

Patient UK

www.patient.co.uk

Contact details

Dermatology Outpatients

Reception

01902 695073

01902 307999 Ext 88583

Opening times: Mon to Fri, 8:30am – 4:30pm

Skin Cancer Specialist Nurses:

Andrea & Tarsem

01902307999 Ext 88583

Secretary's

Dianne Rigby

Mon and Wed

01902 481754

Tues / Thurs / Fri

01543 576033

Debb Windsor

01543 576765

Carole Shaw

01543 576038

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowałiby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。