

What to expect during
Skin Surgery

Introduction

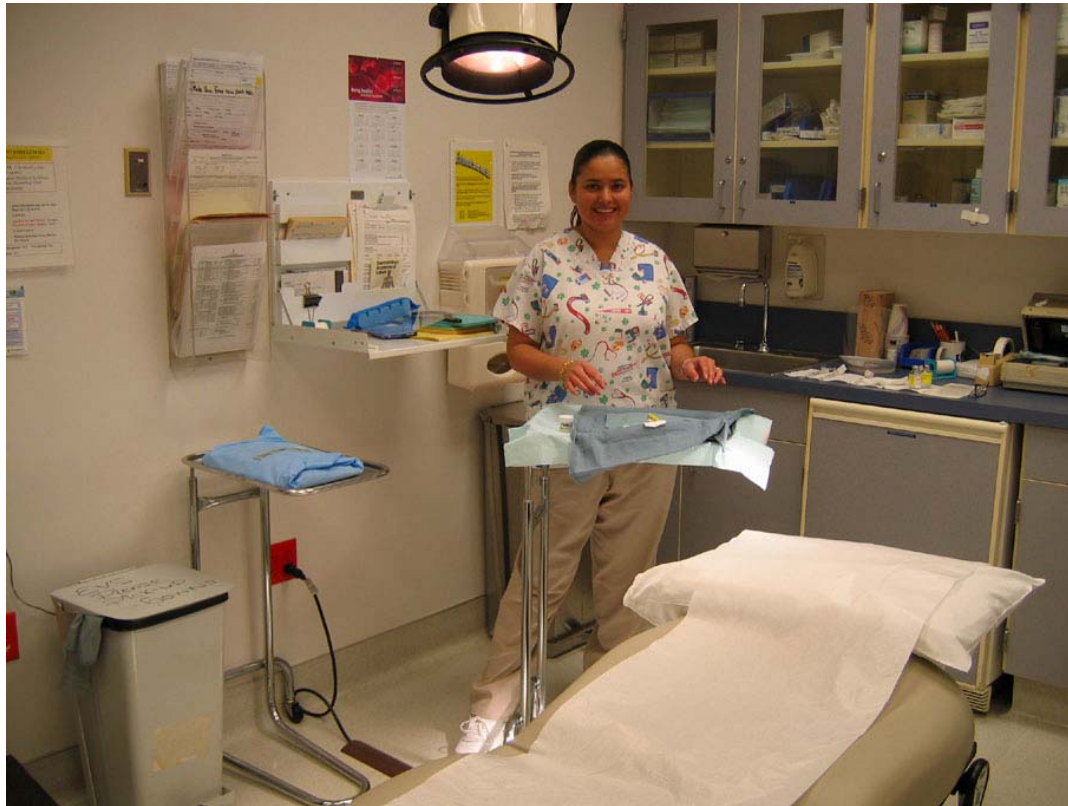
Many skin growths are effectively treated with skin surgery. Patients often are fearful of skin surgery because they do not know what to expect. This presentation will hopefully help you to prepare yourself for surgery. There are many different types of skin surgery. This discussion will review the most common type of surgical procedure: the fusiform excision.

Preparation for surgery

If not contraindicated by underlying medical conditions, it is recommended that you avoid aspirin-containing products for 7-10 days before the procedure. Products containing ibuprofen should be discontinued 3 days before surgery. Products containing Tylenol (acetaminophen) are safe to take before surgery. You should notify your doctor if you are on other blood thinners or if you have a heart condition requiring prophylactic antibiotics. On the day of surgery you can eat your regular meals and take your regular medicines. In most cases, you will be able to drive yourself home, unless otherwise advised by your physician. Normally there is minimal-to-no discomfort after the procedure (see the section on **After surgery** below).

The procedure

You will be brought into the surgical suite where our medical assistant will review your medical history and go over the consent form with you.





The doctor will then review the procedure with you and examine the surgical site.



The fusiform (elliptical) excision will be outlined with a marker and the area will be numbed with an anesthetic.

Local anesthesia is a relatively painless procedure which is delivered with a very small (30 gauge) needle. After the area is anesthetized, the procedure can be performed with no discomfort.

The final scar length is determined by simple geometry. Skin is an elastic material that stretches after cutting. In order to allow the skin to lay flat after the growth is removed, an elliptical piece of skin needs to be removed. This generates a scar length that is approximately 3 times the width of the lesion (some surgeries require removing the growth with a margin creating a longer scar).



As an example, a typical basal cell cancer might measure approximately 6mm (1/4 of an inch). In order to maximize successful removal of the tumor, the lesion is scraped with a curette. This creates a small depression at the site of the growth which helps your doctor better design the surgical procedure.

A 2-3mm margin is then drawn around the curette site. The new width is now ~10mm (6mm for the original tumor with 2mms on either side of the lesion). The length is then calculated as 3 times the new width, creating a final length of 30mm (a little over an inch).

The site is cleansed with antiseptic and the growth removed under sterile conditions. The skin is closed with suture material. Buried stitches are placed first. (These stitches are beneath the surface and give the wound strength. The body naturally absorbs these sutures in about a month.) The surface stitches put on the final touch, giving the site the best chance of an excellent cosmetic outcome.



These sutures are typically removed after about a week. The site is then prepared with a pressure dressing to minimize bleeding.



After surgery

It is usually recommended you minimize strenuous activity for the day or two after surgery. Avoid aspirin products (if allowed by your physician) for approximately 24 hours. Avoid alcohol for 24 hours. Keep dressing dry for at least 24 hours.

Wound care instructions

1. Remove the dressing after 24 hours. You may shower after 24 hours. Do not swim or soak in a hot tub until the sutures are removed.
2. Cleanse wound or suture line with soap and water using a Q-Tip or cotton ball. Pat dry afterward.
3. Apply white petroleum jelly (Vaseline) to wound after cleansing.
4. Wounds or suture lines may then be covered with a dry nonstick dressing or a band-aid if they are small. Some wounds may be left open to the air as long as you remember to apply white petrolatum on them first
5. Repeat steps 1-4 daily
6. Avoid strenuous activities that may pull or damage the wound
7. If the wound bleeds, apply firm direct pressure for 15 minutes. If the bleeding continues, call 510-752-1145, press 5. (Go to the Emergency Room if the Dermatology Clinic is closed)
8. If the wound becomes exceptionally red, swollen, or painful, or if it begins to drain excessive amounts of pus, call 510-752-1145, press 5. If this occurs on the weekend, call Adult Urgent Care at 510-752-1190.
9. Return to the clinic on the day of your appointment for removal of your stitches, or follow up exam of the wound.
10. You may take Tylenol or extra strength Tylenol for pain. If pain continues, call your doctor at the above stated number.

One week after surgery

Usually you will return one week after surgery to have the sutures removed and steristrips placed on the wound.



These bandages give the wound additional strength after the sutures have been removed. You can now wash the area directly and discontinue the above wound care. These steristrips usually fall off on their own within about a week.

Follow-up visits

Follow up visits are determined on an individual basis.
Some surgeries require follow up, others do not.
After approximately one month the scar will start to
take on its final appearance.



It takes nearly a year for the final healing to occur.

Complications

Modern skin surgery is a safe procedure. There is always a small risk (approximately 1%) of post operative bleeding or infection. Nerve damage is uncommon, but your physician will discuss with you any situations which might be associated with a higher risk of complications. All surgical procedures cause scarring. Some scars can spread, whereas others can become thickened (keloids/hypertrophic scars). Following your physician's recommendations for post operative care will reduce this risk. You may want to discuss your prior history of scarring with the physician, as there are measures which can be taken to reduce unsightly scars.