

Excision of Skin Lesions

Excision refers to removal of a skin lesion by completely cutting it out.

Why do skin lesions have to be excised?

A common reason why skin lesions are excised, is to fully remove skin cancers such as basal cell carcinoma, squamous cell carcinoma or melanoma. If the cancer is not cut out, it may spread to the surrounding skin and to other parts of the body (metastasis).

Other reasons that skin lesions are excised include cosmetic appearance, to remove a cyst or a fatty lump .

Will I have a scar?

It is impossible to cut the skin without scarring in some way, so you will always have some sort of scar. Your doctor will try to excise the lesion in a way that will keep the scar to a minimum.

Some people have an abnormal response to skin healing and these people may get larger scars than usual (keloid or hypertrophic scarring).

What is involved in excision of a skin lesion?

Your doctor will explain to you why the skin lesion needs excision and the procedure involved. You need to consent to the surgical procedure. Tell your doctor if you are taking any medication (particularly aspirin, warfarin or other anticoagulants which could make you bleed more), or if you have any allergies or medical conditions. Remember, to tell your doctor about any herbal remedies as a number of these can also lead to abnormal bleeding.

The most common type of excision is an elliptical excision. The ellipse is designed so that the resulting scar runs parallel with existing creases. This ensures that the scar is as narrow and short as possible. Sometimes an elliptical excision is not possible, and a flap (rotation of adjacent skin to cover the area where the lesion has been excised) or graft is needed.

The area to be excised is marked with a coloured pen. The doctor will then cut around and under the lesion with a scalpel and sharp scissors so that it is completely removed. The lesion is placed in formalin ready to go to the pathology laboratory. Here, a pathologist will examine the specimen and provide your doctor with a report a few days later.

There may be some bleeding in the area from where the lesion has been removed. The doctor may coagulate the blood vessels with a diathermy. This can make a hissing sound and a burning smell.

The edges of the ellipse will be then sewn together to make a thin suture line. There may be 2 layers of sutures (stitches): a layer underneath the skin that is absorbable and a layer of sutures on the surface which will need to be removed in 5-14 days (depending on the location of the excision).

A dressing may be applied and instructions will be given on how to care for your wound and when to get the stitches out.

How do I look after the wound following skin excision?

Your wound may be tender 2-3 hours after the excision when the local anaesthetic wears off.

Leave the dressing in place as advised by your doctor. Avoid strenuous exertion and stretching of the area until the stitches are removed and for sometime afterwards. In excisions of the head and neck, try to avoid bending down for 24 hours. In excision of the legs, try to elevate the legs when seated and avoid unnecessary walks.

If there is any bleeding, press on the wound firmly with a folded towel without looking at it for 20 minutes, if it is still bleeding after this time, seek medical attention.

Keep the wound dry for 48 hours. You can gently wash and dry the wound. If the wound becomes red or very painful, consult your doctor as it may be infected.

The scar will initially be red and raised but usually reduces in colour and size over several months.

Note :

Sometimes when we do excisions, not the entire lesion is removed and there will need to be a re-excision. This is not because of an error by the doctor; it is just unfortunate as it is impossible to tell how far into the skin a lesion goes.