



The Dudley Group
NHS Foundation Trust

Skin biopsy using local anaesthetic

Dermatology

Patient Information Leaflet

Introduction

You had a consultation with a Consultant Dermatologist or a member of their team. You have been advised one or more skin biopsies on the day or another scheduled time.

This is usually done by a member of medical staff in the Dermatology minor operating theatre at Corbett Hospital, Stourbridge.

This leaflet describes the biopsy procedure and its benefits and risks. It also provides you with both pre-operative (prior to operation) and post-operative (after operation) advice.

What is a skin biopsy?

A skin biopsy is a surgical procedure in which a piece of skin is removed.

Depending on your condition, this may be a diagnostic sampling or surgical removal procedure. You are given a local anaesthetic for the procedure.

The biopsy is then sent away to be examined under a microscope.

There is further information on the types of surgical procedures that are carried out, at the end of this leaflet.

What are the benefits?

The biopsy can be used by your doctor to diagnose your condition and propose suitable treatment.

What are the risks?

As with all surgery, this procedure carries some risks and complications. It is important that we tell you about these risks so that you have the information you need to make a decision about the procedure.

There is further information on managing these risks in the section titled **“What should I do once I return home?”**

The common risks are:

- **Pain:** The local anaesthetic stings, when given, for a few seconds. It makes the skin numb and you do not feel any pain during the procedure, although you do feel pressure. When the local anaesthetic wears off after 2 to 3 hours, the wound may become uncomfortable and sore. This usually improves gradually over one to two days.
- **Bleeding:** The surgeon stops any bleeding that occurs during the procedure. You may develop a bruise around the area. Sometimes, the wound bleeds after the surgery.
- **Infection:** The wound may become infected. This causes increasing pain, redness and swelling in and around the area. There may be a yellowish discharge or fluid coming out of the wound.
- **Scar:** You will have a permanent scar. Your hospital doctor will discuss the approximate size of the scar with you. Scar tissue is usually red for 3 to 6 months and then usually fades to a whitish colour. Its appearance may improve with time. Surgery on some areas such as the chest and shoulders can sometimes result in lumpy scars called hypertrophic scar or keloid.
- **Wound splitting:** Sometimes, the wound may split while the stitches are still in or after they have been taken out. A split wound may take longer to heal.
- **Delayed or non-healing wound or ulceration:** Some wounds, particularly those on the lower leg, may take a long time to heal

or may not heal after the procedure. If this happens, you will need to have regular dressing changes under the care of your dermatologist or GP, to help with healing.

- **Reduced or altered sensation:** On occasion, you may be left with a reduced or different sensation near and in the scar.
- **Other risks:** Your hospital doctor will discuss any other risks unique to your condition.

How do I prepare for the biopsy?

It is a good idea to have a shower or bath before coming for the biopsy as after the surgery, you may be asked to keep the wound dry for a few days.

Please avoid using make-up in and near the site of the biopsy. You may also wish to take off any jewellery worn near the site of biopsy before you attend.

It is recommended that you have someone accompany you to the hospital as you may not be able to drive home particularly after surgery to the head, face, neck, or hands. The accompanying person can stay with you when the doctor is discussing the procedure and taking your consent. However, they will be asked to stay in the waiting area during the actual procedure.

You can eat and drink as normal prior to the procedure. Please do not stop your usual medication including blood-thinning medication like aspirin, clopidogrel, dipyridamole, rivaroxaban, apixaban, edoxaban or dabigatran unless you are given instructions to do otherwise. If you take a 'mini-aspirin', continue taking it, but please inform us at the time of surgery.

Please check to see if any of the following areas are applicable to you:

Warfarin: If you are on warfarin, you will need an INR test 2-3 days before the surgery. The INR ideally should be less than 3. Please do not alter your warfarin dose unless this has been advised by the

medical staff prescribing the warfarin. Please bring your anticoagulation book with you on the day of surgery.

Other blood thinners: If you are on a blood thinner not mentioned above, please check whether you can continue them. Please be aware that some herbs and supplements (including some teas) can also have a blood thinning effect.

Smoking: If you smoke, consider stopping it for 2 weeks before and after the operation, as this will help your wound to heal better. Please ask a member of the medical or nursing team if you want to be referred for advice on stopping smoking.

Medical Conditions: Please bring a list of your medical conditions, on the day of surgery. Your dermatology team needs to be aware before you attend surgery if you have any of the following: bleeding disorder, diabetes, epilepsy, prosthetic heart valves or an implantable device. Please ensure your medical team is aware well before surgery of any device implanted in your body such as brain stimulator, pumps, cochlear implant, loop recorder, pacemaker, defibrillator (also called ICD), pacemaker with defibrillator or any other device.

Please bring a list of your medications and details of any allergies on the day of the biopsy.

If you have a holiday planned, please tell the doctor before the biopsy as it is best to have any stitches removed before going on holiday abroad. If this will not be possible, please discuss this with your doctor. If you need medical attention while you are abroad due to this surgery, this may have an impact on your travel insurance.

What happens on the day of the procedure?

On the day of the surgery, a member of staff will ask you about your medical problems, medication and allergies. They will also do some checks on you to ensure you are well enough to undergo the procedure.

After this, the surgeon will explain the procedure to you. They will explain the size and shape of the piece of skin that will be removed and the benefits and risks of the procedure. They will ask you to sign a consent form, if you have not already signed it before. They may mark the area(s) with a pen. They may check the area of biopsy against any photographs you had previously.

If the area is hairy, we may need to clip it. Unless it is an area you usually shave, please do not remove the hair from the area yourself.

You will be fully awake throughout the procedure.

The doctor will clean the surgery site with an antiseptic or saline (salt) solution and inject a local anaesthetic into the skin. The anaesthetic usually used is called lidocaine. The injection stings but this sensation lasts for only a few seconds. This makes the area numb and no discomfort should be felt afterwards.

A sharp instrument is used to cut or scrape the skin. A procedure called hyfrecation or cautery may be used to stop bleeding. Some wounds need to be stitched while others are like a graze and do not need stitches. The stitches may be on the skin surface (these usually need removal) and often underneath the skin (these will dissolve over weeks to months)

A dressing is usually applied at the end of the procedure.

Occasionally, you may be prescribed a course of antibiotic tablets to be taken after the surgery. It is therefore important that we know about any antibiotic or other allergies.

How long does it take?

The actual surgery usually lasts 20-50 minutes. The whole appointment may last 1-2.5 hours.

What happens after the biopsy?

The sample of skin is sent to the laboratory for analysis under a microscope.

You may have to wait in the waiting area for approximately 10 to 20 minutes. A member of the nursing staff will then check that your

wound is not bleeding and give you advice on looking after the wound, changing the dressing, showering and stitch removal.

You will be given a wound care information leaflet before leaving the department. This has the Dermatology Department contact phone number for any queries.

How will I receive my results?

At the end of the procedure, the doctor will inform you about the arrangement for receiving the biopsy result. The medical team may write to you, contact you over the phone or arrange a clinic appointment.

Results can take a few weeks as different biopsies are processed with different urgency. Some biopsies also require detailed or further analysis to reach a diagnosis.

If you do not receive your biopsy result as was arranged for you, please do contact your consultant's secretary.

What should I do once I return home?

If a family member or carer is available to support you for a day or two after the procedure, please consider asking for their help if you need it.

Please keep the area clean and completely dry. Change the dressing as advised. For small biopsies like a punch biopsy, the dressing can be removed after 48 hours. The area can be then gently washed once a day. If you prefer, you can keep this wound covered with a simple dressing which should be changed daily.

Please do not use make up near a wound. Please avoid swimming and prolonged contact with water (as in a bath) until the surface has completely healed.

Eat, drink and take your medication as usual. Continue taking blood-thinning medication like aspirin, clopidogrel, dipyridamole, rivaroxaban, apixaban, edoxaban, dabigatran or warfarin, unless you are given instructions not to. If you smoke, consider not smoking for 2 weeks as this will help your wound to heal better.

Please do not drink any alcohol for 24 hours after the procedure.

If the area becomes sore, you can take a painkiller like paracetamol for this (always read the label; do not exceed the stated dose). It is better to avoid aspirin or ibuprofen as pain relief on the day of the procedure as occasionally, they can contribute to bleeding.

Slight bleeding in a few hours after surgery is common and is aggravated by activity. Hot drinks or bending down can cause bleeding especially on facial wounds. Swelling and bruising is common, especially after facial surgery.

Consider using extra pillows after facial surgery and elevate the leg after lower limb surgery. If the wound starts to bleed, put a sterile gauze or clean handkerchief over and around the site and apply firm continuous pressure for 30 min. If the bleeding does not stop, please seek further advice (see the box 'If you need advice').

If you think you might have an infection, please seek further advice (see the box 'If you need advice').

If you have any stitches, these usually need to be removed between 5 to 14 days after the surgery, depending on the part of the body. This is usually carried out by the practice nurse at your GP surgery. You will need to arrange this.

The scar will be strong by 30 days. It is at its weakest during the first few days after the stitches have been removed. Too much activity such as exercising, bending the area or lifting anything heavy (including shopping bags) can put strain on the healing scar.

This can lead to stretching of the scar or bursting of the wound. Surgical wounds on the lower leg generally take a lot longer to heal.

If your work involves a lot of physical activity, consider discussing this with your employer.

Driving

The DVLA advises that you can drive before and after skin surgery that is carried out under local anaesthetic, if you feel you can safely control the vehicle. However, please consider getting someone to bring you to the appointment, if you can, as this is preferable.

You should not drive if you feel that the surgery will affect your ability to control the vehicle. This particularly applies to surgery to the head, face, neck, or hands. Please also do not drive if surgery is performed around your eye as the swelling or dressing from it will affect your vision.

As car insurance varies, it is important that you check with your insurance company as to whether the surgery has any impact on your cover.

Types of Surgical Procedures

This section provides a brief overview of the following procedures which may / will be necessary as part of your treatment. All require injection of a local anaesthetic into the skin to numb it and you remain fully awake during the procedure. Any skin removed is sent to the laboratory for analysis.

- Punch Biopsy** **Incision Biopsy** **Excision Biopsy**
- Wider/Wide Local Excision** **Shave excision**
- Curettage and cautery** **Secondary Intention Healing**

Punch Biopsy

A small circular shaped piece of skin (between 3 to 8 mm in diameter) is removed to establish a diagnosis. The skin is closed with usually between one to three stitches.

Incisional Biopsy

An eye-shaped piece of skin is removed from a part of the lesion or rash using a sharp surgical blade, to establish a diagnosis. The skin is closed with a few stitches.

Excision Biopsy

An eye-shaped piece of skin is taken of the lesion and normal skin surrounding it, for complete removal of a skin lesion, using a sharp surgical blade. The area is closed with a few stitches. The scar is a few times bigger than the lesion and is usually like a line.

Wider Excision or Wide Local Excision

This surgical procedure is performed on patients who have had previous surgery for skin pre-cancer or cancer. A margin of normal looking skin (from a few millimetres to more than a centimetre) is removed using a scalpel (sharp surgical blade) from around the previous operation scar.

The amount of skin removed depends on how deep the initially removed lesion had gone into the skin. This is to make sure that no

skin pre-cancer or cancer cells are left behind. The wound is closed with a few stitches.

Shave excision

This involves shaving off a skin lesion near the surface of the skin with a sharp straight or curved blade, to establish a diagnosis. The procedure may or may not completely remove the lesion.

The raw bleeding area is sealed using an electrical device. There are no stitches. The wound develops a scab that falls off after a few weeks leaving a cigarette burn like scar.

Curettage and cautery

This involves scraping a skin lesion using a sharp instrument near the surface of the skin to establish a diagnosis. The procedure may or may not completely remove the lesion. The raw bleeding area is sealed using an electrical device. There are no stitches. The wound develops a scab that falls off after a few weeks leaving a cigarette burn like scar.

Secondary Intention Healing

Occasionally a wound will be left open (rather than being stitched together) and left to heal by itself, filling in and closing up naturally. This often avoids further (more extensive) surgery and can produce good functional and cosmetic results.

It will mean that you will need regular dressings to the area for up to six weeks (possibly longer on the lower leg), but the time to full healing depends on the size, depth and site of the wound. Dressing changes may be carried out by your local practice nurse, or in some cases patients/relatives might be taught how to care for and redress the wound at home.

Sometimes a single running suture is placed around the wound to pull the edges closer to each other. This will normally be removed after 7-14 days.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact the Dermatology department:

Dermatology Department number: 01384344799 or

Russells Hall Hospital switchboard number: 01384 456111 and ask for your consultant's secretary

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/>

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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