

## Information for patients undergoing surgery for skin cancer

This information leaflet provides a brief overview of the following procedures which may be necessary as part of your treatment :

- Punch Biopsy;
- Incision Biopsy;
- Excision Biopsy;
- Wider Excision or Wide Local Excision;
- Skin Graft;
- Skin Flap.

### Punch Biopsy

A punch biopsy is a procedure in which a small circular shaped piece of skin is removed and sent to the laboratories for analysis, to establish a diagnosis.

The patient remains awake during the procedure and the area is injected with a local anaesthetic to numb the skin being operated on. The skin is closed with one or two stitches which can be removed after seven to fourteen days by a practice nurse at the patient's GP surgery.

### Incision Biopsy

Incision biopsy is when part of a lesion / mole is removed for analysis, using a scalpel (sharp surgical knife) incision. The patient usually remains awake during the procedure and the area is injected with a local anaesthetic to numb the skin being operated on. The skin is closed with a few stitches, which can be removed after seven to fourteen days by a practice nurse at the patient's GP surgery.

### Excision Biopsy

Complete removal of a skin lesion / mole. As for the incision biopsy, the patient usually remains awake and the area is closed with a few stitches.

### Wider Excision or Wide Local Excision

This surgical procedure is sometimes performed on patients who have had previous surgery for skin cancer. The surgeon removes a margin of normal looking skin from around the operation scar. This is to make sure that no skin cancer cells are left behind. The amount of skin removed depends on how deeply the skin cancer had gone into the skin, but it is often at least 5mm and can be up to 3cm of further tissue taken from around the original site. The patient may remain awake if done under a local anaesthetic, or occasionally may be asleep if a general anaesthetic is required for the procedure. This will depend upon the site to be operated on and the treatment plan that best suits each individual patient.

### Skin Graft

This surgical procedure is performed by a plastic surgeon, most often while the patient is awake under a local anaesthetic. A layer of skin is taken, usually from the thigh (called the donor site), and placed over the wound where the lesion or mole was removed. Both the donor site and the wound site are covered with sterile dressings, which remain in place for seven to fourteen days, or until the patient is seen in the plastics dressing clinic in the out patient department. Dissolvable stitches are sometimes used to hold the skin graft in place. Regular dressing clinic appointments are arranged until the areas are completely healed and the plastic surgeon feels it is safe to discharge the patient.

### **Skin Flap**

This surgical technique is used by both Plastic Surgeons and Dermatologists, to close a wound after removal of a skin cancer. This technique is used for awkward sites or larger wounds, where adjacent skin is moved into the wound area and stitched into place. It can be performed under a local or a general anaesthetic depending upon individual circumstances. The area is protected with a sterile dressing and the stitches remain in place for seven to fourteen days, depending upon the site operated on. Regular dressing clinic appointments are arranged until the area is completely healed and the Plastic Surgeon or Dermatologist feels it is safe to discharge the patient.

**For further information please contact either:**

**Julie Gordon**, skin cancer specialist nurse on 01234 355122 ext 6133 or **Hazel Hacking**, dermatology specialist nurse on 01234 355122 bleep 381.