



Skin surgery



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Skin surgery – top 10 things to know:

- if you are coming for a pre-arranged operation, we usually advise that you do not drive yourself home
- you will usually need to be available for sutures to be removed seven to 14 days after your surgery (in other words, not abroad on holiday)
- if you take any medicines that can thin the blood, or you have a pacemaker, let the doctor know as soon as possible in advance. Please note: if you take warfarin, you must have your INR checked three to five days before surgery. You may need a change of dose if your INR is higher than 2.5 (see page 11)
- all surgery carries risks of bleeding, infection and scarring after the operation – make sure you discuss this in as much detail as you want to beforehand
- continue taking your usual medicines unless your doctor tells you otherwise
- eat and drink normally – you will only be having a local anaesthetic (that is, you will be awake)
- we do our best to make the operation pain-free, and as comfortable an experience as possible. You will usually be able to talk during most of your surgery if you wish, and will have a nurse caring for you
- if you are elderly or frail, consider having a relative or friend with you overnight after the surgery
- most operations are very successful. However, it takes care and changes to your normal life, as detailed in this leaflet, to ensure the best outcome
- you only have an operation if you consent to do so. Please read the consent section to make sure you know the important things about consent.

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Patient feedback

We welcome comments of all kinds. You can provide feedback at any time during your care in the dermatology department. We have feedback cards for you to fill in at the appointments desk.

You can write to us at:

C/o Sister L. Myers
Bristol Dermatology Centre
Bristol Royal Infirmary
Bristol
BS2 8HW

Or you can use our online feedback survey on:
www.uhbristol.nhs.uk/patientsurvey

Consent – it's up to you

You are thinking about having an operation that will involve an injection with local anaesthetic, followed by some skin being removed or destroyed.

This leaflet will give you the main points to consider when consenting to skin surgery. Some of these points may not apply directly to you, but the list should help you discuss any aspects of the planned skin surgery that you do not fully understand.

Please read all of this leaflet, as it will answer many questions you may have. If you have any unanswered questions or concerns, please ask.

When a doctor or nurse asks you to agree to any form of examination, treatment or care, remember that you have a choice. You are always free to say no, or to ask for more information before you make up your mind.

What does consent really mean?

Before any doctor or nurse examines or treats you, they must seek your consent, or permission. This could simply mean following their suggestions, such as your GP asking to have a look at your throat and you showing your consent by opening your mouth.

Sometimes they will ask you to sign a form, depending on the seriousness of what they're proposing or whether it carries risks as well as benefits. It does not matter so much how you show your consent: whether you sign, or say you agree. The important thing is that your consent is genuine or valid. That means:

- you must be able to give your consent
- you must be given enough information to enable you to make a decision
- you must be acting under your own free will and not, say, under the strong influence of another person.

What sort of information do I need?

In order to make a decision, you need to have information from health professionals about the treatment or investigation that is being offered to you.

You should always ask them more questions if you don't understand, or if you want more information.

For example:

- what sort of things will the treatment involve?
- what are the benefits they hope will result?
- how good are the chances of getting such benefits?
- are there any alternatives?
- what are the risks, if any?
- if there are risks, are they minor or serious?
- what may happen if you don't have treatment?

Or they may be specifically about your skin surgery, for example:

Short term: in first five to seven days

- will it bleed afterwards – and what should I do if it does?
- will it hurt afterwards – and what should I do if it does?
- what do I do about taking care of the wound?
- can I wash the area or get it wet?
- if there are stitches, who will remove them and when?
- when will it be okay to start routine activities again?

Remember – sometimes wounds become infected, which makes them become more sore and red a few days after treatment, and then pus may break through the wound. Treatment would involve medical advice and possibly antibiotics.

Medium term: next few weeks

- all specimens are sent to the laboratory for close examination under the microscope
- how will I find out the result?
- do I need a hospital follow-up appointment?
- when can I use make-up or shave?

Remember – results are not always a completely clear answer. There may still be uncertainties. If you are having a skin cancer removed, the two most important pieces of information you will need are: “what was it?” and “does the report suggest that the cancer was completely removed?”

Longer term

- what will it look like – will there be a big scar, and where will it run?

Remember – all surgery is a swap of a piece of skin for a scar. Scars can be discoloured, lumpy, itchy or uncomfortable. There can be a tingling sensation as the small nerves recover or regrow. These features usually settle with time, but sometimes, scars can be raised, indented, have a stretched appearance, or be uncomfortable in the long term.

If the person asking for your consent to the treatment isn't able to answer your questions, ask them to find out or arrange for someone else to talk to you about your concerns.

It may be helpful to have a friend or relative with you when giving consent if you have concerns about remembering things.

How much do I need to know?

Some people want to know as much as possible about their condition and possible treatments; others prefer to leave decisions to the experts. No one providing healthcare will force information on you – for example, about the risks of treatment – if you don't want to know. But remember, the person in the best position to know what matters most to you is you yourself. Only you can know what is most important to you.

How much time can I take to decide?

Your doctor or nurse may encourage you to accept a particular treatment if they believe it will be helpful for you, but it is your decision whether or not to go ahead.

If you want more time to think about your decision, say so. In emergencies, decisions may have to be taken quickly, but at other times it is often possible to take as much time as you need.

Information for before your surgery

You will be given an appointment to attend for day case skin surgery, where you will have a procedure to investigate or treat your skin condition.

Please allow at least two to four hours for your visit, so you have enough time to recover after the procedure. Your operation will last between 30 minutes and two hours (small biopsies take less time than skin grafts, for example). You will then need to wait under observation for between 30 minutes and two hours to prevent complications.

This booklet aims to explain some aspects of your surgical treatment. If you require further information, please ask staff, or telephone **0117 342 2486** during working hours: Monday, Wednesday, Thursday, Friday 8am to 6pm; Tuesday 8am to 8pm.

Location

Your operation will usually be done at the Bristol Dermatology Centre (A520). This is reached from the back of Level 5 of the Bristol Royal Infirmary, or directly from Marlborough Hill. Please allow plenty of time to find the department (A520 means zone A, level 5).

You may also be offered the operation at South Bristol Community Hospital, Weston General Hospital, or sometimes elsewhere, depending on where you live and availability. Wherever you have your operation, you will remain under the care of the consultant's team who saw you before.

Transport

If possible, arrange for someone to accompany you or pick you up afterwards. It may not be appropriate for you to drive home, and certainly not if your treatment has involved your hands, feet or face. Dressings anywhere near your eyes may reduce your vision or provide a distraction if they move suddenly. Such dressings may also be required for forehead, temple, ear or scalp surgery.

If you are coming by hospital transport, you will need to be ready at 8am for a morning appointment, or 12 midday for an afternoon appointment. Please make sure we know if you are unable to stand or walk without a lot of assistance, or if you are not able to move from a wheelchair to a couch.

Eating and drinking

You may eat and drink as usual prior to your operation.

Clothing, make-up, washing and shaving

To reduce the risk of wound infection, please shower or bathe the day before, or on the day of, surgery, using soap or equivalent wash product.

On arrival, you may be asked to replace some of your clothing with a theatre gown. This will give the doctor or nurse better access to the area being operated on, and will protect your own clothing. If you are having treatment to your face, please remove all make-up before you attend – not just from the area being treated.

If your surgery is in a hair-bearing area of the body, we may clip the hairs nearby to improve access and ease of dressings. You do not need to shave the area in advance, but if you prefer to do so, please do it the night before surgery. There is some evidence that shaving immediately before surgery can increase the chances of wound infection.

Waiting area

There is a waiting area available. We would ask all patients to bring only one relative or friend with them due to the limited space available. We don't have facilities for accompanying children.

Appointment

Every patient is given an appointment time. Please arrive 30 minutes early so we can prepare you to start your surgery at your appointment time. Sometimes we may be able to start earlier, but some surgery takes longer than expected. Every effort is made to see patients at the appointment time, but inevitably, delays can occur. Please bring something to read to help you pass the time. If you have an appointment near lunch, you may bring some food, particularly if you are diabetic.

Valuables

Please do not bring any valuables with you when you attend, as the Trust cannot be held responsible for any loss that might occur. Please keep jewellery to a minimum.

Language

If you require an interpreter because of language difficulties, please let us know by phoning the appointments line on **0117 342 6888**. The waiting list team would need to book these on **0117 342 2359** or **0117 342 3258**.

Medication

Please bring a list of any current medication with you when you attend. If you take any medicines that 'thin' the blood, please read the next section and tell the dermatology doctor which medicines you take. If you have a heart problem (for example an artificial heart valve) that requires taking an antibiotic before dental or other procedures, you would not usually need to take any before skin surgery. However, if we are planning surgery around your mouth or a large wound, you may need to. Please ask your cardiologist or GP about this and discuss it with us. We also need to know if you are diabetic.

Blood-thinning medicines

Some patients take medicines to 'thin' their blood. These medicines increase the risk of bleeding or bruising after skin surgery.

These medicines include aspirin, dipyridamole (Persantin or Asasantin Retard), clopidogrel (Plavix), warfarin, dabigatran (Pradaxa), apixaban (Eliquis), rivaroxaban (Xarelto), and heparin.

Usually, the reason for taking the medicine is more important than the bad experience of some bleeding or bruising after surgery.

If you take warfarin, you will have regular blood tests to check how 'thin' your blood is (the INR). We would like you to have this checked three to five days before surgery, and to phone us on **0117 342 2359** with the result. We generally need the INR result to be between 2 to 2.5, so you will need to work with your GP in the weeks before surgery to achieve this. If you need an INR higher than 3 (for an artificial heart valve, for example) we need to know.

If you are taking any of the medicines mentioned, the doctor planning your surgery may ask you to stop these up to one week before surgery, especially if you are taking more than one. This will depend on your medical history, the reasons you are taking the blood thinning medication, and the nature of the operation.

If you do take one of these medications, it may be advisable not to be alone for the first night after your surgery. Again, please discuss this with the doctor organising your surgery.

Implanted devices

Please tell the dermatology doctor well before your operation date is planned if you have any implanted devices – for example a pacemaker, defibrillator, or deep brain stimulator. You may need additional pacemaker checks before and after the procedure. If so, we will arrange that and let you know.

Smoking

Smoking can harm the healing process, which is particularly important if you are having surgery resulting in a stitched wound. You can improve your chances of good healing and a better scar by stopping smoking at least a few days before surgery, until at least a few days afterwards. This can be a good opportunity to kick-start stopping altogether if you wish, which will help your general health too. For advice about stopping smoking, phone **0117 984 1650** or visit www.bristolstopsmoking.nhs.uk/.

Follow-up appointments

Follow-up appointments will usually be made before you leave the Dermatology Centre if you need one. We may discuss writing to you with your results as an alternative.

Cancellation or re-arrangement of an appointment

If you are unable to attend or no longer need your appointment, please telephone **0117 342 2359** or **0117 342 3258** and let us know.

Appointments are precious, so this will enable another patient to take your place. Please give us as much notice as possible.

Time off work or sport, and changes to usual activities

If you are having surgery on your head or neck, you will need to avoid any stooping, bending, straining or physical exertion for at least 48 hours after surgery. This will minimise the chances of swelling, bleeding, bruising, discomfort and infection, and give the best chance of a minimal scar.

For the same reasons, you may need to take time off work, sport or other physical activities – particularly if you have a strenuous, physical job. For leg or foot surgery, you may need to have your leg up for a few days, and sometimes bandaged for several weeks (see the 'Leg bandaging' section on page 27). For arm and hand surgery, you may need to wear a sling.

Your dermatology doctor can issue you a fitness to work letter for your employer, detailing what we recommend. We will do what we can to support you in getting back to work and your usual activities as soon as possible. Please remember that investing in time off during the period immediately after surgery can prevent greater disruption later on.

Skin surgery questions

Excision, incision, punch or shave biopsy, curettage and cautery (electrodessication), skin grafts and flaps

What is being done and why?

An excision biopsy is removal of some skin to make a diagnosis, or as part of treatment. Other techniques can also be used to obtain a biopsy for diagnosis or to give treatment. The reason for your surgery should have been explained to you by the doctor or nurse.

Will I feel anything?

A local anaesthetic will be used. This means you will have an injection into the skin near the lump/lesion before surgery. The injection will sting initially. However, once the anaesthetic has taken effect (after two to three minutes), your skin will be numb, although you may feel touching or pulling during the procedure. You will be awake throughout the procedure and will not be sedated or feel drowsy. You will usually be able to talk if you wish. You will have a nurse to support you.

How long will it take?

Most procedures take between 30 to 90 minutes, but you should expect to be in the department for two to four hours. This includes the preparation and recovery time.

Who will do the procedure?

Your skin surgery will be done by a consultant dermatologist, another dermatology doctor, a plastic surgeon, or a specialist nurse. This will depend on the complexity of the surgery.

What happens to the piece of skin that has been removed?

In all cases, the piece of skin removed will be analysed in the laboratory and examined down the microscope by a pathologist. This usually takes two to three weeks. Your doctor will then be able to discuss the results with the pathologist, or obtain double checks or further tests if necessary. This usually happens at our multidisciplinary team meeting on Tuesdays, where we decide on the best treatment choices you should be offered. After that, we will know if the diagnosis has been confirmed, and if the surgery is likely to have achieved its purpose.

Sometimes, further biopsies or surgery will be required, but in most cases, only one operation is needed. We aim to arrange a discussion or send the final results to you within four to six weeks.

What happens after the skin surgery?

After the surgery, there will be a wound. In some cases, the wound will be stitched (sutured); in others, it will be left as an open wound, rather like a graze. If stitches are used, these will have to be removed five to 14 days later. You must be sure to be available for this to be done (for example, not away on holiday) before the procedure is organised. Up to and after stitch removal, the wound is weak and will have to be treated carefully to prevent the wound coming apart.

In the 24 to 48 hours after surgery, it is particularly important that you do not exert yourself and that you rest. This, along with the suggestions on the next page, will reduce the risk of post-operative bleeding.

In most cases, a dressing will be required, and this will have to be kept clean and dry. Usually, the dressing can be removed after 48 hours. Sometimes you may have a dressing on for a week, or tight leg bandaging for several weeks. The nurse or doctor will advise you on which of these is appropriate for you. You should ask whether you need to limit your normal activities (see 'General do's and don'ts' on pages 23-25).

When it is possible for the site of surgery to be elevated (for example, your lower leg), it is advisable to apply pressure using a bandage in the first 24 hours.

If the surgery is on your upper body, head or neck, avoid bending over if possible, and make sure you have extra pillows when you go to bed to reduce swelling.

If you have had surgery anywhere near your mouth or nose, avoid hot drinks and spicy food for at least 12 hours afterwards, and choose meals that do not require much chewing. The risk of bleeding can be increased by movement of the facial muscles and flushing from hot drinks or alcohol. Avoid alcohol for 48 hours after your operation.

If you take 'blood thinning' medicine, you are more likely to bleed and bruise after skin surgery. If you have been told to stop any of these medicines because of the surgery, you should restart the day after surgery if all is well.

How will I hear about the outcome of the surgery?

The doctor will either write to you and your GP with the results when they become available, telephone you, or make a follow-up appointment for you in the clinic to discuss the results. It may take three to six weeks for a report to be available.

Any other questions?

If you have any other questions, please speak to the nurse or doctor before leaving the department, or by telephoning afterwards.

Glossary: types of skin surgery

Excision biopsy

What is it?

Skin excision is the removal of a skin lesion in order to make a diagnosis, or as part of treatment. The wound is usually stitched, but it may be left open.

Incision/punch biopsy

What is it?

Incision or punch biopsy is taking some tissue from a lump or lesion in order to make a diagnosis by sending the skin to the laboratory for examination. The wound is usually stitched, but it may be left open or cauterised.

Shave biopsy

What is it?

Shave biopsy is the removal of the top part of a skin lesion – in other words, the protruding portion. Because this only removes the part of the lesion that protrudes above the skin, the appearance may be different from the surrounding skin.

Wounds are normally cauterised following shave excision. Please see the advice section on cautery on the next page.

Curettage

What is it?

Curettage means the lesion has been scooped off.

Wounds are normally cauterised following curettage. Please see the advice section below on cauterary wounds.

Cautery (electrodessication)

What is it?

Cautery creates a burn of the top layer of the skin. Depending on the depth and the extent of this and the site that has been treated, healing of this burn can take anything from just a few days to a few weeks.

Skin graft

What is it?

A skin graft is the transfer of healthy skin from one part of the body to another to cover a wound. A full thickness skin graft (FTSG) is thicker than a split thickness skin graft (STSG). An FTSG is usually better for matching to surrounding skin, and an STSG is better for larger wounds, more mobile body areas, or if wound healing is a concern.

Where does the skin come from?

The 'donor' site for an FTSG is usually where the skin is loose or hidden, and where is easy to take a piece of skin and stitch the edges together afterwards (usually your lower tummy, above your collar bone, or behind your ear). An STSG is typically shaved from the surface of the skin of the thigh or inner arm. This does not need stitches, and instead heals naturally over a longer period (like a graze). The STSG donor site can be painful initially and weep, so take regular painkillers, and have absorbent dressings changed at your GP.

How is the skin graft put on?

The graft will usually be stitched in place. Often, a wad of dressing material is also stitched over the wound to stop the graft from moving as it heals. There may be holes or slits made in the graft to enlarge it or help it heal. These techniques depend on the patient, the size of the skin graft, and the body area where it is applied.

What will my skin graft look like?

With any skin graft, there is usually some bruising and crusting in the first weeks. The appearance of your graft will change considerably with time, so its initial appearance should not cause alarm. It can take up to 18 months for a scar to 'mature', usually leaving a pale, soft, flat and supple scar. Your doctor will do their best to match the skin graft to the skin removed, so it blends in as much as possible. Sometimes it is almost unnoticeable, but other times, the differences to the surrounding skin are more obvious. The FTSG donor site usually heals to a fine white line. The STSG donor site tends to be pink for a few months and then get paler eventually.

How must I care for my skin graft longer term?

An FTSG may benefit from some gentle massage and daily petroleum jelly or moisturiser. An STSG and its donor site will require daily moisturiser and protection with sunscreen for at least one year once healed. Its natural grease, sweat glands and sun protection cells are usually damaged in the transfer, and take time to regrow.

Local skin flap

What is it?

A local skin flap is the movement of healthy skin from one part of the body to cover a wound nearby.

Where does the skin come from?

It comes from an area of looser skin next to, or near to, the

wound that needs repairing. The skin is still partly attached to where it came from. It is stitched in place.

What will my skin flap look like?

When suitable, a local skin flap can provide a less noticeable scar, by matching the skin used to repair the wound more closely to the skin removed. The exact shape varies and will be discussed with you.

An open or partially-closed wound (also known as 'secondary intention healing')

What is it?

Wounds not completely closed together at the skin surface will heal from the inside (bottom of the scar) out. This is sometimes known as 'secondary intention healing' or 'healing naturally'. These wounds can take longer to heal than if completely closed together (about one to two weeks per centimetre of wound diameter). It may be a good choice for you if you want a simpler, quicker operation to avoid a more complex repair with a skin graft or skin flap, and reduce your visits to hospital.

The wound will require a change of dressing two or three times per week until healed, but this is usually done by your GP practice nurse or district nurse. The scar usually ends up looking very good indeed, but this can take many months.

Why would you not close the wound together?

There are two main circumstances when this might be suggested:

1. The wound will be in a tight or tricky area that would otherwise require a skin graft or flap to repair it.
2. We need to wait for the laboratory results first to see if a tumour has been completely removed, in case more skin needs to be taken.

Nail surgery

What is it?

Sometimes it is necessary to take a sample of skin from around or underneath the nail, to help make a diagnosis. Other times, it is necessary for removing or treating a growth or lump around the nail. Usually, this means your whole finger or toe will be temporarily numbed for the operation with a local anaesthetic injection.

Will it be sore afterwards?

It is often quite sore afterwards, as the nail is a very tender area. However, normally this is easily controlled with simple painkillers like paracetamol, or others that your doctor or nurse can recommend. You can help this by keeping your hand up in a sling afterwards, or your foot raised above the level of your heart, when resting in the first few days after surgery.

Mohs micrographic surgery

Mohs surgery is a type of skin excision for certain skin cancers that are more difficult to remove. This technique increases the chance of cure, and minimises the amount of skin removed. It is done in stages, analysing the biopsy results bit by bit during the operation, until the whole skin cancer is removed. It usually takes half a day to one day, and ends with the wound being repaired. Only a small number of patients need this treatment. If you need Mohs surgery, it is carried out at Southmead Hospital.

What are the risks of having skin surgery?

Scar

You will certainly have a scar following the procedure, although it may not be very noticeable. Each case is different and depends on a number of factors, including the nature of the procedure,

the body area, your skin type, and your age. Bleeding, infection, or a burst wound after surgery may reduce the chances of the best scar.

Pain, numbness, reduced facial movement (usually only temporary)

When the local anaesthetic wears off (around one to two hours later), the wound may be a little painful and there may be some limitation of movement. Whether this discomfort will be significant or just a minor hindrance will depend on where the wound is and how big it is. Paracetamol tablets (ask the doctor if you prefer aspirin or ibuprofen) may be required for the pain. The discomfort should start to reduce after two days. If the pain gets worse after more than two days, it usually means there is an infection (see page 22).

The skin over or near the wound or scar may remain numb or feel different after the anaesthetic wears off, or the facial muscles nearby may not move as much as usual. This is quite common, and is usually because of pressure on the small nerves nearby caused by swelling or bruising. It tends to return to normal within two weeks. Occasionally, it can last up to several months and still recover; rarely, it can be permanent. However, in most cases of permanent loss of movement, this will have been expected and discussed before surgery, due to the specific nature of the problem being treated.

Bruising and swelling

This is common and usually lasts five to seven days. If the surgery is to your head or neck, extra pillows in bed are advised to help reduce the risk of swelling, bruising or bleeding. If the surgery is around the forehead or eye, it is common for the eyelid to become puffy and close the eye to some extent in the first 24 hours. This should settle in the following days.

Bleeding

It will be necessary to restrict your activity in the days following the procedure (see page 12). Vigorous exercise may stretch the wound, causing it to bleed or burst. Seek medical advice if this happens.

Some patients take medicines to 'thin' their blood, and they increase the risk of bleeding or bruising after skin surgery (see page 10). Bleeding after surgery may be uncomfortable, increase the risk of infection or poor or prolonged healing, or be a nuisance, but it is very rarely a serious problem for your health. Usually, the reason for taking the medicine is more important than the bad experience of some bleeding or bruising after surgery, so we normally want you to continue taking them.

However, when planning your surgery we may ask you to stop the medication the week before surgery. This will depend on your medical history, the reasons you are taking the blood thinning medication, and the nature of the operation. Again, please do discuss this with the doctor or nurse organising the surgery for you.

Infection

Despite our best efforts, some wounds will become infected after surgery. There are various possible reasons for this, but most can be prevented by taking the proper care advised in this leaflet. We may also suggest a preventative course of antibiotic tablets.

Infections usually develop a few days after surgery. Signs of infection include worsening swelling, redness, tenderness and pain, pus coming through the wound, and feeling unwell. If you are concerned that this is happening, you should seek medical help.

Poor healing

Mostly, skin surgery wounds heal quickly (that is, within a few weeks of surgery). Some things such as infection, bleeding, a burst (dehiscenced) wound, diabetes, smoking, taking steroid tablets, or wounds on the lower leg may prolong healing. Even so, if you follow the care advised in this leaflet, things usually go well.

Allergic or adverse reactions

These are extremely rare. They can happen through exposure to rubber gloves, skin antiseptic solution, local anaesthetics, antibiotics, and the dressing. Make sure you tell the doctor if you know you are allergic to any of these items. Feeling a bit faint or unusual during or after surgery is, however, fairly common, and not serious. It may be necessary to rest on a couch for a while under observation with us afterwards. This is one of the reasons why it is not recommended to drive after your surgery.

General do's and don'ts after skin surgery

Do

- Do leave the dressing in place and keep it dry for the first 48 hours, then remove it carefully or soak it off, unless you have been told otherwise (for example, for skin grafts).
- Do change a dressing if it gets wet or dirty. A wet dressing will promote infection.
- Do keep the wound clean. Wash it daily after dressings have been removed, but avoid the direct force of the shower on the wound.
- Do apply petroleum jelly (such as Vaseline) to stitched wounds. Use a new, clean pot and apply with clean hands or a clean cotton bud.

- Do use extra pillows to sleep more upright if the wound is on your face – this helps clear swelling and bruising.
- If the wound is on your leg, keep your leg up whenever possible. Avoid prolonged periods of standing, long walks, or sport until the scab has come off, leaving a healed wound, or until at least a week after the stitches are out.
- Do try to keep the sling on as much as possible during the first 48 hours (or longer if you have been advised to) if the wound is on your hand. This reduces swelling and bleeding, and is a reminder – to both you and others – that you have a delicate wound that may be knocked.
- Do ask for medical help if you are worried that the wound is not settling properly. This can be the dermatology department at the Bristol Royal Infirmary, or your GP or practice nurse.
- Do take painkillers if needed (see page 21), especially before going to bed.
- Do take all your usual tablets (including ‘blood thinning’ tablets) unless you have been told otherwise.

If you have had stitches (sutures):

- Do cover the wound with a new dressing if required. Do this at least daily.
- Do avoid active sport and swimming until two to three days after your stitches have been removed, or longer if advised.
- Do arrange to have your stitches removed by the practice nurse at your GP surgery, unless advised otherwise.

Once your stitches (sutures) have been removed:

- Do treat the area concerned with great care; the wound may look healed, but it has not reached its full strength. Clean the area gently with water and pat dry.
- Do gradually return to normal activity, as strenuous exercise may cause a wound to open. It may be several weeks or longer before you are back to normal.
- Do please remember not to get steri-strips (paper stitches) wet until the strips start to drop off (usually about five days), if you have them applied. After this time, remove the steri-strips gently by wetting them with water, then lifting both ends of the strip and carefully pulling from the wound.

Don't

- Don't undertake too much activity or dirty work too soon. An infected or stretched wound will take longer to heal and may give you a larger scar.
- Don't stoop or strain (including on the toilet) while a wound is still tender. If you tend to suffer from constipation, ask a pharmacist or your doctor before your operation for something to improve this.
- Don't consume things that can increase bleeding after surgery (such as hot drinks, chewy or spicy foods for facial surgery, or alcohol for any surgery) for at least 24 hours. But do take your usual 'blood thinning' tablets unless you have been told otherwise.
- Don't take aspirin for pain – choose an alternative such as paracetamol.

Other specific wound care advice

Care of your wound after cautery

You will help the healing process by following these instructions:

- leave the area dry for about 48 hours to allow a firm crust to form, and until all possibility of bleeding has passed
- after 48 hours, the wound should be cleaned daily using drinkable tap water, or cooled boiled water if you are particularly susceptible to infections (for example, if you are taking immune suppressing tablets or have had problems with infection in the past)
- after washing, dry the lesion gently
- apply a layer of petroleum jelly such as Vaseline
- keep the area covered with a piece of gauze, or a fabric plaster if it is more comfortable. This is not, however, essential, and you can leave the area open to the air. Use a breathable (not waterproof) type of dressing
- if bleeding occurs, apply firm pressure for at least 20 minutes
- if the wound is on the lower leg, healing is usually slower. You can help this by resting the leg and elevating it as much as possible, and by wearing an elastic support bandage, for example Tubigrip
- once healed, the scar may be red and slightly raised; after several months it should settle to a more flesh-coloured flat scar.

Care of an open or partially-closed wound

The wound will require a change of dressing two or three times per week until healed, but this is usually done by your GP practice nurse or district nurse. These wounds usually take between three to six weeks to seal over (about one to two weeks per centimetre of wound diameter). The appearance tends to improve for many months afterwards.

In the first few days, there may be a little blood or clear/yellow fluid oozing out, which will require absorbent dressings. This is normal. Afterwards, you may be able to change the dressing yourself at home, with some help, cleaning it as above.

Leg bandaging

Wounds on the lower leg will usually require tight ('compression') leg bandaging to speed up healing or prevent leg ulcers. This is usually applied in several layers after surgery and then replaced two or three times a week (usually by your GP practice nurse or district nurse) for at least three weeks. This bandaging usually means wearing loose footwear, and must be kept dry.

If you require this leg bandaging, you will need to have the blood pressures in your legs assessed prior to surgery by 'doppler examination', either at your GP or in the Bristol Dermatology Centre.

Other pressure bandages

You may have an outer pressure bandage covering an inner dressing (such as around your head). If so, try to keep this in place for the first 24 hours after surgery. If it comes loose during this time, try to replace it.

Skin grafts

Skin grafts have fewer oil and sweat glands, so they tend to become dry. When the graft is completely healed, it should be kept clean by gently washing it as normal. Avoid very hot water and never use highly perfumed soaps, creams or bubble baths. You need to gently massage in emollient or moisturising cream once or twice a day to moisturise the graft and keep the skin supple. This is only usually required for six months (FTSG) and 12 months (STSG).

The skin graft will also be very susceptible to the sun. Burning your graft will be very painful and worsen its appearance. For the first year, your graft should be protected during strong sunshine. Either keep it covered up, or use total sun block cream, which you can buy from your local chemist.

What do I do if it bleeds?

If your wound bleeds, raise the wounded arm or leg as high as possible, or if the wound is on your head, sit upright. Press firmly with a thick pad of 10 to 20 clean paper handkerchiefs, and hold the pressure on constantly for 20 minutes.

Do not dab or keep looking at the wound. Maintained pressure is very important.

If this does not stop the bleeding, or if you have any other difficulties, please get medical advice (see contact details on page 30 of this leaflet).

How will I know when it's healed?

Healing of closed, stitched wounds happens in stages:

1. The top skin seals together within one to two weeks.
2. The deeper skin seals together over weeks to months, helped by any deep dissolvable stitches that may have been placed.
3. The whole scar matures in strength and appearance over one year or more.

Larger wounds, or those in more mobile areas of the body, are at greater risk of bursting apart in the first weeks, so they need greater care. Even if the scar is quite red or lumpy at first, the colour and texture tends to continue to fade and flatten for several months.

I think it might be infected

The usual signs of infection are:

1. Pain.
2. Swelling.
3. Redness.
4. Increased temperature of the skin near the wound (or a fever).
5. Pus from the wound.

The first three are common to some degree in the first three days after surgery, but should be improving. If not, the wound may be infected, and you may need antibiotics.

However, it is common for some redness to appear around the stitch holes and scar before stitch removal, which may improve on its own later on. The longer the stitches are in, the more this will occur.

But if you notice other features listed above (numbers four or five) are present, or if you are at all unsure, then seek medical advice urgently.

Your consultant is:

The doctor or nurse that did your surgery was:

Your nurse was:

Your sutures should be removed: _____ or N/A (circle)

In _____ days On (date): _____

At: Your GP Bristol Dermatology Centre

Additional doctor's advice

Contact numbers

Monday to Friday, 8.30am to 5pm

Tuesday 8.30am to 7.30pm

Contact the nurse in charge of the dermatology unit.

0117 342 2782

All other times (including weekends):

If you are having problems with the wound after skin surgery earlier today, then please contact the hospital switchboard on **0117 923 0000** and ask for the on-call dermatology doctor, who will advise you on what to do next.

Your surgery was:

Type of surgery

- Excision biopsy
- Incisional biopsy
- Punch biopsy
- Shave biopsy
- Curettage and cautery (electrodessication)
- Cautery (electrodessication)

Other: _____

Wound repair:

- Primary/direct closure
- Partial closure or not closed
- Skin graft
- Skin flap

Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **Smokefree Bristol** on **0117 922 2255**.

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit:
www.uhbristol.nhs.uk/research-innovation
or call the research and innovation team on
0117 342 0233.

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/.

Hospital switchboard: 0117 923 0000



Minicom: 0117 934 9869



www.uhbristol.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print, audio or PDF format, please call the patient information service:



0117 342 3728 / 3725

