

Removing Benign Skin Lesion

Skin lesions are lumps found on or below your skin. They may be present at birth or develop later in life. Moles, skin tags, epidermoid cysts and lipomas are all examples of benign lesions.

Moles may presents as coloured black spots (Compound/Junctional naevus) or skin coloured lumps (Intradermal naevus). It is normal to get more moles during your life. Moles that suddenly change colour/shape may be turning malignant (cancerous). Your doctor may then recommend that your mole is removed.

A skin tag is a raised lump hanging from your skin.

An epidermoid cyst (Sebaceous cyst) is a lump in your skin where a cyst fills with a waxy whitish substance. It usually opens onto the skin via a central pore.

A lipoma is a lump of benign fatty tissue in the layer of fat under your skin. The skin over the lump usually appears completely normal and is not attached to the lump. A lipoma can vary in size and may grow to be over 10 centimetres. Removal is recommended if they are painful or rapidly increase in size.

Surgical removal of benign skin lesions may be performed to improve your comfort, appearance or if there is concern the lesion is changing cancer.

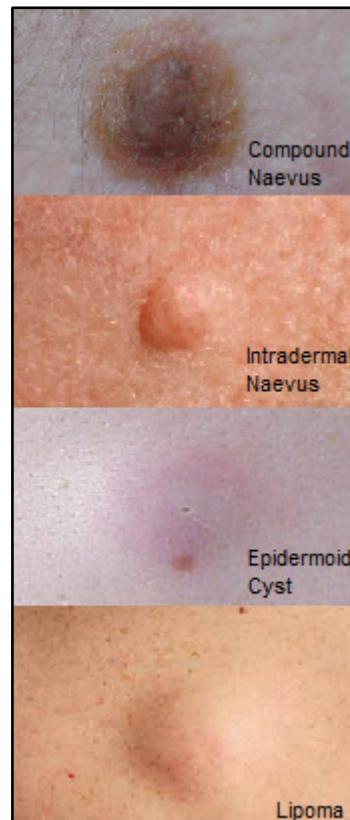
Alternative options to Removing Benign Skin Lesions

You may simply leave the lesions alone if your surgeon is certain it is benign (not cancer).

What does the operation involve?

The operation is usually a day procedure and can be performed under local and sedation or a general anaesthetic. The length of the operation usually takes between 15 to 25 minutes but is depend on both the size and site of the lesion.

An incision is made at the site of the lesion and the lesion is removed. The surgeon then uses stitches to close the cut. The stitches may be dissolvable. If not, they are usually left in for approximately one week depending on their location.



Post-operative course

You will be able to go home on the same day of surgery in most instances following removal of a benign lesion.

Post operatively you will have a scar at the site of the previous lesion. The length of the scar will depend upon the size of the lesion and also the approach used to perform the procedure. On completion of the surgery a dressing will be placed over your wound.

You will be provided with post-operative instructions and pain relief medication and you should follow these as directed. You will be discharged home with an appointment card for a wound check and dressing change at WPRS. Contact phone numbers to call if you have any concerns once you have been discharged home will be available with your post-operative instructions.

You should rest following your operation and avoid heavy lifting and strenuous activity for a few days, returning to normal activities by around one to two weeks. You may drive a car when you feel safe and comfortable to do so. Most people can return to work at around one week post-operatively (depending on the type of work).

Potential risks of surgery

Bleeding/haematoma: any bleeding after surgery is usually minor. However rarely you may bleed enough to require a return to theatre or transfusion.

Infection: uncommon, however if it occurs you may be required to commence antibiotics.

Wound separation/delayed healing: is uncommon in removing benign skin lesions.

Scar tenderness: is common for around 6 weeks and improves for most people, though is rarely permanent.

Scar widening/hypertrophy: this can occur with any scar. Your wound will be carefully closed, however some people may develop widened or elevated scars. WPRS monitor for this and provide information to avoid this potential complication.

Return of the lesion: lipoma, epidermoid cysts and moles can come back. Another operation may be required in this instance.

Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.