



Excision biopsy of the skin lesions

Informed consent: patient information

1. What are benign skin lesions?

A benign skin lesion is a non-cancerous skin growth. Benign lesions can be classified by their cellular origin: melanocytic, keratinocytic, vascular, fibrous, fat and so on.

- **Melanocytic:** melanocytic naevus (mole)
- **Keratinocytic:** solar lentigo, seborrheic keratosis, epidermoid (sebaceous) cyst, corn, callus
- **Vascular:** cherry angioma, pyogenic granuloma
- **Fibrous:** dermatofibroma
- **Skin tags:** fibroepithelial polyps

2. What is skin cancer?

Skin cancers are malignant tumours in which there is an uncontrolled proliferation of any one of many cell types. Each type of skin cancer has unique characteristics.

The most common forms of skin cancer are:

- Basal cell carcinoma (BCC)
- Squamous cell carcinoma (SCC), including Keratoacanthoma
- Melanoma

3. What is an excision biopsy?

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

4. Why do skin lesions have to be excised?

- To remove skin cancers (with or without surgical margins)
- To make a diagnosis
- To improve cosmetic appearance
- To relieve symptoms (if a lesion is tender or prone to being knocked)
- To remove an inflamed or frequently infected cyst

5. How do I prepare for the procedure?

Avoid taking Aspirin or anti-inflammatory tablets for seven days before the procedure.

If you choose to undergo general anaesthesia, you must not eat anything for 6 hours prior to your procedure (Please follow further instructions from the Hospital). You need to arrange for someone to drive you home from surgery.



6. What will happen during the excision surgery?

The area to be excised is marked with a surgical marker. Most common type of excision is an elliptical excision. The ellipse is often designed so that the resulting scar runs parallel with existing skin creases. This usually provides a wound under less tension and orientates the scar in a direction which is less noticeable to the eye.

You will be given local anaesthesia to numb the surgery area. With local anaesthesia, you may still feel pressure or pushing, but you should not feel any pain.

After cleaning the area with antiseptics, Dr Woo will cut around and under the lesion with a scalpel and sharp scissors along with an appropriate margin of normal surrounding tissue. The removed lesion is sent for histopathology test where a pathologist will process and examine the specimen under microscope.

The skin wound will be closed using a dissolvable stitch and covered with steri-strips and a waterproof dressing. The stitches can be placed on the surface which will be removed in 5-10 days.

The procedure will take about 20-30 minutes.

7. What are the risks of having an excision biopsy?

Pain, bleeding, surgical site infection, unsightly scarring, wound breakdown, recurrence

8. What is the aftercare and recovery following an excision biopsy?

You will be able to go home a short while after your surgery and return to work the next day unless your work will place a strain on the wound. You may have pain, swelling, or bruising where the skin lesion was removed. These symptoms should get better in a few days. You can take simple analgesia such as Paracetamol or Ibuprofen and apply ice pack.

You will keep the waterproof dressing intact for one week unless it is heavily stained or wet. You can dry the wound and put on new clean dressings as directed.

A facial wound is usually not covered with a dressing and an antibiotic ointment will be applied over the wound three times a day for a week.

Try to limit the amount of movement of the affected area until the wound heals completely.

You will need to make an appointment to see your GP in 5-10 days to review the wound and the histopathology report.

9. Contact your doctors if you notice:

- blood soaks through your dressing.
- the wound is red, swollen, or draining pus.