

Complex procedures in dermatology

Other formats

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What are complex procedures in dermatology?

When your lesion is removed a complex procedure may be required to enable the hole left behind to close. This would be because it is either in an awkward area or is too large to close directly. The operating doctor may decide to do a flap repair or a skin graft.

A flap repair means a piece of skin is moved or rotated into the area where your skin lesion has been removed.

A skin graft consists of skin taken from another part of the body and applied to the site where the lesion has been removed.

Why is it needed?

The aim would be to promote healing and a good cosmetic result.

If the skin was closed directly it could result in the wound and sutures (stitches) being under too much tension. This could cause healing problems and a poor cosmetic result.

What does it involve?

The procedure would be carried out at Litchdon House dermatology theatre by experienced doctors.

The procedure is done under local anesthetic. This means that the area is numbed but you would be awake.

The procedure generally takes about 45 minutes. Patients are asked to wait for 10 minutes after the procedure.

We would advise you to come with someone who could drive you home after the procedure.

You would be asked to sign a consent form to enable the doctor to do the operation. Make sure you understand and ask any questions you may have.

There can be significant bruising and swelling after a **flap repair**. This can take several days to reduce.

If you have a **skin graft**, there will be two wounds – one from the where the lesion has been excised and one from the donor site. You would be given specific information on the day regarding the aftercare.

It is quite normal for a **skin graft** to appear dark and crusted on the surface when the dressings are removed. Even if the skin graft looks black and does not take, you should not be too concerned because the graft will protect the wound site and allow it to heal from the base.

Skin grafts are very fragile and great care must be taken when looking after them. Please try very hard not to knock or move them after the operation.

On the day, you would be given detailed post-operative information regarding wound care and healing specific to the type of repair that is done.

You would have sutures (stitches) and these would need to be removed by your practice nurse at your GP surgery between 1 and 3 weeks after the procedure.

What are the alternatives?

Instead of moving/rotating the skin or doing a graft, the wound can be left to heal by secondary intention. This means leaving the wound open to heal from the base. We have another leaflet explaining this in more detail.

Some areas can be very slow to heal, such as the scalp or lower leg. If you have a procedure on the leg then you should ensure you rest with your leg up for at least a couple of weeks after the procedure.

Special preparations

Continue to take any medication you are on unless told otherwise.

Warfarin patients require an INR blood test 2 to 3 days before the procedure and to phone the results through to the dermatology department. Failure to phone in with the INR result may result in the operation being postponed.

If you are on any other blood thinners or aspirin, please contact us for advice.

If you have an implanted defibrillator, you must inform us before you attend your appointment.

If you are a smoker, we strongly advise that you stop smoking 2 weeks before the procedure and until at least the sutures have been removed following the procedure. This is because smoking can cause slow and poor healing, and can mean failure of the graft taking.

If you know you are MRSA positive, please inform the dermatology department before you attend for the procedure.

Please inform the dermatology department of any allergies i.e. LATEX.

Please eat and drink normally as it is local anesthetic.

Insulin diabetic patients should keep an eye on their blood sugar levels in case of a hypoglycemic attack. Please eat and drink as you normally would.

If you are really nervous then you could consider asking your GP for some calming medication, although we do aim to put you at ease.

If you normally use a wheelchair and your mobility is difficult please discuss with the dermatology team as you would normally be expected to lie on an operating table.

How will I feel during the procedure?

Hopefully both the doctor and nurses can help put you at ease by introducing themselves and talking to you.

The local anesthetic initially is like a bee sting but takes effect very quickly. If you feel any pain or discomfort during the procedure, please tell the doctor.

However, you will be able to feel touch and pushing and pulling but this should be pain-free.

How will I feel afterwards?

You will be numb around the operating site for about 2 to 3 hours. You may have some mild pain once the numbness wears off for which you can take paracetamol.

The area may feel tight.

Plan to have a lazy day and rest, even if you feel fine, to give the wound chance to start healing.

What happens after the procedure?

You will have a large dressing covering the wound.

You will be taken to the waiting room to recover and asked to wait 10 minutes or until you feel well enough to travel home.

You are advised to go straight home after your discharge from the unit and have a quiet day. It is NOT advisable to go shopping or do any strenuous exercise as this could cause your wound to bleed.

You may need to book some time off work for a few days whilst the swelling and bruising reduces.

What are the risks?

Bleeding, haematoma (collected bruise), infection, wound opening up, lumpy or keloid scarring, numbness, nerve damage. Sometimes the lesion we are removing may not be completely excised, and there is about a 1 in 20 chance that you might need a further procedure.

Numbness of skin sensation in certain areas may persist for up to a year. If longer than this it is likely to be permanent.

Scar

There will be a permanent scar after the operation, and alteration to the appearance of the skin. If you have a skin graft the skin colour may differ.

We make every effort to repair wounds such that the long-term scar will look as good as possible, but the scar may look very obvious for many months until it remodels. Occasionally the scar may pull on your eyelid or lip, but this will often settle down over time.

Scars can take up to 12-18 months to look how they will long term. During this period the scar tends to flatten out, look less prominent and be less symptomatic.

Aftercare

All your wound care will be written down for you and an explanation given to you on the day.

Information about the sutures and when to have them removed will be given to you on the day.

It may be helpful for a relative or friend to listen to the post-op advice.

Follow up

Results can take up to 6 weeks as sometimes they may require discussion with other clinical colleagues or to be referred for a 2nd opinion. We will contact you either in writing or by telephone to book an appointment when the results are available as you may require further follow up.

The dermatology doctor may wish to see you in 3 months to see how the wound has healed. You will be given that appointment date and time on the same day as your procedure.

Further information

Our department is always here to help and reassure you at all times. If you have any concerns before or after your operation, please call on the number below:

Litchdon House, dermatology department: **01271 312850**

If there is any reason why you may not be able to attend your appointment, please ring the department to discuss or rearrange.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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This leaflet was designed by the Communications Department.
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