



**Heidelberg
Endoscopy**
& Day Surgery Centre

Phone: 03 9458 2200

Address: 179 Northern Rd, Heidelberg Heights VIC 3081

Email: sue@heidendo.surgery

Lesion Removal

What is the removal of a lesion?

This is the surgical removal of a lesion or lump in the skin, such as a mole or epidermal cyst or of the fat that lies just beneath it – e.g. a lipoma.

Usually, this procedure can be performed under local anaesthetic. This means you will be awake for the procedure. Sometimes, larger lesions require a general anaesthetic.

The removed specimen will be sent for analysis. The wound will be closed with some stitches, and the type of stitch will vary depending on the type of lump that is removed. Sometimes these are dissolvable and sometimes they will require removal.

Why are lesions usually removed?

Benign conditions may cause symptoms like itching or bleeding. Occasionally, they will catch on clothes or prevent hair brushing if located on the scalp. Patients may also have them removed because of cosmetic problems.

If any lesion is growing in size or shape, or if there is some doubt as to the exact diagnosis, it may be recommended to remove the lesion to confirm the diagnosis by looking at it under a microscope. This is known as an excision biopsy.

After the removal of lesions?

If you have had a procedure under local anaesthetic, you will be able to leave straight away. If you have had a general anaesthetic, you will need to rest until the effects have passed (usually a few hours). If you have had a general anaesthetic, you will also need to arrange for someone to escort you home. Try to have a friend or relative with you for the first 24 hours after your surgery.

You may need pain relief to help with any discomfort as the anaesthetic wears off. Pain after this operation is very low, usually controllable within a day or two with medication you can buy over the counter, such as simple paracetamol and ibuprofen.

You may be given a short supply of stronger painkillers when you're discharged along with other medicines, such as laxatives, anti-inflammatories and occasionally medicines to protect your stomach lining from the stress of surgery and the side effects of the anti-inflammatories. These will be issued with instructions.

If there is any doubt as to the nature of the tissue removed, then the sample will be sent to the laboratory for analysis to ensure there is no malignancy. It may take a week or so for the results of the biopsy to be ready. A follow-up appointment, to give you the results, may be arranged before you go home.

Safety and risks

This is a safe procedure and the likelihood is that you will make a good recovery. However, all surgical procedures have some risks.

- **Scars**

Scars always result from surgical cuts and all surgery leaves scars. Your surgeon will do their best to prevent this by hiding the incision in a skin crease wherever possible, and by using dissolvable stitches or glue. Occasionally a red lumpy, thickened and itchy scar may result. This can be disfiguring. This occurs in some patients whose skin heals in a specific fashion, known as Hypertrophy. Keloid is a separate condition which is more commonly found in Afro-Caribbean patients.

- **Infection**

If this happens the wound will become red and painful, and you may have a temperature. You should seek further help from your doctor as you may require antibiotics. If you smoke, you have diabetes or you are obese, you are at an increased risk of wound infection.

- **Bleeding**

If this happens, it typically causes a haematoma (a collection of blood) in the tissues. It increases the appearance of bruising. Swelling can slow down healing and it may spoil the cosmetic appearance of the final result. A large bleed is unlikely to occur but very rarely it may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

- **Fluid**

Fluid may build up under the skin, which is known as a seroma. This fluid fills the space of the lesion that was excised and sometimes this may need removal.

The lab test may show that the diseased area or lump has not been completely removed. If there is any disease left behind, further surgery may be needed to cut the rest out.