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Skin Excision Biopsy

Skin cancers untreated slowly invade the area in which they grow destroying the surrounding structures. For this reason it must be removed. In order to ensure complete removal a margin of apparently normal skin is removed with the lesion. The removed tissue is examined under the microscope.

Removing the lesion will leave a **defect** in the skin. This defect must be closed. There are various techniques for achieving this. As your surgeon to explain exactly which technique he plans to use. Small defects can be closed directly by shaping the wound into an ellipse and drawing the edges together to close the wound as a straight line.

Larger defects will require a flap or a skin graft. A **local flap** is a trapdoor like portion of skin lifted from the adjacent area and dropped into the defect. The flap is designed to use skin from an area of laxity where closing the defect thus created is done by simply drawing the edges together.

Skin grafts are required for defects which are unsuitable for flaps. Skin is taken from another area as a small sheet and laid into the defect. We frequently take full thickness skin grafts from behind or in front of the ear or low down the neck. The defect created by lifting the skin is closed by drawing the edges together.

All wounds created by any of these techniques are held together by **stitches** until they heal. Stitches are removed either by your general practitioner or for more complex wounds, in the plastic surgery dressing clinic.

In deciding on the best technique for removing skin lesions, we consider the size and position of the lesion and the laxity of the skin. Since these frequently occur on the face we always take **cosmetic factors** into consideration, hiding the surgery as far as possible. It is not possible to do surgery without leaving scars. Your scars will start off red and noticeable, with time they will improve. Some people's scars fade better than others – no scars vanish completely. Sometimes it is not possible to avoid the surgery causing some changes in shape of the facial structures.

The graft **heals** by taking up a blood supply from the base of the wound thereby allowing the grafted skin to survive. This takes about 5 days. The area from where the skin comes is called the donor area. The donor defect caused by taking skin is stitched together. This wound heals up like any other stitched wound.

Any operation can give problems with infection or bleeding. Simple infections settle on a course of antibiotics. Infections caught early are easier to settle. If you notice increasing redness of your wound and it is painful make sure one of the doctors checks on it as soon as possible. Some wounds bleed some time after theatre. It is possible to lose a skin graft if a blood clot collects beneath it. Most often applying pressure for 5-10 minutes will settle the bleeding. If this is not the case you will need to re-attend the plastic surgery unit for a dressing changed and occasionally for the bleeding to be stopped in theatre.