

MATTHEW POTTER

MINOR SKIN SURGERY

The procedure

Work up

1. We encourage you to bring in your own music, ideally in a format that can be linked to our own Blue-tooth sound system.
2. Nearly all minor operating facilities have the capacity for a relative to sit in with you during your procedure and we encourage this if this puts you at ease.
3. On the day of the procedure please wash the entire operative area
4. If a facial lesion, please avoid using make up.
5. There is no need to starve prior to the procedure. Nevertheless it is not a good idea to have a large meal prior to any procedure
6. You should not drive or operate any heavy machinery after the procedure for the rest of the day
7. You will need someone to drive you home if applicable
8. For the first day after the procedure it is advised to take it easy.
9. It is likely that the operative site will ooze for the first hour or so after the procedure. We therefore advise avoiding social engagements for the first post operative day.

Some lesions are ulcerated (the continuity of the overlying skin is broken) in this instance it is highly likely you will be given oral antibiotics to take at the time of the procedure.

Pre-operative medications to avoid

Mr Potter does not stop any blood thinners prior to minor operative procedures. He recommends patients continuing taking all blood thinners however this will be discussed with you at your pre-operative consultation.

Post-operative pain

The local anaesthetic used usually lasts for at least 6 hours.

It is advisable to therefore take Paracetamol (if you have had no previous problems with paracetamol) at four to five hours after the procedure. The paracetamol should be taken regularly for the first 2 days after the procedure whether you have or don't have any pain. If you get breakthrough pain then Ibuprofen (if tolerated) can be administered at home. Many patients take Ibuprofen prior to going to sleep for the first night.

Post operative bleeding

It is highly likely that your wound will ooze for the first few hours after the procedure and this is more likely if you take blood thinners. Oozing is mostly stemmed by elevating the surgical site and applying gentle pressure with a clean tissue for ten minutes. If, after this period, the oozing continues repeat this process once more and if this fails to stop the problem you should contact the Hospital or Mr Potter.

Swelling

All operative sites swell to some degree due to the inevitable inflammation from the procedure. This is especially apparent on areas of the face most particularly around the eye. Operating about the orbits often cause swelling that settles with slight discolouration and bruising about the eye.

This should dissipate after 3-5 days. Please be aware of this with regard to social or work engagements.

Site specific post-operative care

Surgery to the head

Please avoid coughing, straining, bending down and heavy lifting. This increases the blood pressure about this site leading to increased bruising and or bleeding. If possible try to sleep with the head elevated on 2-3 pillows for at least 2 nights.

Surgery to the mouth or lips.

Local anaesthetic will render this area numb for hours. It will also make the lip muscles slightly weaker. Drinking hot →

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beverages is not a good idea until all the local anaesthetic has worn off.

Surgery to the foot/leg

When sitting down it is advisable to elevate the leg on a stool. Try to avoid excessive walking. Please avoid any exertion, running etc. Please avoid standing for long periods for the first 2 days.

Surgery to the hand and arm

If suitable you will be given a sling to elevate the hand higher than your heart to minimise swelling. This should be worn for the first 2 days or when all the pain has settled, whichever is the longest. Where possible all joints should be moved. Surgery to the hand will have specific advice which will be given to you at the time of the procedure.

Wound care advice

Skin grafts

These will be left exposed to the environment. The graft is sutured to its base with many dissolving sutures that prevent or minimise the graft from moving. The graft should be washed twice daily, ideally under a shower head with soap and water. The graft should be left to air dry or pat dry with a clean towel. You will be given a tube of antibiotic gel after your procedure. This gel states that it is eye ointment. Please don't apply this to the eye but apply with a clean finger tip to the graft twice daily, at least.

The graft will initially look skin coloured or white. It will then swell and turn dark purple resembling a Raspberry or Mulberry. This will settle after a week and then adopt the pink hue of the native skin between one to two weeks.

It is imperative that the graft is washed through twice daily and not covered by any dressings other than the antibiotic ointment.

Wounds covered with skin coloured tape

These will be left exposed to the environment. The graft The skin coloured tape is designed to be washed at least once a day and to get thoroughly wet with soap and water. The tape

will air dry within 30 minutes. After a few days the tape will start to peel away at the edges. Please don't peel the tape off, just simply trim the tape that is coming away.

Wounds with sutures exposed on the face

Certain wounds are not covered with tape due to its site and the inability of the tape to stick in certain areas. In this instance you will be asked to apply antibiotic ointment to the area twice a day. The operative site should be washed twice daily with soap and water. The ointment should be applied after washing. These sutures will be removed at a week at the operative hospital. It is advisable to continue with the antibiotic ointment with gentle application until it has run out.

Wounds covered with a white absorbent gauze

These are often operative sites on the leg. The operative site will most likely be covered with adhesive tape. This has a further absorbent dressing placed over the top. This white absorbent dressing should be removed after 2 days and the underlying site with operative tape washed under a shower head with soap and water and allowed to air dry. The tape will air dry within 30 minutes. After a few days the tape will start to peel away at the edges. Please don't peel the tape off just simply trim the tape that is coming away.

Scar care and maturation

All scars go through a red, lumpy, raised, itchy phase for 3 to 6 months. Scar care doesn't necessarily give you a better scar but gives you your end result sooner.

All operative scars are lumpy like the edge of a Cornish pasty! This is simply because we use sutures deep down that bind the skin together elevating (everting) the wound edge taking tension off the skin edge that has to heal. We believe this gives a finer eventual scar. This bound everted skin edge will settle and flatten in a process that starts at 2 weeks and should be well under way at 4 weeks. Massaging the scar twice daily after 3-4 weeks has the advantage of desensitising the area and encouraging the scar to flatten. We don't advocate any expensive moisturising lotion. It is most likely the process of massaging and moisturising rather than the contents of the cream that helps.



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Sutures

External sutures are mostly used on the face and should be removed between 5-7 days and no later. Beyond 7 days sutures can form the distinctive train track scarring. We would much prefer that these sutures are removed by us in the hospital in which you had the procedure. External sutures used outside the facial area are removed at ten days. Deeper sutures are used in nearly all our minor operations. These retain their strength for 2-3 weeks and will dissolve in a process that lasts for up to 3 months. Occasionally the body treats these deeper sutures as a foreign body and “spits” them out after a few weeks or months. If this happens or you have concerns that this is about to happen please contact us.

Sun care

Please avoid direct sun exposure to the operated area. It is best to avoid exposure by covering up. If needed please apply a high factor protection or better still a sun block. Immature scars are prone to increased pigmentation from direct sunlight.

Contact details

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