

Dr Weatherhead & Associates

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Your Clinician has decided with you that you might benefit from minor surgery.

What will happen?

At least 24 hours before your minor operation you will be given an appointment to attend the surgery where you will have the opportunity to discuss things further with the Clinician performing the procedure. You will also sign a consent form at this time. As long as you understand the risks involved in your minor surgery you will be given at least 24 hours to think about the procedure further, and you may cancel your appointment at any time leading up to the procedure itself, but if you decide not to go ahead, please let us know as soon as possible so we can offer your appointment slot to someone else.

Please note, for Cryotherapy patients, you will be able to discuss the procedure and sign your consent form on the day of treatment, therefore only one appointment will be given rather than two.

On the day of surgery: For most procedures we use a local anaesthetic. This will involve 1 or 2 small injections around the area that needs treating. When the injection first goes in it stings for a few seconds before it numbs all of the pain. If you feel any pain after this you should tell the clinician. Once the clinician is happy that the area is numb they will proceed. The time taken for each procedure varies but on average will take 20 minutes.

All skin lesions that are removed are sent to the lab for examination under a microscope. The results of this are returned to the Surgery 2-3 weeks later.

You may wish to bring someone with you. Some procedures may interfere with your ability to drive or walk and you should discuss this with the clinician prior to attending.

Once the procedure is complete the clinician will give you instructions about looking after the wound.

What are the risks?

Minor surgery is extremely safe and the risks are very small.

Rarely, infection can develop. The symptoms of this are redness, heat and inflammation or pus coming from the wound. If this occurs then you should contact the surgery. It is usually easily treated with antibiotics.

Any cut into the skin will result in a scar. The clinician will try to minimise this. The scar may be more unsightly than the original problem.

When we remove skin lesions, cysts or ingrowing toenails there is always a chance that they may come back. This can be in the same place or in other locations on the body.

A small amount of bleeding at the time of the procedure is normal. This can lead to some bruising which should settle over the following few weeks.

Specific Information on Procedures.

Excision

Excision (cutting out) is used to remove skin lesions or cysts. This can result in a lower chance of recurrence. However they can lead to a slightly larger scar. You must understand, you are exchanging your lesion for a scar, this is inevitable.

Biopsy

Biopsy involves taking a small portion of the skin lesion out and sending it to be looked at under a microscope. We do this to tell us if further treatment is required.

Curettage and shave excision

This removes raised areas but does not completely remove the original lesion. The scar is usually less than an excision but there is a higher chance of recurrence.

Cryotherapy

Liquid nitrogen freezes the skin in a controlled way. This does not require anaesthetic. It is used to treat areas of sun damaged skin, warts and verrucae and small skin tags etc. You may require repeated treatments. It may be sore for up to a few weeks while it heals.

Ingrowing toenails

We normally remove the whole of the affected toenail. We give the anaesthetic to the base of the toe numbing the whole area. The nail will then grow back normally. If the area looks infected the doctor may give you antibiotics at the time. If you have repeated ingrowing toenails then you may be offered a procedure that will prevent the nail from re-growing.

Information for after the procedure

In general we suggest that you keep the wound clean and dry, particularly in the first 48hrs. You should not soak the wound for prolonged periods, especially when in the bath. If the wound is liable to get dirty it should be covered with a dressing or plaster.

If you have had sutures (stitches) then you will be told to see the practice nurse to have them removed, normally 5-10 days afterwards (depending on location).

When the local anaesthetic wears off (after about 2 hours) you may experience some discomfort. Simple painkillers such as Paracetamol should be adequate to control this.

Bleeding is very rare. If this does happen then simple pressure applied to the wound for approximately 20 minutes is usually adequate to stop any bleeding.

If you notice increasing redness, heat and inflammation around the wound or discharge (pus) from the wound this may be a sign of infection and you should contact the Surgery.

If you require any further information about a procedure that may be performed then please contact the Surgery.

Your Appointments are planned for you as follows:

Consent: Date:...../...../..... Time:.....

Minor Surgery: Date:...../...../..... Time.....