



**Building healthier lives**

**UHB is a no smoking Trust**

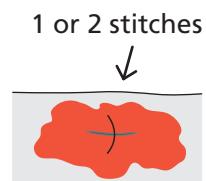
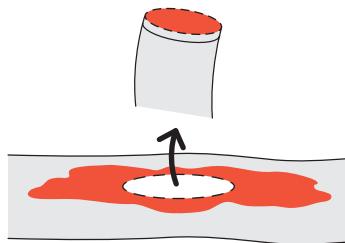
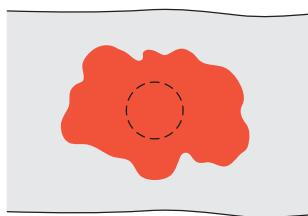
A skin biopsy is a short procedure where a sample of skin is removed and sent to the Pathology laboratory to be analysed under the microscope. A skin biopsy will help to diagnose your skin condition and plan treatment.

## Types of skin biopsy

### Punch biopsy

A small round bladed instrument is used to remove a round core of tissue ranging from 3 to 4 millimetres in diameter (see diagram below). 1 or 2 stitches may be used however, sometimes stitches are not used. You may have a small scar which appears as a 3 to 4 millimetre fine line. Sometimes this heals as a circular indentation or puckering.

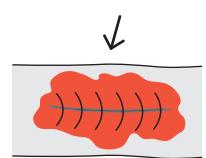
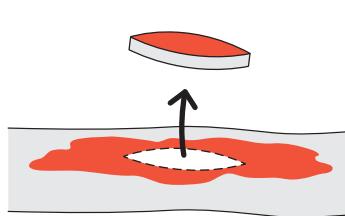
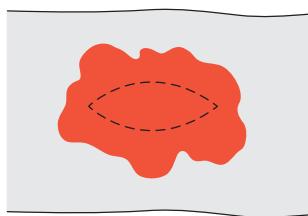
A video which provides more information about punch biopsy is available at: [www.uhb.nhs.uk/dermatologyinfo](http://www.uhb.nhs.uk/dermatologyinfo)



### Incisional biopsy

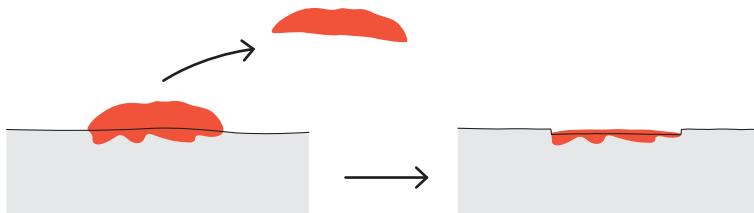
A small eye-shaped piece of skin is removed. Stitches are used to close the area and you will have a small scar. The typical scar is a straight line that is around 1 to 5 centimetres depending on the size of the biopsy that is needed.

Stitches



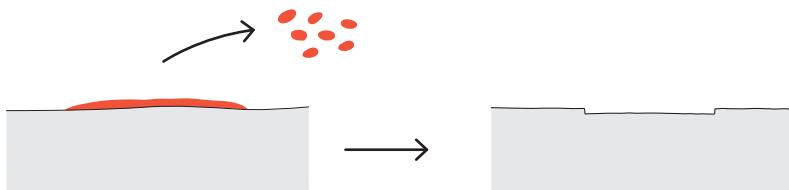
## Shave biopsy

During this biopsy, the surface of a lesion is shaved off. The roots of the lesion are not removed. A scab will form which will take a week to separate. Stitches are not used in this procedure. You will have a pale circular scar which is usually flat and the same outline as the base of the lesion that has been removed.



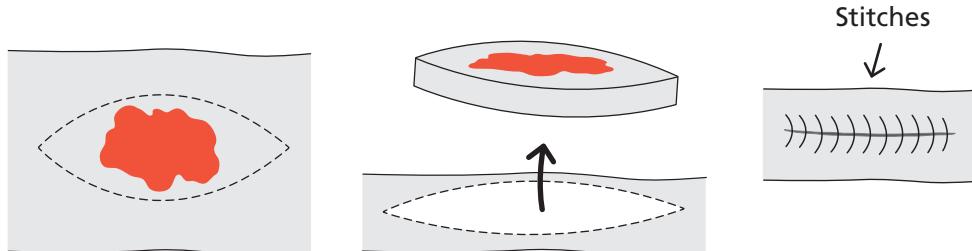
## Curettage

The lesion is scraped off. A graze like area remains which scabs up and takes 1 to 2 weeks to heal (6 weeks on the lower legs). Stitches are not used. A pale patch resembling the outline of the lesion remains.



## Diagnostic excision

A lesion and a small amount of normal looking skin around it are removed. Stitches are used. You will typically have a straight line scar that is usually 3 to 4 times the length of the lesion being removed.



## Before the procedure

To prepare for the procedure you should follow the steps below:

- Prepare a list of any tablets or medicines you are taking, note any allergies you have and bring this with you. You should continue taking your normal medicine unless you have been specifically advised not to
- Continue taking aspirin and clopidogrel (unless you have been specifically asked not to)
- Make sure you have a supply of your usual painkiller, such as paracetamol, at home to take for discomfort after your operation
- It is preferable to arrange for someone to collect you (or travel with you on public transport). If you choose to drive following a skin biopsy, we recommend you check with your insurance company first to ensure you are covered
- Eat and drink normally however, light meals are preferable on the day of the procedure
- Wear loose clothing that is easy to remove if needed. For procedures on the feet or lower legs, wear loose footwear or sandals that can accommodate dressings

## Important information if you are on warfarin or other blood thinning medications

If you are on warfarin, your INR (international normalized ratio) needs to be 3.0 or less for the procedure to be carried out. Please inform your anticoagulation service of this and of the date your procedure will be on. You should arrange to have an INR test 5 days before your surgery date. You should also follow the advice below:

- If the INR is 3.0 or less, 5 days before surgery, stay on the same dose of warfarin. A further INR test is not required
- If the INR is greater than 3.0, 5 days before surgery, please ask your anticoagulation service to reduce your dose accordingly.

Arrange a further INR test before 1 or 2 days before surgery if you can

- Bring your Yellow Warfarin Book with you to your surgery

If you are on aspirin, clopidogrel, dipyridamole, dabigatran, apixaban or rivaroxaban please continue to take these as usual unless you have been specifically advised not to by your doctor.

## During the biopsy

The doctor or nurse carrying out the procedure will explain the procedure to you and ask you to sign a consent form. It can be helpful to bring in a relative or friend to the procedure room for this discussion. We ask that only one individual accompanies you. After you have had the opportunity to ask any questions, the person accompanying you will be asked to wait in the waiting room and you will be asked to lie on a couch.

The area to be biopsied will be numbed with an injection of local anaesthetic. You may experience some discomfort for a minute or so. The procedure will be carried out once the skin is fully numb. You may feel a pushing sensation in the area but you should not feel any pain. The procedure does not usually take more than 30 minutes.

## Risks

- **Scarring** – you will always have some sort of scar or permanent mark as it is impossible to cut the skin without leaving a mark. We will try to make the scar as neat and as unnoticeable as possible, though individuals do vary in how well they heal following surgery. Certain individuals may have an abnormal response to skin healing and as a result may get larger raised scars than usual. These are known as keloid or hypertrophic scars. Limiting exercise or stretching for wounds on the back or limbs for at least 7 days will help the scar heal as finely as possible. Blood vessels (telangiectasias) can form around scars

- **Bleeding** – it is normal to experience minor oozing in the first 24 hours. If your wound bleeds do not dab it, but press it gently but firmly without stopping for 15 minutes with a clean tissue, towel or dressing. If your wound is on your arm or leg, lift the limb upwards as this will help to stop the bleeding. If the wound is on your head, ensure that you are sitting upright and avoid bending forwards. If the bleeding does not stop, repeat the process for another 15 minutes then contact the hospital or your GP for advice
- **Infection** – if the wound becomes red, inflamed and painful, or starts discharging pus 48 to 72 hours after the procedure it may be infected. You may need antibiotics and therefore, must consult your GP
- **Numbness** – numbness from the local anaesthetic can spread inside the mouth following procedures on the mid and lower face. It is important to avoid hot food and drinks for 4 hours or until full sensation in the mouth has returned, as burns can develop
- **Nerve damage** – this is very unlikely but sometimes nerves underlying the skin may become damaged during the procedure. This can lead to numbness or muscle weakness. Your doctor or nurse will discuss this risk with you, if applicable, before the procedure

## After the biopsy

After the biopsy you should:

- Rest for 12 hours. Avoid any strenuous activity for the first 48 hours (longer if the biopsy is near a joint or on the back)
- The local anaesthetic will wear off in one to two hours. Take regular paracetamol if there is any discomfort (follow the instructions on the packet for the dose)
- If the wound has been covered with a dressing, you will be advised when it should be removed. Ideally it should not be disturbed until this time. Keep the dressing clean and dry

- If the wound has not been covered with a dressing it may have been smeared with an antibiotic ointment which you should not disturb for 24 hours. After this time you may gently wash the wound daily with tap water, patting but not rubbing it dry
- If there are stitches, you will be advised when and where they will be removed before you leave

Advice on aftercare will be given before you leave the procedure room. You will also be given supplementary written information to take with you. It can be helpful to have an accompanying person present while the doctor or nurse goes through the aftercare advice. Please let the operating clinician know if you would like this.

## How will I be informed of the results?

We will explain this before you leave. We may:

- Arrange a further appointment in the clinic
- Write to you with the results
- Only contact you if the results show an unexpected abnormality

## Contact details

### Dermatology

#### Queen Elizabeth Hospital Birmingham

Mindelsohn Way, Edgbaston

Birmingham, B15 2GW

Dermatology Outpatients: **0121 371 5469**

Skin Surgery Bookings Coordinator: **0121 371 5460**

Skin Cancer Specialist Nurses: **0121 371 6777**

### Solihull Hospital

Lode Lane

Solihull, B91 2JL

Dermatology Outpatients: **0121 424 5171**

Skin Surgery Bookings Co-ordinator: **0121 424 4131**

Skin Cancer Specialist Nurses: **0121 424 4523**

# Good Hope Hospital

Rectory Road

Sutton Coldfield, B75 7RR

Skin Surgery Bookings Co-ordinator: **0121 424 5481**

Dermatology Secretaries: **0121 424 9097 / 7297 / 9875 / 7322**

**How did we do?**   

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you.**

[www.uhb.nhs.uk/fft](http://www.uhb.nhs.uk/fft)



## Accessibility

To view this information in a different language or use text-to-speech reader visit [www.uhb.nhs.uk](http://www.uhb.nhs.uk), click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille or audio please email [interpreting.service@uhb.nhs.uk](mailto:interpreting.service@uhb.nhs.uk)



## Dermatology

University Hospitals Birmingham  
NHS Foundation Trust