



Wide local excision

This leaflet provides information about wide local excision surgery for skin cancer. The advice provided does not replace the discussion between you and your medical team; it is a guide to be used with what is discussed, and should be read in conjunction with an information leaflet on your skin condition.

What is a wide local excision?

A wide local excision is a procedure in which a skin lesion and a surrounding margin of normal looking skin are removed (excised). If the skin lesion has already been removed in a previous diagnostic procedure, then the remaining scar and a margin of normal looking skin are removed.

What are the benefits of a wide local excision?

The procedure will treat a skin cancer and reduce the chance of it recurring in the future. In some instances the procedure will also enable the lesion to be diagnosed more accurately by allowing it to be analysed under a microscope.

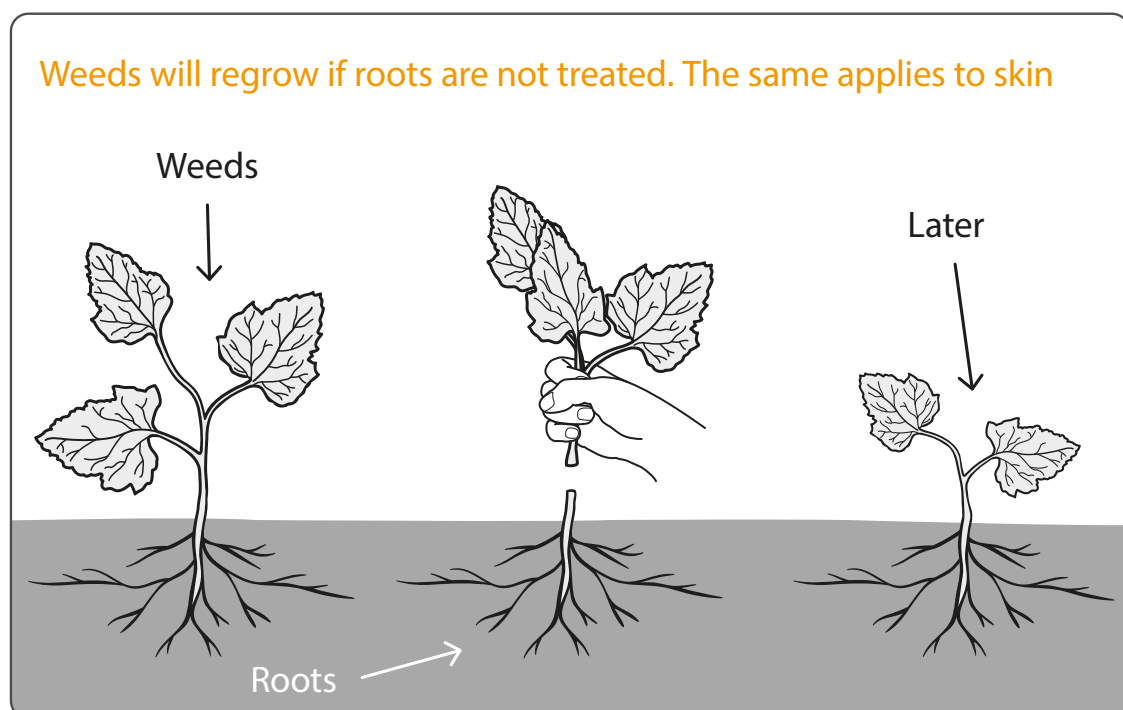
What are the alternatives?

Mohs surgery or radiotherapy (using high dose X-rays to kill cancer cells) may be suitable alternatives for certain skin cancers. These will be discussed with you if appropriate.

Why is a margin of normal skin around the lesion or scar excised?

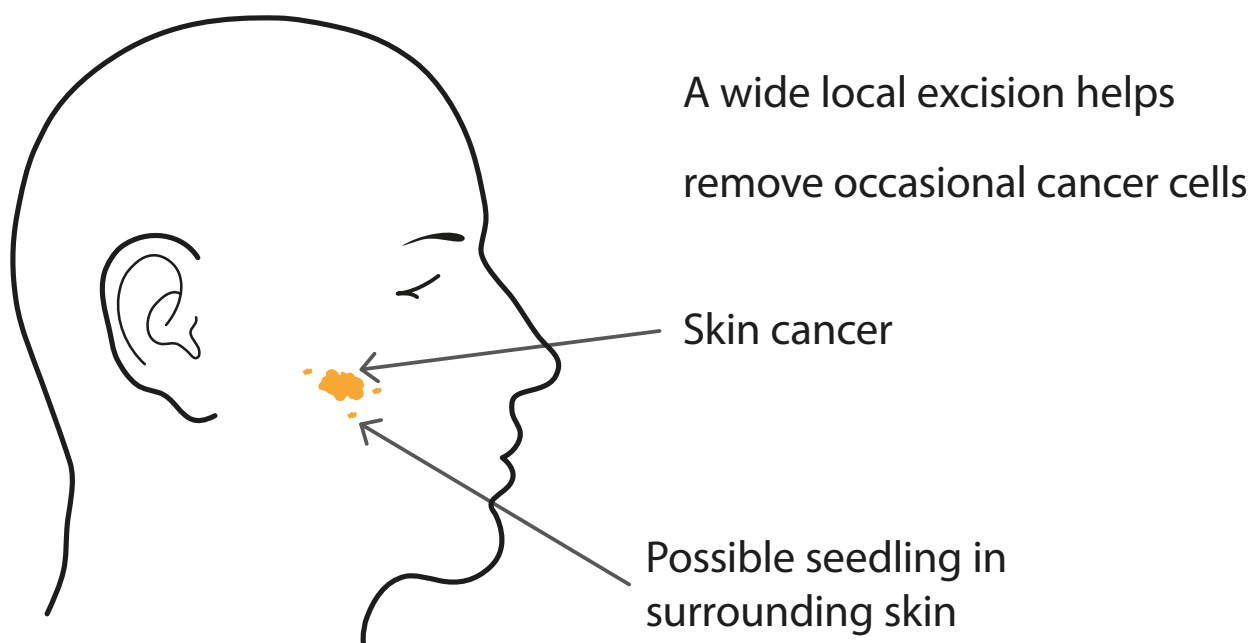
1. To remove roots

Skin cancers may have fine roots which are not visible without a microscope. A margin of normal looking skin surrounding and below the lesion is removed to increase the chance that all the roots are cleared away. This reduces the likelihood of the skin cancer recurring in the future.



2. To remove potential seedlings

With some types of skin cancers, there may also be a chance that a cancer cell has separated from the main lesion and spread into the skin and fat surrounding the tumour, as a small 'seedling'. These seedlings can grow and cause problems in the future if they are not treated. A wide local excision will help remove possible seedlings, reducing the chance they can cause problems in the future.



Who will perform my procedure?

This procedure will be performed by a doctor who is a member of the Skin Cancer Multidisciplinary Team.

What kind of anaesthetic will I require?

The majority of wide local excisions are carried out under local anaesthetic. This means you are awake during the procedure, and numbing injections are given to area. You may experience some discomfort for two or three minutes. The procedure will be carried out only once the skin is fully numb. You may feel a pushing sensation as the procedure is carried out but you should not feel any pain. Occasionally, some patients may need to have a general anaesthetic. This will be discussed with you in the clinic before your surgery.

How big will the wound be?

This depends on the type of skin cancer being treated and is based on the best available evidence. Your doctor will be able to advise how much of a margin of normal looking skin is required in your case, but in general:

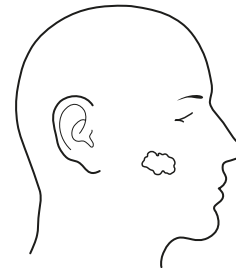
Skin cancer type	Typical margin
Basal cell carcinoma	4mm to 6mm
Squamous cell carcinoma	6mm to 10mm
Melanoma	10mm to 30mm

How will the wound be reconstructed?

There will be a wound following completion of the wide local excision surgery. The way it is reconstructed (or 'mended') will depend on the site and size of the wound. In some cases, it is best to leave the wound to heal by itself, but the majority will need some stitches, a skin graft or skin flap.

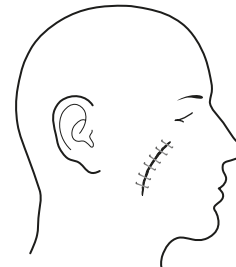
Granulation

This involves letting the wound heal by itself naturally. Certain areas of the body will heal naturally with a scar that is just as good or better than one from further surgical procedures. Healing



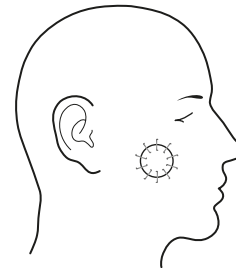
Side-to-side stitches

Closing the wound with stitches is often performed on smaller lesions. This involves some adjustment of the wound and sewing the skin edges together. This procedure speeds healing and can offer a good cosmetic result. For example, the scar can be hidden in a wrinkle line.



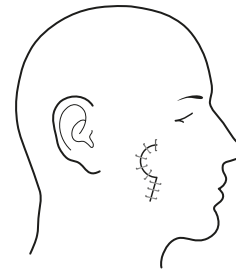
Skin grafts

Skin grafts involve covering the wound with skin from another area of the body. This patch of skin may be cut out and stitched up, or shaved off the skin surface.



Skin flaps

Skin flaps involve movement of adjacent, healthy tissue to cover a wound. Where practical, they are chosen because of the excellent cosmetic match of nearby skin.



How do I prepare for surgery?

You should read and follow the advice below to prepare for your surgery:

- The best preparation for surgery is a good night's rest followed by a light breakfast
- Avoid alcohol for 3 days before and 3 days after surgery as this increases the risk of bleeding and poor wound healing
- Smoking should be avoided 2 weeks before and 2 weeks after for similar reasons
- Prepare a list of any tablets or medicines you are taking, and 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 blood thinning medication (unless you have been specifically asked not to). Even though continuing blood thinners may increase the risk of bleeding after a wide local

excision, stopping these medications abruptly can sometimes be more of a problem as there can be an increased risk of a heart attack or a stroke.

- Make sure you have a supply of your usual painkiller, such as paracetamol, at home to take for discomfort after your operation
- You should not drive or travel unaccompanied – please arrange for someone to collect you
- If you are having a local anaesthetic, you may continue to eat and drink normally, however, light meals are preferable on the day
- Wear loose clothing that is easy to remove if needed. Buttoned or zipped tops are easier to remove than clothing that must be pulled over the face. For procedures on the feet or lower legs wear loose footwear, slippers or sandals that can accommodate dressings
- Do not wear any make-up, jewellery or perfumes. Avoid moisturising creams and lotions on the day of surgery as this prevents dressings from sticking
- It is advisable to have a shower or bath the night before or the morning of your operation. If your operation is to the head area, please wash your hair the night before or day of surgery

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

If you are on warfarin or any other blood thinning medications your INR (international normalised ratio) needs to be 3.5 or less for the procedure to be carried out. Please inform your anticoagulation service of this and of the date of your procedure and arrange to have an INR test 5 days before your surgery date:

- If the INR is 3.5 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 3.5, 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 or other new blood thinners please continue to take these as usual unless you have been specifically advised not to by your doctor.

If you have started new blood thinners since the Outpatient appointment/ when you were booked, please call Chris at 01213715460 to update.

What happens on the day of surgery?

Please check your appointment letter for where you need to attend. This will either be at the Queen Elizabeth Hospital Birmingham, Greenridge Primary Care Centre, Solihull Hospital or Good Hope Hospital. The time you need to arrive at will also be stated on the letter.

Upon arrival, you will be asked to wait in the waiting area. You will usually be called within 30 to 45 minutes of your surgery time.

The operating clinician will explain the procedure to you and ask you to sign a consent form. You can bring a relative or friend to the procedure room for this discussion if you wish. 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 time the procedure may take varies, but it is likely to be between 30 and 90 minutes.

What are the risks?

Scars

All surgery carries a risk of scarring. Scars are generally red for 3–6 months and then gradually become paler. Blood vessels (telangiectasias) can form around scars. Some individuals have a tendency to heal with raised and thick (keloid) scars. Scars can stretch, especially if they are near areas of the body that are mobile.

Bruising

Around the site is common, and swelling can persist for 4 weeks.

Numbness

Or altered sensation around the scar is common. This usually recovers after several months but may be permanent. Occasionally numbness can extend to larger areas if sensory nerves have been cut during the procedure.

Motor nerve damage

In some areas of the body, there is a risk of motor nerve damage which can lead to muscle weakness (such as weakness in raising the eyebrow). This is mainly in relation to skin cancers in the temple, jaw line and middle of the neck. Damage to nerves that affect the muscles is rare. It usually occurs because the skin cancer is very close to, or involves a nerve, but can also result from injury during surgery from the diathermy, injection needles, or because the nerve has been accidentally cut.

Bleeding

See 'After the procedure'.

Infection

See 'After the procedure'.

Further surgery

May be required if the microscopy test results show that roots may still be left behind.

Recurrence

A small number of skin cancers can still recur in the long term, even after surgery.

When will I be able to go home?

You should be able to go home soon after the operation is completed. Sometimes we may ask you to stay for an hour or two for observation before you go.

If the wound is on your face, you may find that certain types of dressings can cover your eye and impair your vision. For your safety and that of others please arrange for a friend or relative to take you home after your operation.

We advise all patients, following skin surgery, not to travel home alone. If you are planning to travel home by car, someone else should drive. Your car insurance may be void if you drive after a local anaesthetic, or if the anaesthetic or dressings impair your ability to drive.

After the procedure

Aftercare advice will be explained to you before you leave. Please let the operating clinician know if you would like a friend or relative present when they go through the aftercare advice. This can be very helpful.

Rest

It is important to rest for 72 hours. You should not drive for at least 24 hours following the anaesthetic, or longer if dressings interfere with your vision, or affect the use of your arm or leg. Remember, you must be able to safely do an emergency stop before you consider driving or your insurance may be invalidated.

Pain

The local anaesthetic will wear off in one to two hours. Take regular paracetamol if there is any pain or discomfort (follow the instructions on the packet for the dose).

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.

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 30 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 bleeding persists repeat the pressure for another 15 minutes; an ice pack may also be helpful, and a bag of frozen peas covered by a tea towel applied over the dressings can work well. If there is severe or persistent bleeding, please contact the Dermatology department or attend your local Accident and Emergency department.

Infection

A small red area (usually no more than 5mm) may develop around your wound. This is normal and does not necessarily indicate infection. However, if the redness extends beyond this or the wound becomes more painful, hot to the touch or discharges pus, please contact your GP or the Dermatology department as you may need antibiotics.

Swelling and bruising

Are very common following surgery, particularly when performed around the eyes or on the forehead. This usually subsides within four to five days after surgery.

Stitches

You will be given information on the stitch removal, wound care, advice on showering and future clinic appointments before you leave.

Work

You can usually begin gentle work within a week or two, but you might need to wait a little longer for more vigorous activity.

Mood

It is not uncommon to feel a bit 'down' after any operation, so do ask your doctor or nurse if you feel you need more psychological support.

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

Where can I get further information?

National organisations

Cancer Research UK
www.cancerresearchuk.org

Macmillan Cancer Support
Freephone **0808 800 1234**
www.macmillan.org.uk

British Association of Dermatologists
www.bad.org.uk

Patient UK
www.patient.co.uk

Contact details

Dermatology

Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston, Birmingham, B15 2GW
Dermatology Outpatients: **0121 371 5469**
Skin Cancer Specialist Nurses: **0121 371 5111**
Skin Surgery Bookings Coordinator: **0121 371 5460**
Dermatology Secretaries: **0121 371 5121 / 5122 / 5123**

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**
Skin Cancer Specialist Nurse: **0121 424 9343**

Notes

Date of surgery.....

Location.....

Consultant.....

Other notes.....

Dermatology

University Hospitals Birmingham NHS Foundation Trust

Accessibility

To view this information in a different language or use the text-to-speech reader visit 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.



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