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## GS05 Removing Benign Skin Lesions

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## Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Even though lockdown has been eased, there is still a risk of catching coronavirus. Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

## Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date for your operation. Your healthcare team can tell you about the risks of coronavirus. It is up to you to decide whether to have the operation or not. The benefits of the operation, the alternatives and any complications that may happen are explained in this document. You also need to consider the risk of getting coronavirus while you are in hospital. If you would rather delay or not have the operation, until you feel happy to go ahead with it, or if you want to cancel the operation, you should tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time before the procedure (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. This involves the healthcare team taking a nasal and throat swab (using cotton wool to take a sample from the surface of your nasal passage and throat). If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus is highly contagious (meaning it spreads easily from person to person). The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Try not to touch your face, especially if you have not washed your hands. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are very well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

## What are skin lesions?

Skin lesions are lumps found on or just below your skin. Examples of skin lesions are epidermoid cysts (also called epidermal inclusion cysts or sebaceous cysts), lipomata (plural of lipoma), skin tags and moles. These are not usually life-threatening but your surgeon can remove the skin lesion if you want. You may simply leave the skin lesion alone if your surgeon is certain it is benign (not cancer).

It is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## What is an epidermoid cyst?

An epidermoid cyst is a lump in your skin where a cyst fills with a waxy whitish substance. It usually has a central pore that opens onto your skin.

## What is a lipoma?

A lipoma is simply a lump of fatty tissue in the layer of fat underneath your skin. The skin over it is completely normal and is not attached to the lipoma underneath. A lipoma can vary in size and some may grow to over 10 centimetres. There is often only one of them but some people have several at the same time.

## What is a skin tag?

A skin tag is a small lump hanging from your skin.

## What is a mole?

A mole is a coloured lesion, which may be present at birth or develop later in life. Moles that change suddenly may be turning malignant (cancerous) and your doctor may recommend that your mole is removed to make sure it does not change into a cancer.

## Are there any alternatives to surgery?

Surgery is the only reliable way to remove skin lesions but you may simply leave them alone.

## What will happen if I decide not to have the operation?

Epidermoid cysts can be left alone and often cause no problems at all. Some may grow in size. Sometimes the contents of epidermoid cysts leak out or they can become infected, needing antibiotics or surgery.

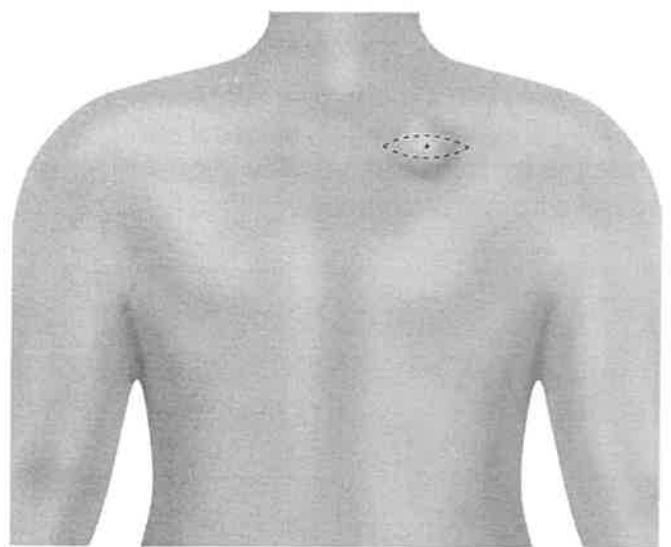
Lipomata tend to grow in size if they are left alone. As they get larger they appear more obvious and can interfere with clothing. Sometimes lipomata on the inside of the upper arm or thigh may rub during movement and cause irritation or pain.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a local anaesthetic and usually takes 15 to 25 minutes. Your surgeon will only begin the operation when both of you are satisfied that the local anaesthetic is working.

When removing an epidermoid cyst, your surgeon will try to remove it whole as this makes sure that none of the cyst wall is left behind and prevents it from coming back. Your surgeon will make an elliptical (oval) cut over the cyst and then cut out the cyst.

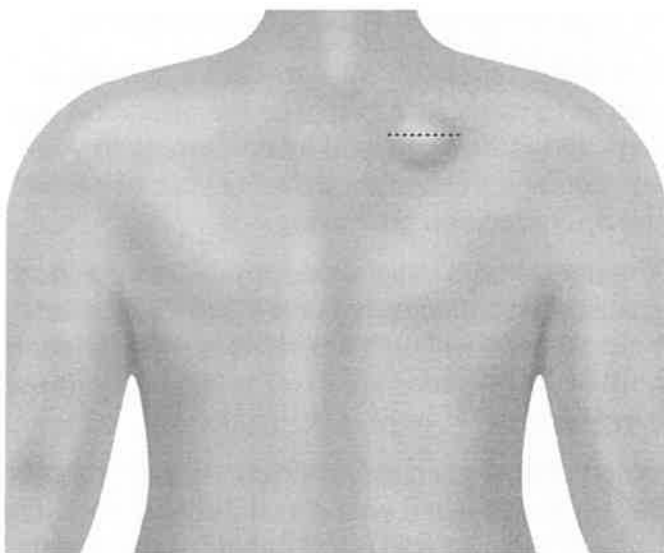


Removing a sebaceous cyst

Your surgeon may be able to safely remove the cyst using a smaller cut. They will close the cut with stitches. The cut usually heals to leave a small straight scar.

The stitches may be dissolvable. If not, they are usually left for 5 to 7 days but this will depend on the operation.

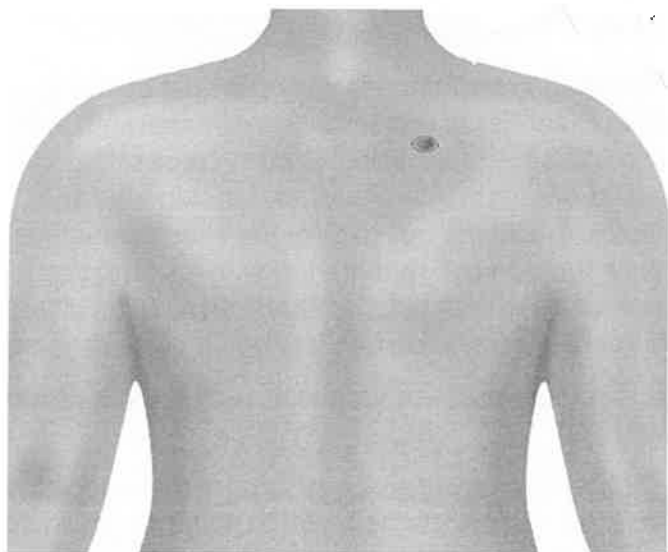
To remove a lipoma, your surgeon will make a straight cut on your skin directly over it. The lipoma is freed up from the tissues around it and removed. They will close the cut with stitches which, depending on the operation, can be removed in about 5 days.



Removing a lipoma

A skin tag can simply be numbed with local anaesthetic and then removed. You will often not need a stitch.

When removing a mole, your surgeon will cut all the way around it using an elliptical cut. They will close the cut with stitches. The cut usually heals to leave a small straight scar.



Removing a mole

## What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

## What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

### Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### General complications of any operation

- Pain. The local anaesthetic will start to wear off after about two hours. After this time you may feel some pain. You may need simple painkillers such as paracetamol.
- Bleeding during or after the operation. Any bleeding is usually little but may cause bruising or temporary swelling under your skin.
- Infection of the surgical site (wound). This is unusual. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin.
- Wound breakdown, if your skin fails to heal. This is usually treated with dressings that allow your wound to heal without needing more stitches.

### Specific complications of this operation

- A lipoma or an epidermoid cyst can come back. You may need another operation.
- Damage to nerves that supply the skin, which leads to a numb patch.
- You may need a larger operation. If a lesion was removed and was found to be a cancer, you will need another operation to make sure it is completely removed.

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area. After a short while you will be able to go home. A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you were given a sedative, you should also not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to work the next day unless your work will place a strain on the stitches. It is unusual for these procedures to restrict any daily activities you carry out.

## Summary

Skin lesions are common and can be treated by surgery.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information document. Use it to help you if you need to talk to the healthcare team.**

Some information, such as risk and complication statistics are taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

### Acknowledgements

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