



# SKIN INSTITUTE

## Excision of Lesion Information Sheet

Excision refers to removal of a skin lesion by completely cutting it out.

A common reason why skin lesions are excised is to fully remove skin cancers such as basal cell carcinoma, squamous cell carcinoma or melanoma. If the cancer is not cut out it may spread to the surrounding skin and to other parts of the body (metastasise).

Other reasons why a lesion may be removed include for diagnosis, cosmetic appearance, if it is symptomatic (e.g. tender or prone to being knocked), or to remove an inflamed or frequently infected cyst.

It is impossible to cut the skin without scarring in some way, so you will always have some sort of scar. Your dermatologist will excise the lesion and repair the wound in a way that will keep the scar to a minimum.

Some people have an abnormal response to skin healing and these people may get larger scars than usual (keloid or hypertrophic scarring).

Your dermatologist will explain to you why the skin lesion needs excision and the procedure involved. You will need to sign a consent form to indicate that you understand and agree to the surgical procedure.

The most common type of excision is an elliptical excision. The ellipse is often designed so that the resulting scar runs parallel with existing skin creases. This usually provides a wound under less tension and orientates the scar in a direction, which is less noticeable to the eye.

The area to be excised is marked with a surgical marker. A local anaesthetic injection will rapidly numb the area of skin involved and keep it numb during the procedure. The Surgeon will then cut around and under the lesion with a scalpel along with an appropriate margin of normal surrounding tissue. The lesion is placed in formalin ready to go to the pathology laboratory. Here, a pathologist will process and examine the specimen under the microscope, and provide your doctor with a report a few days later.

There may be some bleeding in the area from where the lesion has been removed during the surgery. The doctor may coagulate the blood vessels with a cautery. This can make a hissing sound and a burning smell, but will not be felt.

The edges of the ellipse will then be sewn together to make a thin suture line. This type of wound closure is called primary closure. There may be two layers of sutures (stitches) a layer underneath that is absorbable and a layer of sutures on the surface which will need to be removed in 4-14 days. Occasionally special skin glue is used to join the edges together, instead of sutures.

A dressing may be applied and instructions will be given on how to care for your wound and when to get the stitches out.

***Reviewed: February 2016***