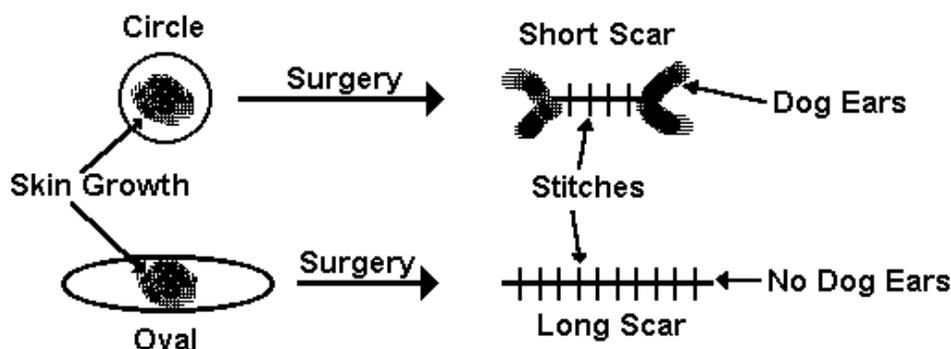


# What You Should Know About Skin Surgery

You have a growth which we are going to remove because it irritates you or because the doctor, physician assistant, or nurse practitioner cannot be sure it is not a skin cancer. The most important thing to do before your surgery is to avoid aspirin and alcohol (beer, wine, etc.) because these drugs make your blood thin. When you arrive, we will first numb the area with Lidocaine. This involves inserting a small needle into the area to be removed and then injecting the medication. The medicine stings when it is injected and this is usually the worst part of the whole procedure. After the Lidocaine is injected, the MD/NP/PA will wait fifteen to twenty minutes before starting. This allows the area to numb and also reduces bleeding.

The doctor will then remove the growth. This will be done by cutting it out with a scalpel. You should not feel any pain when the MD/NP/PA is cutting. If you do, tell her/him right away and they will inject more Lidocaine. The MD/NP/PA will cut an oval of skin around the growth. This leaves a longer scar, but avoids the formation of "dog ears" which are bunches of skin or folds of skin left over when a growth is cut out in a circular fashion.



**Figure 1 - Cutting the growth out in a circular fashion leaves a shorter scar but one will have ugly "dogs ears." An oval excision makes a longer scar but will not cause "dog ears."**

The tissue removed will then be sent to a pathologist. The pathologist will look at the edges to make sure the growth is all out and will also make sure there is no cancer in the removed tissue. If the pathologist finds cancer in the removed skin, the MD/NP/PA will have to go back one week later and remove more tissue.

All surgery has risks. The risks of complications are low for skin surgery. When surgery is performed on certain areas of the face, swelling can occur,

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especially around the eyes. Sometimes the eyes can nearly swell shut. Typically this edema or swelling is worse in the morning and improves as the day goes on.

Most of the swelling will resolve in one week. If your concerned about the swelling or have fever with swelling, call your doctor.

Most patients will have numbness in the area for six months, but this can last up to two years or longer. The risk of infection is low, but studies show that no matter how clean the surgery is, some wounds will get infected. If your wound gets infected, the MD/NP/PA will put you on an antibiotic for one week. The scar will not heal as well if your wound becomes infected. It is very important that you follow the wound care instructions given to you at the end of surgery. Sometimes a blood clot will form under the skin. If this occurs you will have a hard lump in the area for six months or longer until your body absorbs it. A blood clot is not dangerous, but it can be a real nuisance until it goes away.

All patients will have a scar. There is no way to remove a skin growth without leaving a scar. Often the scar can be hidden in your natural skin folds. You need to be patient, because the scar will not have its final appearance for six to twelve months after the surgery. If the scar has redness after one month or if it starts to elevate above the skin, you need to schedule an appointment right away. This could be a sign that a thick scar or keloid is forming. If the doctor sees a keloid or hypertrophic scar forming, she/he can often stop or reverse it. This can be done by injecting it or by prescribing a medication to put on it. Most scars on the back, thighs, shoulders, neck and upper arms get wide, often an inch or more in width. There is nothing at this time that can prevent wide scars from forming in these areas.

## Cumberland Dermatology

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