

CONSENT AND AFTERCARE FOR SKIN BIOPSY

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Purpose of the Skin Biopsy A skin biopsy is considered a surgical procedure, even though it is a small surgical procedure. The purpose of the skin biopsy is to aid in making the proper diagnosis for the skin condition being evaluated. The skin condition could be a rash, a suspected skin cancer, a suspicious mole, etc. A skin biopsy usually does not remove the entire lesion being biopsied. Further treatment may be needed or recommended after the biopsy results are known.

Procedure for the Skin Biopsy The two most common techniques we use to do a skin biopsy, are called a “shave” biopsy, and a “punch” biopsy. With a **shave biopsy**, the skin area to be biopsied is injected very superficially with a small amount of local anesthetic (usually lidocaine with epinephrine), which makes the actual biopsy procedure painless. Within a few seconds after the injection, the spot will be numb, and a thin piece of skin will be shaved off with a part of a razor blade. The size of this shaved piece of skin can vary quite a bit, depending on certain factors, but is usually less than a sixteenth of an inch thick, and about a quarter of an inch in diameter. Obviously, since the skin is cut, it will bleed, and this is stopped by using a liquid chemical on a Q-tip, and/or cauterizing the biopsy site with electricity. No stitches are needed. We then usually apply antibiotic ointment or emollient, and cover with a bandaid, but this part can vary depending on any patient allergies to topical antibiotics or adhesives. You will be asked to care for the wound for several days after the biopsy to minimize the chance of excess irritation and infection. When a skin biopsy is needed, a shave biopsy is done in the great majority of cases. ***You always get a scar from a shave biopsy.*** The scar is usually about the size of the biopsy, and will be red in color for a few days to several months. The scar ultimately becomes lighter or darker than your normal color skin, but in some cases, it may fade and blend in with your normal color skin quite well. In the great majority of cases, the final scar will be flat.

Some people, unfortunately, heal with scars that are much larger than usual, and form raised, reddish, nodules called **keloid scars**. These type of scars can be from seemingly minor skin injuries, such as pimples, bug bites, and, yes ,even skin biopsies. Keloid scars can grow to be much larger than the skin injury that caused them, and can be quite itchy, or tender. They can be treated and made much smaller in most cases, but sometimes they are very resistant to treatment. If you think you have a history of unusually large scar formation or problems healing, please tell us before a biopsy is done.

With a **punch biopsy**, the skin is injected with local anesthetic superficially, but also deeper, as well, since a punch biopsy may go a quarter of an inch or more into the skin. Once the skin is numb, the rest of the punch biopsy procedure is almost always painless. The area to be biopsied is then cleansed, and a sterile drape is often put over the area. The punch biopsy is done with a small instrument that looks like a very tiny apple corer. The size of the punch biopsy ranges between one twelfth of an inch to one third of an inch in diameter, depending on how much tissue is needed for analysis. After the punch biopsy is done, there will be some bleeding, and this is usually controlled with electrical cauterizing. One to four stitches may be needed after a punch biopsy, and sometimes, if the punch biopsy was very small, no stitches are needed. After the punch biopsy is complete, the area will be cleansed, and a small dressing will be applied. The dressing usually involves topical antibiotic or a simple emollient, a bandaid, or gauze and tape, depending on allergies the patient may have. You will be asked to care for the biopsy site for several days and sometimes up to three weeks, if there are stitches, to minimize the

chance of excess irritation and infection. Stitches from a punch biopsy are usually not removed for at least 14 days. ***You always get a scar from a punch biopsy.*** The same information about scars from shave biopsies, outlined previously, is also true for scars from punch biopsies.

Risks of a Skin Biopsy We will try to make your skin biopsy procedure as risk free as possible, but we can not guarantee you will have no problems afterward. The major or common risks from a skin biopsy include, but are not limited to: **1)** bleeding and/or bruising, which is usually very minor and stopped completely before you leave the office. Should any significant bleeding/bruising be noticed after your visit, please call us; **2)** infection, which is very uncommon. Should significant pain, pus, redness, or red streaks be noticed at the biopsy site, please call; **3)** scar, which **always** occurs after any type of skin surgery. The issues surrounding a scar after a skin biopsy were discussed earlier in this document; **4)** slow healing, which is not uncommon when underlying medical conditions such as diabetes, kidney disease, congestive heart failure, high blood pressure, edema are present. The lower on the body the biopsy is done, the slower the healing also, especially for a punch biopsy, and the more chance for longterm skin discoloration. In some cases, it may take weeks to months for a biopsy site to heal; **5)** pain is sometimes felt at the biopsy site after the local anesthetic wears off. This is usually short lived, and best treated with acetaminophen (Tylenol), if possible; **6)** numbness is present for an hour or two after a skin biopsy in most cases. However, there are many body locations where some small nerves, nearly impossible to see, may be very close to the skin surface. These may be cut in the process of doing the biopsy, and in rare cases, this may lead to weeks or longer of numbness in that area. Again, this is, a very rare occurrence; **7)** allergic reactions to the local anesthetic (usually lidocaine with epinephrine), any stitches that were used, adhesives, topical antibiotics, etc. may occur. Please let us know before your skin biopsy if you have experienced any of these type of reactions; **8)** inflammation of nearby veins, lymph vessels or arteries is a rare consequence of a skin biopsy. This type of reaction could lead to a blood clot in the inflamed vein. This reaction usually presents with a tender “cord” just under the skin, that begins near the biopsy site, and extends in some direction outward. Again, this is very rare, but please call us if you think this has occurred.

Precautions Before a Skin Biopsy Please inform us prior to your biopsy if you are taking any prescription medication prescribed by a doctor, the purpose of which is to thin the blood. Such medicines include aspirin, warfarin, Coumadin, lovenox, Plavix, dipyridamole, among others. Also, if you are taking any over the counter medicine, or herbal medicine, or dietary supplements that might thin the blood, please inform us. These include, aspirin, ibuprofen, Advil, Motrin, naproxen, vitamin E, fish oil, omega-3, st johns wort, other herbal compounds.

If you have “hardware” in your body, such as a knee or hip replacement, or an internal defibrillator, please let us know, especially if you have been told to take antibiotics before having any surgery.

Post Biopsy Wound Care After your biopsy is completed, we will cleanse the area, and apply a bit of topical antibiotic (usually bacitracin, Bactroban, or Altabax), or a simple emollient, and a bandaid, or gauze and tape. We suggest you change this once a day for somewhere between 3-4 days and then change to using NeoCutis Biocream or Neosalus cream, at least twice a day for a month. At home, cleaning the biopsy site is best done with mild soap and water, once a day, using your hand. **Do not use peroxide** to clean the biopsy site, and do not scrub it, as these will aggravate the wound and slow wound healing.

Activity Restrictions After Skin Biopsy For the most part, you may resume normal daily activity right after a skin biopsy, with a few possible exceptions. We do recommend that you should not

expose your biopsy site to hot tubs and lake or river water for at least 1-2 weeks after the biopsy. Pools, ocean water, medium temperature showers or brief tub baths at home are OK. Any activity that causes rubbing on the biopsy site should be avoided for at least two weeks, to minimize pain, and so that healing will not be slowed. Sweating with exercise, is usually fine 1-2 days after a skin biopsy, in most cases, so long as the activity in question is not pulling on, or stretching the biopsy site repeatedly. If your biopsy required stitches, you should avoid activity that pulls or stretches the biopsy site until the stitches are removed, otherwise you could pull the biopsy open, leading to a less favorable scar in most cases.

Return Visit After Skin Biopsy You will not usually be required to return to the office after a skin biopsy unless you have stitches to remove, or there are possible complications from the biopsy. Stitches are usually removed about 2-3 weeks after the biopsy is done.

Insurance/Reimbursement Issues Remember that a skin biopsy is a minor surgical procedure, but a surgical procedure nonetheless. In almost all cases, with very rare exceptions, skin biopsies are covered by insurance plans. However, you may have copays and/or deductibles that have to be met before your insurance will pay for all or part of the cost of skin biopsies/surgeries. You should look into this prior to your office visit if possible, by calling your insurance company. Be aware however, that insurance companies have, in all matters, the policy that they will not guarantee payment for anything, before a claim is submitted to them, even if you or we call and verify your benefits prior to any procedure or treatment. There may also be in some cases, a bill you receive from the dermatopathologist or lab preparing your skin biopsy slides, and for the microscopic review of the slides.

By signing below, you acknowledge that you are able to read and understand English, and are 18 years of age or older. Further, you acknowledge that you are the patient or, if the patient is a minor, that you are the designated guardian or parent of the patient and have read and understand this consent document for skin biopsy. You also agree that you have been able to ask any questions you had about this procedure, and that your questions have all been answered to your satisfaction by your healthcare provider.

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