



EXCISION or INCISION BIOPSY of a SKIN LESION

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



<http://rb.gy/wtwzs>

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

KEY POINTS

- This involves either complete **excision** (removal) or **incision** (biopsy) of a lesion on your skin
- It can be done under local or general anaesthetic as a day-case procedure
- It is intended to provide more information about the nature of the lesion to guide further treatment, if needed

What does this procedure involve?

Complete excision (removal) or a small biopsy of a lesion on your skin.

What are the alternatives?

- **Observation** – monitoring the area to ensure that it does not change
- **Topical applications** – some lesions (e.g. pre-cancerous lesions or degenerative, scarring conditions on your penis) may respond to treatment with drug-based creams

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

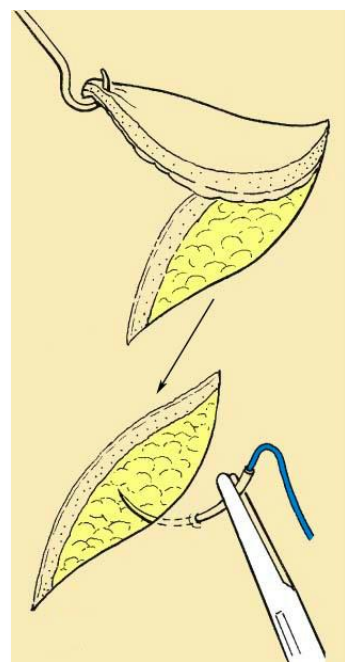
If you are scheduled to have your biopsy under general anaesthetic, an

anaesthetist will see you to discuss the options of a general or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

You may be given a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.


Details of the procedure



- You may have a full general anaesthetic (where you are asleep) although, most commonly, the procedure is done under local anaesthetic (with you awake)
- if local anaesthetic is being used, the injection causes some discomfort and the needle prick is painful (like a “bee sting”)
- the skin lesion will be removed/incised using a scalpel or electric current, or by a punch biopsy (using a special device that removes a plug of tissue)
- we normally use dissolvable stitches to close the skin; these normally disappear within 2-6 weeks
- occasionally, we use a biopsy needle to get tissue for analysis, without the need for an incision or stitches



Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have listed some important but very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon’s advice about the risks and their impact on you as an individual:

After-effect	Risk
Infection in your wound	 Between 1 in 10 & 1 in 50 patients

Inconclusive results from the biopsy	 Between 1 in 10 & 1 in 50 patients
Poor healing or breakdown of the wound	 Between 1 in 10 & 1 in 50 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- the local anaesthetic will wear off after four to six hours
- you may get some swelling at the biopsy site which can last several days; simple painkillers such as paracetamol should help to reduce this
- all the stitches will be dissolvable and usually disappear after 2-6 weeks
- any dressing should remain in place for 24 to 48 hours
- you should try to keep the biopsy site dry for the first 48 hours, if possible
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- a follow-up appointment will be made for you to discuss the results of the biopsy

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker,

- heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.