PROCEDURE

Skin lesion removal

Skin lesion removal takes away an abnormal or unwanted area of skin for treatment, testing, or both.

PURPOSE
Remove a lesion for treatment, diagnosis, or both

PROCEDURE TYPE
Both; surgical or minimally invasive removal

WHERE IT IS DONE
Outpatient clinic; operating theatre for complex lesions

ANAESTHESIA
Usually local; general for selected larger removals

HOW LONG IT TAKES
About 15 to 60 minutes

PREPARATION
Medication review; fasting only for sedation or general anaesthesia

RECOVERY
Same day; no driving after sedation or general anaesthesia

MAIN RISKS
Bleeding, infection, scarring, wound separation

RESULTS
Appearance immediately; laboratory results within days to weeks

Overview

A skin lesion is an area of skin that looks or feels different from the surrounding skin. Examples include moles, cysts, skin tags, warts, sun-damaged patches, and skin cancers.

Skin lesion removal is a group of procedures rather than one single technique. A clinician may remove a lesion to improve discomfort or appearance, prevent repeated irritation, treat a known condition, or send tissue to a laboratory for diagnosis.

The method is chosen according to the lesion's size, depth, location, and suspected type. Common methods include:

Cryotherapy and some other destructive treatments do not leave a complete tissue sample for laboratory testing. They may not be suitable when the diagnosis is uncertain.

- Shave removal: A blade removes the part raised above the skin
- Punch removal: A circular tool removes a small, deep piece of skin
- Surgical excision: The whole lesion and sometimes a margin of nearby skin are cut out
- Curettage and cautery: The lesion is scraped away and heat or electricity controls bleeding
- Cryotherapy: Liquid nitrogen freezes and destroys selected superficial lesions

Why the procedure is performed

Your clinician may recommend removal because a lesion is painful, itchy, repeatedly injured, bleeding, catching on clothing, or affecting everyday activities. Some people choose removal for cosmetic reasons after discussing the likely scar.

Removal may also be needed to find out what a lesion is. The tissue is examined under a microscope by a pathologist, a specialist who diagnoses conditions by studying cells and tissue.

If skin cancer is suspected or already confirmed, removal may be part or all of the treatment. The amount of surrounding skin removed depends on the diagnosis and the planned procedure.

Who should and should not have it

Removal may be appropriate when a lesion needs laboratory testing, is causing ongoing problems, or can be treated effectively by taking it away. The expected benefit should outweigh the risks of bleeding, infection, scarring, or changes in skin colour.

It may not be the right first step when a harmless-looking lesion can be monitored safely, when treatment would produce a more troublesome scar, or when another method is better suited to the condition.

The procedure may be delayed if you have an active infection near the site, an uncontrolled bleeding problem, or a health condition that makes the planned anaesthetic unsafe. Elective cosmetic removal may also be postponed during pregnancy or an acute illness.

Blood-thinning medicines do not automatically prevent skin surgery. Stopping them can carry serious risks, so the decision must be made by the healthcare professional who prescribed them and the team performing the procedure.

A lesion suspected to be melanoma or another complex skin cancer may need a specific biopsy method or referral to a specialist. Freezing, burning, or scraping an uncertain lesion can destroy tissue needed for diagnosis.

How to prepare

Your treating facility's own instructions take priority because preparation depends on the removal method and anaesthetic.

Tell the team about all medicines and supplements you take, especially blood thinners like warfarin or apixaban . Also mention allergies, previous problems with anaesthesia, bleeding disorders, implanted electrical devices, pregnancy, and any tendency to form thick or raised scars.

Do not stop a prescribed medicine unless the treating team and prescriber tell you to do so.

For removal under local anaesthesia, you can usually eat and drink normally. If sedation or general anaesthesia is planned, you will receive fasting instructions. Follow the stated times carefully.

You may be asked to wash the area and avoid creams, makeup, or nail products nearby. Wear loose clothing that gives easy access to the site. Arrange transport home if you will receive sedation or general anaesthesia.

What happens during the procedure

The team confirms the lesion and marks the correct site. You may be asked to confirm what is being removed and why. Photographs or measurements may be taken.

For local anaesthesia, medicine is injected around the lesion to numb the skin. The injection may sting briefly. You should then feel pressure or movement but not sharp pain. Tell the clinician if you still feel pain.

The clinician removes or destroys the lesion using the agreed method. With surgical excision, the cut may be closed with stitches. Some stitches dissolve; others need to be removed later. Small punch or shave sites may heal without stitches.

Bleeding is controlled with pressure, heat, medication, or stitches. A dressing is then applied. If tissue has been removed for diagnosis, it is labelled and sent to a pathology laboratory.

Recovery and what to expect afterward

Mild soreness, tenderness, bruising, or swelling is common once the local anaesthetic wears off. Follow the team's advice about pain relief. Avoid placing non-prescribed creams or antiseptics on the wound.

You can usually eat and drink normally after local anaesthesia. After sedation or general anaesthesia, start according to the recovery team's instructions.

Keep the dressing and wound dry for the period specified by your facility. Activity limits depend on the wound's size and location. Stretching, heavy lifting, swimming, and strenuous exercise may need to be avoided while the wound starts to heal, especially if it crosses a joint or is under tension.

You can usually drive after local anaesthesia if movement is comfortable and you can control the vehicle safely. Do not drive after sedation or general anaesthesia for the period stated by your facility. Arrange for someone else to take you home.

Many people return to desk-based work the same day or the next day. A larger wound, physical job, facial swelling, or general anaesthesia may require more time away. Your team can provide advice based on the site and closure method.

Risks and possible complications

All skin removal methods can leave a scar. Scars often look red or raised at first and then soften over time, although they may remain visible. Some people develop thick scars called hypertrophic scars or keloids.

Other possible complications include:

Removing a larger or deeper lesion can damage nearby nerves, blood vessels, or other structures. Your clinician should explain any location-specific risks before you consent.

- Bleeding or a collection of blood beneath the skin
- Infection, causing increasing redness, warmth, pain, swelling, or discharge
- The wound opening before it has healed
- Temporary or lasting numbness from injury to a small skin nerve
- Lighter or darker skin colour at the treated site
- An incomplete removal or regrowth of the lesion
- An allergic or other reaction to anaesthetic, dressings, or antiseptic

Results and follow up

The visible lesion is usually gone immediately, although swelling, a dressing, and the healing wound can make the final appearance difficult to judge.

If tissue is sent for testing, results commonly take several days to a few weeks. Complex samples may take longer. Ask when and how you will receive the result, and contact the facility if it has not arrived by the expected time.

The pathology report may identify a non-cancerous lesion, an abnormal but non-cancerous change, or skin cancer. It may also state whether the edges, called margins, are clear of the lesion. An unclear diagnosis or involved margin can mean that more tissue, further testing, or specialist review is needed.

Routine follow-up may include a wound check, stitch removal, discussion of pathology results, or monitoring for recurrence. Continue any advised skin checks even if the site heals well.

Alternatives

Observation may be reasonable for a lesion that appears harmless and is not causing problems. Photographs and measurements can help track change, but monitoring does not provide a tissue diagnosis.

A partial biopsy removes only a sample. It may create a smaller wound, but it can miss changes elsewhere in the lesion and may not fully treat the problem.

Cryotherapy, curettage, cautery, laser treatment, or prescription creams can treat certain lesions without standard excision. These methods may offer a shorter procedure or avoid stitches, but they may not provide a complete laboratory sample and can still cause scarring or colour change.

Mohs surgery removes some skin cancers one layer at a time while checking each layer under a microscope. It can preserve more healthy skin, particularly in sensitive areas, but takes longer and is not needed for every skin cancer.

Radiotherapy may be considered for selected skin cancers when surgery is unsuitable. It avoids an operation but requires multiple treatments and can cause long-term skin changes.

Choosing no treatment avoids procedural risks but may leave symptoms unresolved or delay diagnosis. Ask what is likely to happen with and without removal.

When to call your healthcare team

Contact your healthcare team promptly if you have increasing pain, spreading redness, worsening swelling, pus, fever, a bad smell from the wound, or stitches that come apart. Also call if bleeding continues after firm, uninterrupted pressure for the time stated in your discharge instructions.

Questions about dressings, stitch removal, pathology delays, or a scar's appearance are usually routine rather than urgent. Contact the clinic during normal hours.

Seek emergency help for heavy bleeding that will not stop, fainting, severe breathing difficulty, or swelling of the face or throat after a medicine or dressing product.

Common questions

Will I be asleep?

Most small lesions are removed while you are awake under local anaesthesia. Sedation or general anaesthesia may be used for larger, difficult, or multiple removals.

Can I drive home?

You may be able to drive after local anaesthesia if the wound does not affect safe control of the vehicle. You must not drive home after sedation or general anaesthesia.

How painful is skin lesion removal?

The numbing injection can sting briefly. After that, you may feel pressure but should not feel sharp pain. Mild soreness afterward is common.

When will I know the results?

The lesion is removed immediately, but laboratory results usually take days to weeks. Your facility should tell you how results will be provided.

Will it leave a scar?

Usually, yes. The size and appearance depend on the method, location, healing, and your tendency to form raised or darkened scars.

Can the lesion grow back?

It can return if some of it remains or if the underlying condition continues. Regrowth does not by itself show what the lesion is, so arrange a review.

Sources

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