



PATIENT INFORMATION

Skin Lesion Removal

Including Skin Cancer Surgery

Your guide to surgery & recovery



CONSULTANT-LED CARE • WATERLOO, LIVERPOOL

WELCOME

Thank you for choosing The Pinewoods Clinic

This guide explains how skin lesions and skin cancers are removed, the different ways a wound can be repaired, what to expect afterwards, how to care for your wound at home and when to contact us. Please read it before your procedure and keep it somewhere handy during your recovery.

Your care is consultant-led from your first appointment to your results. If anything in this guide differs from the instructions you have been given personally, **follow your clinician's advice**.

Your skin surgery team

Mr Rob Laycock

CONSULTANT MAXILLOFACIAL & FACIAL PLASTIC SURGEON • MEDICAL DIRECTOR

MBChB, BDS, PG Cert Ed, FHEA, MFDS, MRCS, FRCSEd • GMC 6145445

Over 20 years' surgical experience, with sub-specialist training in skin cancer and cosmetic surgery and fellowship expertise in skin cancer reconstruction. NHS consultant at Aintree University Hospital and the Countess of Chester Hospital, RCS Edinburgh examiner and Training Programme Director for the North West.

Mr David Houghton

CONSULTANT ORAL & MAXILLOFACIAL SURGEON

MBBS, BChD, MFDS RCSEd, MRCSEd, FRCSEd (OMFS) • GMC 7456960

Dual qualified in dentistry and medicine, trained at the Liverpool Head and Neck Centre (Aintree) and Alder Hey Children's Hospital, with sub-specialty interests in skin cancer, post-traumatic facial deformity and facial plastic surgery. Awarded Fellowship of the Royal College of Surgeons (OMFS) in 2021.

Dr Tiberiu Bontea

CONSULTANT DERMATOLOGIST

Qualified as a consultant dermatologist in 2013 and has worked in the UK since 2014, at Ormskirk, Aintree, Broadgreen, Salford and Chester. His work focuses on skin cancer assessment and treatment, with advanced training in dermoscopy and confocal dermatoscopy and skills in head and neck skin surgery, flaps, wide local excision and skin grafts. He currently works at Aintree Hospital.

Dr Vincent Yip

CONSULTANT IN DERMATOLOGY & CLINICAL PHARMACOLOGY

A University of Liverpool graduate who completed a PhD in the pharmacogenetics of severe skin drug reactions. Consultant in Dermatology and Clinical Pharmacology at NHS University Hospitals of Liverpool Group, where he is inflammatory lead for dermatology and Associate Director of the NIHR Liverpool Clinical Research Facility, and runs a weekly paediatric dermatology clinic at Alder Hey. Experienced in skin cancer, skin surgery and inflammatory skin disease.

Dr Thiruselvan Thirunavukarasu (Dr Thiru)

CONSULTANT DERMATOLOGIST

FRCPS (Glasg), MSc Dermatology, Dip Dermatology

Holds a Master's degree in Dermatology from St John's Institute of Dermatology, London, and has worked as a consultant dermatologist in NHS hospitals in Liverpool, North Wales and Manchester since 2012. He treats skin lesions, lumps and bumps, carries out mole checks and minor skin surgery, and also provides aesthetic dermatology.

Dr Laura Cuddy

CONSULTANT DERMATOLOGIST

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Consultant dermatologist at Liverpool University Hospitals NHS Foundation Trust, working at Aintree and Broadgreen hospitals. She completed her specialist dermatology training in the North West, including at Salford Royal Hospital.

How to reach us

Telephone **0151 380 0055** · Email **treatment@pinewoodscclinic.com**

All voicemails and website contact forms are monitored. See Section 10 for urgent warning signs.

SECTION 01

About your procedure

Skin lesions are removed for many reasons: to confirm a diagnosis, to treat a skin cancer, or because a mole, cyst or lump is uncomfortable, catches on clothing or is unwanted. Most procedures are carried out as day cases under local anaesthetic, so you are awake but the area is completely numb.

Benign lesions

Moles, cysts, lipomas, skin tags and seborrhoeic keratoses. These are not cancerous but may be removed for diagnosis, comfort or appearance.

Skin cancers

The most common are basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and melanoma. They are removed with a margin of normal-looking skin to help make sure the whole cancer is taken.

What happens to the tissue removed?

Everything we remove is sent to a specialist laboratory (histology) to confirm exactly what it is and whether it has been completely removed. Results usually take 2 to 4 weeks. We will contact you or arrange an appointment to discuss them. Skin cancer results may also be reviewed by a specialist skin cancer team (multidisciplinary team, or MDT).

Repairing the wound

Once the lesion has been removed, the wound needs to be repaired. The method depends on the size and depth of the wound, where it is on the body and how much loose skin is nearby. Your clinician will explain which option is planned for you, although occasionally the best repair can only be decided during surgery. The main options are shown in Section 02.

On the day

- ◆ Eat and drink normally unless you are having sedation or a general anaesthetic.
- ◆ Take your usual medicines, and tell us if you take blood thinners (such as warfarin, apixaban, rivaroxaban, clopidogrel or aspirin). Do not stop them unless advised.
- ◆ Avoid make-up, creams or fake tan on or near the area.
- ◆ For surgery on the face or near the eyes, arrange for someone to drive you home.

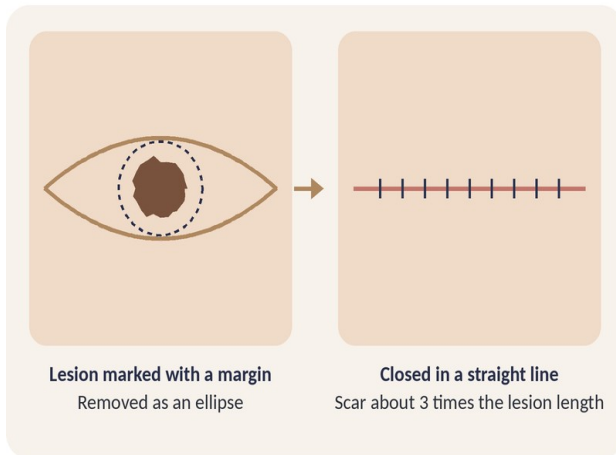
SECTION 02

How your wound may be repaired

These are the four main ways a wound is repaired after a skin lesion or skin cancer is removed.

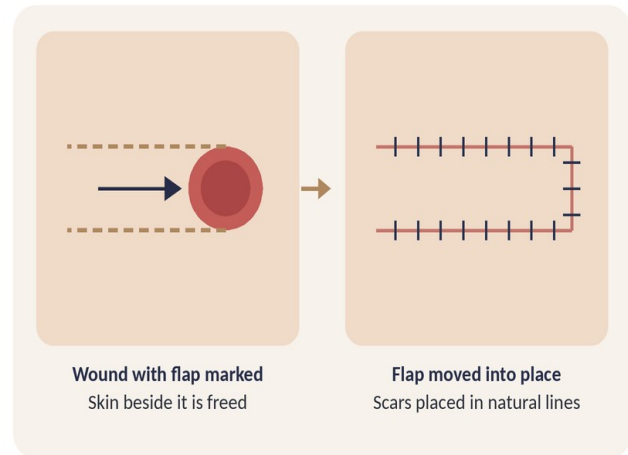
1 REMOVED AND STITCHED

Simple excision



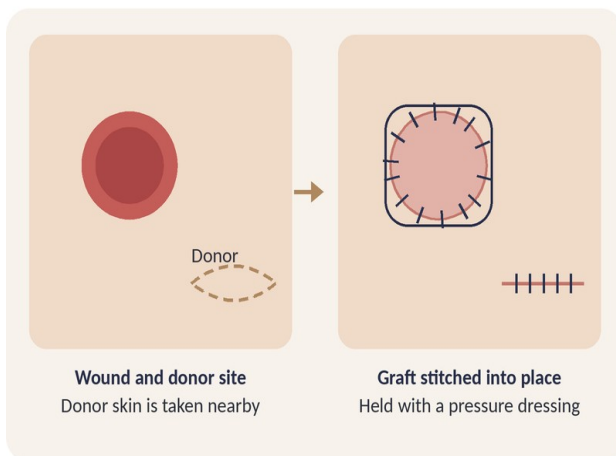
2 NEARBY SKIN MOVED TO COVER THE WOUND

Local flap



3 SKIN TAKEN FROM ANOTHER AREA

Skin graft



4 A DISSOLVABLE MATRIX FOR DEEPER WOUNDS

BTM dressing

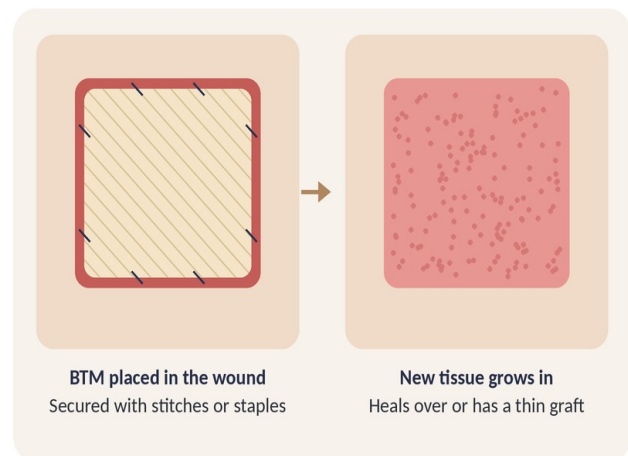


Illustration for guidance only. The shape, size and position of each repair is tailored to you.

Understanding the options

1 Simple excision

The lesion is removed in an ellipse (a lemon shape) and the edges are stitched together in a straight line. The scar is usually about three times as long as the lesion, so that it lies flat. Placed along natural skin creases wherever possible.

Stitches: usually removed after 5 to 14 days depending on the site, or dissolvable.

2 Local flap

When a wound is too large to close directly, nearby skin is partly freed and moved into the gap, keeping its own blood supply. This gives an excellent colour and texture match. The scars are longer than the original wound, but are carefully planned to follow natural lines.

Common on the nose, cheeks, forehead and scalp.

3 Skin graft

A piece of skin is taken from another area, usually in front of or behind the ear, the neck, collarbone or inner arm, and stitched into the wound. A pressure dressing (bolster) is stitched on top for about a week to help the graft take. The donor site is stitched closed.

A graft often looks darker or shinier at first and blends in over months.

4 BTM dressing

Biodegradable Temporising Matrix (BTM) is a synthetic foam layer used for deeper or larger wounds, such as on the scalp. Your own tissue grows into it over 3 to 6 weeks. The outer seal is then removed and the wound either heals on its own or has a thin skin graft.

Needs regular dressing checks until it has fully integrated.

SECTION 03

Risks and possible complications

Skin surgery is very safe and complications are uncommon. Your clinician will explain the risks that apply to your procedure and its location before you give consent.

COMMON

Expected in many patients and usually temporary

- ◆ **A scar** — every procedure leaves a scar; it is red at first and fades over 12 to 18 months.
- ◆ **Pain, bruising and swelling** — surgery near the eyes can cause bruising and swelling of the eyelids.
- ◆ **Minor bleeding or oozing** — in the first 24 to 48 hours.

LESS COMMON

Can occur and may need further treatment

- ◆ **Infection** — may need antibiotics; more common on the legs and in people with diabetes.
- ◆ **Wound opening or delayed healing** — especially on the lower legs, back and in smokers.
- ◆ **A stretched, thickened or raised (keloid) scar** — more likely on the chest, shoulders and back.
- ◆ **Partial loss of a graft or flap** — usually heals with dressings, but may need further surgery.
- ◆ **Colour or contour difference** — grafts may be paler, darker or shinier; flaps can look raised (“trapdoor”) at first.
- ◆ **Numbness around the scar** — usually improves over months.
- ◆ **Incomplete removal or recurrence** — a skin cancer may need further surgery if the margins are not clear.

RARE

Uncommon but serious — see Section 10 for warning signs

- ◆ **Nerve injury** — for example weakness raising the eyebrow after temple surgery; usually temporary.
- ◆ **Distortion near the eyelids, lips or nostrils** — if the wound is close to these areas.
- ◆ **Reactions to local anaesthetic, dressings or adhesives** — including allergy.

FURTHER TREATMENT

Occasionally the laboratory report shows that a skin cancer extends closer to the edge of the removed tissue than we would like, and a further, wider excision or another treatment is recommended. A small number of patients also choose a later procedure to improve the appearance of a scar, graft or flap, usually once it has matured after 6 to 12 months.

Further surgery or scar revision may involve additional costs, such as theatre, pathology and surgical fees. Your surgeon will explain this at your consultation and the details are set out in your treatment terms. Please ask if anything is unclear before your operation.

SECTION 04

Your recovery at a glance

Healing times depend on the site and type of repair. Wounds on the face heal fastest; wounds on the lower legs take longest.

WHEN	WHAT TO EXPECT	WHAT TO DO
Day of procedure	The numbness wears off after 2 to 4 hours. Some discomfort and a little oozing are normal.	Rest and keep the area raised if possible. Take paracetamol before the anaesthetic wears off.
Days 1 – 2	Swelling and bruising may increase, especially around the eyes.	Leave the dressing on and keep it dry for 48 hours.
Day 2 onwards	Stitched wounds and flaps begin to settle.	Remove the dressing and start daily wound care (Section 05). Keep graft and BTM dressings on until reviewed.
Days 5 – 7	Graft bolster dressing removed at clinic. Face stitches removed.	Attend your review appointment.
Days 7 – 14	Body and scalp stitches removed (lower legs up to 14 days).	Continue wound care until the wound has healed.
Weeks 2 – 4	Histology results are ready. BTM checked regularly while it integrates.	Results appointment or call. Start scar massage 2 weeks after stitches are out.
Weeks 3 – 6	BTM seal removed once integrated; heals or has a thin graft.	Follow the plan agreed at your review.
3 – 18 months	Scars, grafts and flaps soften, flatten and fade.	Protect scars from the sun. Keep checking your skin.

SECTION 05

Caring for your wound

Stitched wounds and flaps

Keep the dressing on and dry for **48 hours**. Then remove it and care for the wound **twice a day for 10 days**, or until your stitches are removed.

- 1 Wash your hands thoroughly.
- 2 Gently clean the wound using **lukewarm cooled boiled water** and a fresh cotton pad, removing any crusts without scrubbing.
- 3 Pat dry with a clean pad. **Never rub the wound.**
- 4 Apply a thin layer of **Vaseline Pure Petroleum Jelly** along the wound.
- 5 Cover with a clean dressing if the wound is on an area that rubs on clothing.

Skin grafts

Keep the bolster (pressure) dressing clean, dry and undisturbed until it is removed at clinic, usually after 5 to 7 days. Don't lift it to look. Avoid pressure or knocks on the area. Care for the donor site like a stitched wound.

BTM dressings

Keep the dressing dry and intact and attend every dressing appointment. A little yellow or pink fluid is normal. Never remove the silicone seal yourself — it is removed at clinic once the matrix has integrated.

Flaps

Avoid pressure, tight glasses frames or straps over a flap. It may look swollen, bruised or raised for several weeks — this settles with time and massage.

Lower legs

Leg wounds heal slowly. Keep your leg raised when sitting, avoid standing for long periods and wear any compression advised.

SECTION 06

Getting back to normal

Stretching or knocking the wound, or raising your blood pressure in the first days, can cause bleeding, widen the scar or damage a graft. Use this guide, adjusted to the size and site of your surgery.

ACTIVITY	WHEN YOU CAN RESTART
Showering	After 48 hours for stitched wounds. Keep graft and BTM dressings dry
Walking & light activity	Straight away
Alcohol	Avoid for 48 hours, as it can increase bleeding and swelling
Driving	After local anaesthetic, as soon as you are comfortable and the dressing does not affect your vision or movement. Not within 24 hours of sedation or 48 hours of a general anaesthetic.
Returning to work	Usually the next day for desk work. Physical jobs may need 1 to 2 weeks
Exercise, gym & heavy lifting	Avoid for 2 weeks, or until stitches are removed — longer for back and leg wounds
Stretching the wound area	Avoid for 2 weeks (for example reaching overhead after shoulder or back surgery)
Swimming, hot tubs, saunas	Once the wound has fully healed
Make-up over the wound	Once the wound has fully healed
Sun exposure	Protect the wound from the sun at all times while it heals
Smoking & vaping	Avoid — nicotine significantly increases the risk of graft or flap failure and poor healing

SECTION 07

Looking after your scar

All skin surgery leaves a scar. It will be pink or red at first and will gradually flatten and fade over 12 to 18 months. Good scar care makes a real difference to the final result.

Sun protection

Once your wound has healed, protect the scar with SPF 30 or above for at least 3 months, and ideally for a year. UV light can make a healing scar darker and more noticeable.

Scar massage

Start **2 weeks after all stitches have been removed or dissolved**, and once any graft or BTM site has fully healed.

- ◆ Massage the scar firmly **twice a day for 5 minutes** each time.
- ◆ Continue for at least 3 months. This helps soften and flatten the scar and reduce swelling of flaps.
- ◆ Use a silicone scar gel, for example **Kelo-Cote**, to help improve the scar's appearance.

The more you massage, the better the result.

LITTLE AND OFTEN, EVERY DAY, FOR AT LEAST 3 MONTHS

SECTION 08

Your results and future skin checks

Your histology results

Results usually take 2 to 4 weeks. If you have not heard from us within 4 weeks, please call the clinic. If the lesion is a skin cancer, we will explain the result, whether it has been completely removed and whether any further treatment or follow-up is needed.

Protecting your skin for life

If you have had one skin cancer, you are more likely to develop another. Protect your skin every day:

- ◆ Use a broad-spectrum SPF 30 or higher sunscreen, with a high UVA rating, on exposed skin.
- ◆ Seek shade between 11am and 3pm, and wear a wide-brimmed hat and sunglasses.
- ◆ Never use sunbeds.

Check your skin every month

Ask someone to help check areas you can't see. Contact us or your GP if you notice:

- ◆ A new mole or growth, or a spot or sore that does not heal within 4 weeks
- ◆ A mole that changes in size, shape or colour, or has an irregular edge or more than one colour
- ◆ A lump or mole that bleeds, itches, crusts or becomes painful
- ◆ Any change at or around the site of a previously treated skin cancer

SECTION 09

Pain relief and bleeding

Most people need only simple pain relief. Paracetamol is usually enough; ibuprofen can be added if you are able to take it. Avoid aspirin for pain relief unless it is prescribed for you, as it increases bleeding.

If your wound bleeds

A little oozing is normal. If the wound bleeds, press firmly and continuously on it with a clean, dry pad or folded cloth for 20 to 30 minutes without lifting to check. Sit upright and keep the area raised. If bleeding continues despite this, contact us, or go to A&E if we cannot be reached.

SECTION 10

When to get help

URGENT — GO TO YOUR NEAREST A&E

Then let us know. Call 999 if you cannot get there safely.

- ◆ Heavy bleeding that does not stop despite 30 minutes of firm pressure
- ◆ Rapid, tense swelling around the wound, or around the eye after facial surgery
- ◆ Any sudden change in vision after surgery near the eye
- ◆ Swelling of the face, tongue or throat, difficulty breathing or a widespread rash

CONTACT THE CLINIC PROMPTLY IF YOU NOTICE

- ◆ Redness, heat or swelling that is spreading or getting worse after day 3
- ◆ Yellow or green discharge, or an unpleasant smell from the wound
- ◆ A temperature of 38°C or above, or feeling generally unwell
- ◆ A wound that opens up, or a graft or BTM dressing that becomes loose or wet
- ◆ A graft or flap that turns black or very dark
- ◆ Pain that is not controlled by paracetamol or ibuprofen

Questions or concerns

Call the clinic on **0151 380 0055**. If the line is busy, please leave a message — all voicemails and website contact forms are monitored. You can also email **treatment@pinewoodscclinic.com**. Outside clinic hours, call NHS 111 for urgent advice.

SECTION 11

My recovery notes

Your nurse or surgeon will complete these details with you.

Procedure (excision / flap / graft / BTM)

Site of surgery

Date of surgery

Clinician

Dressing change / removal date

Stitches (dissolvable / removal date)

Results appointment

Review appointment

Questions for my review

THE PINEWOODS CLINIC

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This leaflet provides general information and does not replace the individual advice of your surgeon. Document: PIL-SKIN • Version 1.0 • Issued September 2026 • Review due September 2028.



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