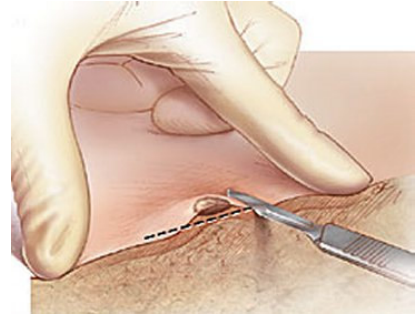


University Health Service

Curettage and shave excision of raised skin lesions

What are the procedures?

Both curettage and shave excision are minor surgical procedures to remove something from the skin. Curettage is used to 'scrape off' raised skin lesions using a sharp cup or ring-shaped tool, whereas shave excision is done by drawing the flat blade of a scalpel through a raised lesion, across the skin, to remove it. Most excisions are performed in our treatment room that has all of the equipment needed for the task.



How is it done?

Normally, we will ask you to lie on our couch, so that you can be comfortable and relaxed for the procedure to be completed. The usual course of events is to clean the area and then inject a small amount of local anaesthetic, so that the operation can be done pain-free. This is just the same as your dentist would use and although it stings initially when inserted, it quickly numbs the area to be worked on. If there is just a small solitary lesion to be removed, you may be offered the choice of not having an anaesthetic as the stinging of its insertion may be comparable to the discomfort of a quick removal.

Next the healthcare professional doing the operation will get themselves prepared to perform the operation. They will then check the anaesthetic has worked before making the excision to remove the skin lesion.

We routinely send all samples to the laboratory for analysis, even if we consider them not to be harmful, in order that we can confirm this. Depending on the size of the excision, you may or may not need a chemical applied to the skin to seal it or sometimes the surface needs to be cauterised to close the wound. The area will finally be cleaned and then a dressing applied to keep it clean.

What is the purpose of these procedures?

These procedures are done to remove a raised lesion from the skin, such as a seborrhoeic wart, raised simple mole (e.g. papillomas), cutaneous horns, keratocanthomas etc. The objective is usually to flatten the surface where it may have been rubbing (e.g. on a waist or strap line) and/or to remove an unsightly lesion.

Are there any risks or problems?

It is impossible to exclude there being a problem with any surgical procedure, but problems are not common. Nevertheless, you should be aware of the potential problems, which include:

- *Scarring* – it is impossible to remove a skin lesion without leaving some sort of scar, and so you must be happy that you would prefer a scar rather than the lesion which is being removed, before having the procedure performed. Superficial lesions are most likely to leave an area which either lighter or darker than the surrounding skin and/or which tans differently;
- *Keloid scars* – on certain parts of the body (usually over the shoulder blade, breast bone and shoulders) keloid scarring can also occur. Instead of forming a flat scar, the excision can become raised leaving a more noticeable scar;
- *Infection* – whilst we always perform these procedures in a sterile fashion, infection can sometimes occur. If your wound appears to be breaking down, leaking or wet, please come and see one of our nurses to have it checked. You may need treatment with antibiotics in this case.
- *Bleeding* – when cutting the skin bleeding is inevitable. We try to ensure that any bleeding is stopped before the procedure is completed, but if you find your dressing is getting heavily stained with blood you should see one of our nurses for advice. If you were to bleed unexpectedly heavily during the procedure, we would take measures to counteract this, such as giving you fluids intravenously and transferring you to hospital.
- *Anaphylaxis* – rarely people can be strongly allergic to an ingredient used in the cleaning agents, local anaesthetic, sutures or other products used during the procedure. Please tell us before the operation if you have any allergies. Again, we would act appropriately to counteract this, should it occur.
- *Recurrence* – some skin lesions can reoccur despite having been cut out. You should be aware that the removal of any lesion does not preclude its recurrence, though some lesions are more susceptible to this than others.
- *Failure* – rarely it will simply not be possible to remove the lesion in the way that had been expected or perhaps completely. If this occurs, we would offer to refer you on to a dermatologist to have another procedure performed instead.

What should I do after the procedure?

Please aim to keep your dressing dry for at least 24 hours, so that the wound may start to heal effectively. After this time, you may ordinarily get the wound wet and wash it. If needed a further dressing may be applied in the subsequent day or two, but often this is not necessary.

The results of the laboratory analysis will usually be available after one month – please call reception to check what the results were if you are at all concerned about the nature of the skin lesion that was removed.

Consent

We will ask you to sign a consent form before the procedure to say that you wish to proceed with the operation. Please read it carefully and ask about anything that you are unsure about.

More questions?

Please get in touch with one of our nurses or doctors to discuss any other questions you may have about your skin excision.