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The Association acknowledges the help of The Royal College of Surgeons of England Patient Liaison Group in the preparation of these leaflets. Patient information produced by the Patient Liaison Group is available at

[http://www.rcseng.ac.uk/patient\\_information/faqs/operation.html/view?searchterm=Patient%20Liaison%20Group](http://www.rcseng.ac.uk/patient_information/faqs/operation.html/view?searchterm=Patient%20Liaison%20Group)

the area dry for first 24 hrs after the operation. You can take a shower but gently pat the area dry.

There will be some mild pain and discomfort once the local anaesthetic wears off. There will be some swelling or bruising in the first few days but that usually settles down. Please take the painkillers you normally use or the ones prescribed by the doctor. Severe pain is not expected after this type of surgery.

## How long will I be off work?

Most people will be able to go home within two hours of the operation and return to work the next day. You should leave a dressing on the wound if you work in a dusty or dirty environment.

## What will the scar be like?

The scar remains noticeable for the first 3 to 6 months and then starts getting flatter and paler. Massaging the scar with a moisturizing cream two or three times a day in the first few months helps in this process. The scar should be protected from direct exposure to sun during this early period.

## Possible complications

Bleeding from the wound is uncommon. If you have any bleeding it can usually be stopped by applying pressure over the area for 5 minutes using a clean dressing. If it does not stop after a few attempts you should see a doctor. Infection is also uncommon. Your surgeon will give an antibiotic ointment or tablets if he or she thinks that infection is expected following the operation.

## Will I need further appointments?

You will need to have the stitches removed from the wound 5 to 7 days after the operation. The surgeon will let you know whether you will have your stitches removed at your GP's surgery or at the hospital.

The surgeon may send the skin lesion to the pathology department for further examination, to find out whether the lesion is benign or malignant. It takes up to two weeks to get the report. Your surgeon will write to you once the result is available and advise whether any future follow up appointments will be required.

## Is there any alternative treatment?

For selected benign lesions, curettage or cryosurgery (freezing) may be used in selected as an alternative to surgery. It may involve several sessions for treatment of single lesion.

For malignant lesions, surgical excision is the best course of action to remove the lesion and enable examination of the lesion tissue. Radiotherapy may be considered in selected cases.

**If you have any problems or questions,  
please contact:**

*Please insert local department routine and emergency  
contact details here*

# ABOUT FACIAL SKIN LESIONS

ENT-UK is the professional association for Ear, Nose and Throat Surgeons and related professionals in the UK. This information leaflet is to support and not to replace the discussion between you and your specialist. Before you give your consent to the treatment, you should raise any concerns with your specialist.



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*Disclaimer*

This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information given may not be comprehensive and patients should not act upon it without seeking professional advice.

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 **ENT-UK**  
BRITISH ASSOCIATION OF OTORHINOLARYNGOLOGISTS  
HEAD & NECK SURGEONS

## What is a facial skin lesion?

A facial skin lesion is a flaw that could be a lump, crack, ulcer or abnormal discolouration of the skin that is not normally present.

A lesion is described as benign when it is harmless. It is described as malignant when it is a sign of skin cancer and is potentially dangerous. The majority of skin lesions are benign but some could be malignant.

Benign skin lesions may be unsightly or may be damaged repeatedly especially during shaving.

## What are the commonest types of benign skin lesions?

**Naevi** is a medical term for skin moles. They are often darker than the surrounding skin (brown or brown-black) because they contain more pigment (colour). Rarely, some moles can develop into malignant melanoma especially when they are exposed to a lot of sun.

**Capillary haemangiomas** (also called strawberry birthmarks). Some grow larger or smaller as the baby/child develops. They are pink or red-purple in colour because they consist of enlarged blood vessels.

**Papillomas** are wart-like benign skin swellings.

**Seborrhoeic keratosis** is also known as senile keratosis because it usually occurs in older people. They appear as yellowish or brown raised lumps.

**Fibromas** of the skin are raised swellings that are seen in association with chronic trauma.

## What are the commonest types of malignant facial skin lesions?

**Basal cell carcinoma** is the commonest skin cancer and usually occurs as a result of sun damage. These lesions

grow slowly and do not spread to other parts of the body. Early tumours appear as clear, pearly nodules or lumps and eventually turn into an ulcer. It is often known as a 'rodent ulcer'.

**Squamous cell carcinoma** can arise in sun damaged skin or normal skin. It shows up as an ulcer. It tends not to spread to other parts of the body, but some may spread to local lymph nodes, making it potentially dangerous.

**Malignant melanoma** is a cancer that begins in the pigmented cell in the skin. They are often brown or black. It can spread to other parts of the body. Melanoma is much less common than basal cell and squamous cell skin cancers, but it is far more serious.

You should seek medical advice if you notice changes in a facial skin lesion, for example:

- Recent growth in size
- Ulceration (turning into a sore)
- Bleeding
- Change in colour



*Basal Cell Carcinoma in front of the right ear*

## What is the treatment for facial skin lesions?

The exact treatment will depend on the place and size of the lesion, the age of the patient, cosmetic considerations, your doctor's recommendations and your own preferences. Several treatment options exist. The commonest methods are:

- Surgical removal: the wound can be stitched together or covered with a flap of skin from the adjacent areas.

- Curettage: scraping of the ulcer and allowing the wound to heal itself.
- Cryotherapy: freezing of the ulcer using liquid nitrogen (gas) and allowing the wound to heal itself.
- Radiotherapy could be helpful in certain malignant skin lesions.

## Deciding whether to have the treatment

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

## The surgical removal of a lesion

The majority of patients will have their operation done under local anaesthetic as a day case. It means that only the area surrounding the lesion is anaesthetized (made numb) so that you do not feel any pain during surgery. You remain awake during the whole procedure. General anaesthetic may be used in children or in very anxious patients.

The surgeon may remove a slightly wider area of skin surrounding the lesion to make sure that that none is left behind.

## What happens after the operation?

The surgeon may put a dressing over the stitches or leave it uncovered, depending on the site of surgery. Try to keep