

BIOPSY INFORMATION AND AFTERCARE

Biopsies: These are performed under local anaesthetic and involve removing a small portion of skin to determine if serious pathology is present.

If your doctor has advised you to have a biopsy due to suspicion of malignancy, it is very important to have this completed. If the lesion is a skin cancer/malignancy, and it is not diagnosed the opportunity for appropriate treatment may be lost. If is very important to present for review regarding any suspicious lesions, changes, or concerns.

Removal of a malignant cancer of skin often necessitates a wide deep excision and biopsies are performed to avoid these larger procedures, if in fact, the skin tumour is benign.

A **punch biopsy** or incisional biopsy may have one or a few stitches, most small punch biopsies do not require stiches unless there is bleeding that needs to be controlled.

A **shave biopsy**/excision will be like a "graze" and will not have stitches. A small visible scar (usually paler than the original skin) can be expected. If your biopsy reveals malignancy then further treatment will be recommended.

Curettage and Cautery: This is a superficial skin surgery similar to a shave biopsy followed by treatment of the base of the shave by gentle curetting (scraping") as well as cauterisation with a minute electric current or sometimes cryotherapy. It can be expected to take about two weeks to heal and will need to be covered with a dressing during this time.

Complications: expected potential complications for a biopsy may include bleeding, bruising (especially around the eyes), swelling, and tenderness.

Biopsy sites can develop a skin infection - especially if a patient is high risk for skin infections due to medical conditions such as diabetes.

A scar from a biopsy is expected. Rarely complications such as keloid scarring can occur. A raised, tender scar is called a hypertrophic scar (or Keloid). This rarely occurs and is more likely at certain sites (e.g., over the breastbone/sternum or shoulder) and in certain persons. Notify your doctor if you have a personal history of keloid scarring. The tenderness usually settles with time but the appearance may persist. Such scars are generally best treated conservatively, as further surgery may aggravate the problem. Hypertrophic/Keloid scars can be treated by the doctor with injections of cortisone into the scar tissue. A scar is expected, but some scarring is more than expected, please notify Dr Sandy if you are unsure if the scar is normal. Massaging the scar with Vaseline or silicone scar gel can improve the appearance of the scar. Massage firmly into the scar for 30 seconds 2-3 times a day for 3 or more months for improved results.

Rarely biopsies can cause injury to adjacent structures or nerves, and rarely patients can have allergic reactions to local anaesthetic, Band-Aids/dressings.



Biopsy Wound aftercare: *Ointment, Bandaid, Repeat*.

For most biopsies, please leave the dressing on until tomorrow morning, then gently remove dressing in the shower. Adhesive remover such as remove wipes or even baby oil can assist in removing dressing or medical tape. Cleanse gently with salty water. Gently pat the wound dry and apply Vaseline or Stratamed silicone gel or Chlorsig ointment or Elastoplast wound ointment or Savlon or Bepanthan cream. Apply a new Band-Aid/dressing. Repeat daily until wound is healed and sealed. Try to keep wound as clean as possible

BLEEDING: Careful attention has been given to your wound to prevent excessive bleeding. Your dressing has been applied with some pressure to also prevent bleeding. You may notice a small amount of blood on the edges or centre of the dressing on the first day.

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A small amount of bleeding is part of normal healing, but if bleeding seems persistent and saturates the dressing, apply firm, steady pressure over the dressing for 30 minutes by the clock. This usually is adequate treatment, but if bleeding persists come back for assessment or notify Dr Sandy immediately.

PAIN: Postoperative pain is usually minimal, but it is normal to have a small amount of discomfort for 48-72 hours after a procedure. Avoid movements that trigger pain or stretch the wound. Paracetamol tablets are a good choice for pain relief; take as per the instructions on the packet and if you have no known adverse reactions to them. If this does not control your pain, please contact Dr Sandy.

WOUND INFECTION: If the wound becomes increasingly painful, inflamed (red, tender, swollen), warm, drains a pus-like substance, or if you develop a fever or chills, please call our surgery or notify Dr Sandy immediately.

REST: it is very important to minimize activity. You need to relax and minimize physical activity after any procedure for ~48 hours. If your procedure was on your foot or lower leg it may be beneficial to avoid weight bearing or use crutches temporarily.

ICE: apply ice packs on your wound to help reduce swelling and discomfort. Wrap the ice pack in a clean tea towel and apply for 10-15 minutes hourly for the first 1-2 days post-procedure.

ELEVATION: Where possible put your wound (leg or arms) higher than your heart (nipple line). For procedures on the face try to keep your head elevated to reduce bruising and swelling.

Some wounds, such as shave biopsies or curettes, can seep a small amount of clear fluid, and appear yellowish or white even up to the end of the first week postbiopsy. This is likely normal, but if it feels worse instead of better or you have any signs or symptoms of a wound infection, please call the office for review.

We aim to contact you regarding your results within ~10-14 days of the biopsy. Please provide up to date contact details including mobile number, email, address, emergency contact number and GP information. If we are unable to reach you: you are required to book an appointment to collect your results to ensure you and no one else receives the results and there is no confusion. → If it is important enough to have the biopsy, it is important that you get your results.

If you have any concerns with scarring, recurrent or changing lesions, problems with wound healing: PLEASE CALL THE CLINIC OR DR SANDY