

Introduction

The face is a common site for benign lesions such as facial nevus, epidermal cyst, papilloma, keratosis and lipoma.

The Operation / Procedure

1. This procedure is performed under local anaesthesia in an operating theatre. The drug will work quickly to numb pain but you may still feel some pushing and pulling; please advise the surgeon if you experience any discomfort or distress.
2. You may hear buzzing noises associated with the instrument to stop bleeding.
3. The margin of the lesion and the intended incision will be marked with ink before the injection. The skin is cut as marked to remove the lesion.
4. If the incision is small, it may be suitable for simple closure with sutures. A round defect will usually be converted to an ellipse to avoid a bumpy scar. This means that the scar will be flat but longer.
5. Large defect may need tissues borrowed from 'spare' skin next to the defect ('local flap') or a thin slice of tissue from further away ('skin graft') to achieve closure. Your surgeon will discuss with you the pros and cons.

Preoperative Preparation

1. You may be required to stop medicines that increase the risk of bleeding (such as anticoagulants; or some herbal medicines). You should tell your doctor about every medication that you are taking.
2. A written consent is required.
3. Generally investigations are usually not required.

Postoperative Instruction

1. You may have either a dressing or a layer of ointment over the wound. Please follow specific postoperative instructions given to you on wound care.
2. You should inform the nurse if any blood oozes from the wound.

Common Risks and Complications (not all possible complications are listed)

1. Some scarring is inevitable though your doctors will do their best to minimize it.
2. Exposure to ultraviolet light may promote unsightly darkening of the scar. Do not sun-bathe or use sun-beds, avoid sun exposure during midday and protect yourself with long sleeve clothing, caps, umbrellas and sun block, at least SPF15, everyday.
3. Bleeding and infection may occur but not common.

Things to take note on discharge

1. You can usually be discharged home the same day.
2. You should rest and avoid exertion for the rest of the day. You should try to sit up and sleep with your head propped up to reduce any swelling.
3. If blood oozes, you should be able to stop bleeding with firm pressure with a clean gauze for ten minutes.
4. Come back to the hospital or visit your nearest Accident and Emergency department, if bleeding does not stop, or there are increased pain or swelling.
5. During your follow-up visit, your surgeon will check your wound and discuss the results of surgery, including any need for further treatment.

Follow Up Management

Removed tissue is sent for pathology examination. There is a small risk that the lesion may be incompletely excised with a small risk of recurrence. There is also a small risk that a lesion previously thought to be benign turns out to be malignant, in which case further treatment may be needed.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Surgery for Benign Facial Lesions" (2020)

Smart Patient: http://www.ekg.org.hk/pilic/public/surgery_pilic/plasticsurg_surgeryforbenignfaciallesions_0226_eng.pdf (13-07-2023)