



Removal of Skin Lesions

Introduction

This advice and information guidance is to help you whilst you wait for your skin lesion removal. We hope it will help you with your symptoms and condition, so these don't cause you too many problems. It is also to help you prepare for your surgery.

This guidance has been written by the national experts in the removal of skin lesions. We have used the latest evidence and advice about how best to support people waiting for your procedure.

You can download and print this support guide and share with your family, friends and carers.

Waiting for your skin surgery appointment

Most people placed on a waiting list for skin surgery will have been assessed by a specialist and will have been given a probable diagnosis of a skin cancer or pre-cancer. This advice is for people with these conditions. A section at the end of the document will offer advice for people with non-cancerous lesions.

People with suspected skin cancer requiring surgery are usually either:

1. Those requiring surgery within a short time (likely to be 4 – 8 weeks). These people are more likely to have a skin cancer where treatment delay could cause further problems (such as malignant melanoma and squamous cell carcinoma – SCC). Some people may have a type of skin cancer that grows slowly (basal cell carcinoma - BCC) but is in a sensitive area (such as near the eye).
2. Those where a longer waiting time (possibly up to 12 months) is not ideal but is thought to be safe. People in this group may have a slowly growing type of low-grade skin cancer (BCC), or pre-cancer (such as Bowen's disease or actinic keratosis). For these people, delay in treatment of several months is not likely to cause any serious harm.

People in this second group may be surprised or worried to be told that they may have a skin cancer, and then to be told they have to wait a long time for treatment. Low-grade skin cancer grows slowly in most people, so there is time to plan the best

treatment. It needs to be fully removed as it may come back. It is usually better to wait for a treatment that will remove the low-grade skin cancer fully. This should be explained when you attend clinic, or in a letter after you have received the result of a skin biopsy. It is usually helpful to have written information to help remember what has been said. If you feel that you have not had enough information to understand your situation, then contact your skin specialist team for advice.

Pre-cancerous lesions (Bowen's disease and actinic keratosis) are rarely affected by delay in treatment. Generally, the risk of cancerous transformation for these lesions is low.

Guidance for Patients

1. Prior to hospital specialist clinic appointment

Talk to your GP if you're worried about the wait, particularly if it has taken a while to see your doctor in the first place.

You might need an urgent referral if your GP thinks a delay could have an impact on how well treatment might work. This might be because of the type of skin cancer or the size of a possible low-grade skin cancer, or where it is on the body.

Contact your GP if you think the skin growth has disappeared and no longer requires treatment.

2. Following the specialist appointment

Dermatologists and other skin cancer specialists can usually diagnose low-grade skin cancers and pre-cancers by looking at them and asking you questions, often without the need for biopsy.

People on waiting lists for skin surgery should contact the department planning to do the operation if:

1. The area has grown in size by more than a half bigger than it was before.
2. The area has grown obviously larger in less than 4 weeks.
3. The area is bleeding regularly, and this is causing problems.
4. The area is becoming more painful.
5. The area is starting to interfere with everyday activities (such as problems with eyesight or with walking).
6. The area has changed colour, especially if this is brown or black.
7. The delay in treatment is having a significant impact on your mental health.
8. The growth has disappeared and possibly no longer requires treatment.

If your skin problem is located in areas near the eyes, nose, lips and ears then you might require earlier treatment.

Risk of further skin cancers

People who have had a skin cancer or pre-cancer are more likely to get further similar problems. Please contact your GP to check out any areas on the skin that are changing shape, growing, not healing up, or changing colour, and have not gone back to normal within 4 weeks.

How to manage lesions that itch or bleed

Macmillan Cancer Support has produced a document advising how to get help managing ulcerating cancer wounds – <https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/ulcerating-cancer-wounds>. Whilst the document refers mainly to larger cancerous ulcerated wounds, the general advice still applies for minor skin cancer wounds that are ulcerated.

General wound advice:

- It is usually OK to wash and shower as normal.
- A simple dry dressing can be applied if the wound is leaking.
- Discharge from a wound can make the surrounding skin sore and red. A barrier cream can be applied to help protect the skin.
- The wound may bleed if the tumour damages the small blood vessels. You may feel alarmed if you see blood, but this is a common symptom. A simple dry dressing can be applied.
- It is rare for skin cancer wounds to become infected. However, this can occasionally occur. If infection is suspect it is best to contact your GP. Clues to infections include:
 - the wound becomes red and painful
 - a smelly discharge can occur

How to reduce risk for further skin cancer

There is general advice on the British Association of Dermatologists website on reducing risk: <https://www.bad.org.uk/pils/skin-cancer-how-to-reduce-the-risk-of-getting-a-second-one/>.

Appendix 1

For an ulcerating cancer wound you could seek advice from practice, district or tissue viability nurses.

The nurses will be able to answer any questions you have about the wound. They can also help you cope with the symptoms. They may give you a supply of dressings or creams to keep at home. You should only use dressings or creams that are given to you or recommended by the nurses. Always check with the nurses before using anything else.

Leakage

Leakage or discharge is probably the most common problem with an ulcerating wound. It often happens because of an infection in the wound.

Your nurse will usually suggest an absorbent dressing with additional padding to help with this problem. Some wound dressings can be left in place for several days, depending on the amount of leakage and where the wound is. Sometimes only the top layer of the dressing needs to be changed.

Your nurse will explain the type of dressing you need and how often it should be changed. Your district nurse or practice nurse may change the dressing for you. You may find it useful to have extra supplies of dressings, especially for holidays. You may also find it useful to use special pads on your bed if the wound leaks at night.

The discharge or leakage from the wound may make the healthy skin around it sore and red. A barrier cream can be used to help protect the skin. The nurses may give you a cream to use, or advise you about the best one to buy.

Your nurse may suggest showering with warm water to help you clean the wound. This can also reduce any smell. It can help you to feel better as well. Showering is not suitable for everyone. It is important to ask the nurses if you can shower your wound. They can give you advice about shower gels and soaps.

Unpleasant smell

An unpleasant smell is a common symptom. It can be distressing and difficult to cope with. But there are ways that it can be improved and managed. Sometimes the smell is caused by an infection in the wound.

Your nurses can use different dressings to help control the smell. Some dressings contain silver, which reduces the number of bacteria in the wound. Reducing bacteria in the wound may help improve the smell. These dressings can often be left in place for several days. Dressings containing a medical form of honey can also help prevent bacteria growing in the wound.

Your nurse may suggest charcoal dressings to help filter any smell. For these to work well, it is important that there is a good seal around the edge of the dressing. If there is an infection in the wound, antibiotics can help control it and reduce the smell. Applying antibiotic gels directly onto the wound can also help.

You may feel self-conscious about a smell, especially when you are with other people. There are ways to disguise smells, so you feel more comfortable with friends and family. These include:

- air fresheners
- odour neutralisers
- environmental air filters
- aromatherapy oils.

Do not put them on the wound, dressings or clothing. You should follow the instructions on the packaging. Or your nurse can give you more advice about the best way to use these products.

Pain

The tumour may damage nerves and cause pain. Or it may be painful if the dressings stick to your skin. There are different things that can help.

You can use different painkillers. It is more helpful if you take the painkillers regularly, as this helps control the pain. Your doctor or nurse can give you advice about the best painkiller to use. If you feel the painkiller is not helping, let them know. They can change the dose or try a different painkiller.

If the pain is worse when dressings are changed, tell your nurse. They may be able to use a different dressing that is more suitable for you. They may suggest you take a short-acting painkiller just before the dressing is changed.

Other things that may help are:

- using non-stick dressings
- soaking the dressing off slowly
- using a local anaesthetic gel or painkiller gel
- using gas and air (entonox), which is a painkiller you breathe in while the dressing is being changed.

If the pain becomes worse, talk to your doctor or nurse. You may have an infection in the wound. They can look at the wound and prescribe antibiotics if needed.

Bleeding

The wound may bleed if the tumour damages the small blood vessels. You may feel alarmed if you see blood, but this is a common symptom. It is important to tell your doctor or nurse if you notice any bleeding, or a change in the amount of bleeding.

Bleeding is sometimes caused by dressing changes. Non-stick dressings or dressings that have a non-stick inner with a removable outer dressing, can help reduce bleeding caused by this.

Your nurses may also suggest using dressings to reduce or stop the bleeding.

Itching

You may have itching around the wound. This can happen if the skin is stretched, or the nerve endings are irritated. Tablets such as antihistamines, which are normally used for itching, do not work very well for this. But the itching may be relieved by:

- dressings that keep the skin well hydrated, called hydrogel sheets
- moisturising creams, such as E45[®]
- menthol in an oil-based product
- cotton bedding and clothing.

If you are allergic to any dressings or adhesives, it is important to tell your nurse or doctor as this may cause itching.