



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# Wide Local Excision

Information for patients, relatives and carers

① For more information, please contact:

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<b>Contents</b>	<b>Page</b>
Wide local excision .....	3
What to expect .....	5
What are skin grafts and skin flaps? .....	6
After your surgery .....	7
After having an anaesthetic .....	8
Possible complications following wide local excision .....	9
Tell us what you think of this leaflet .....	11
Teaching, training and research .....	11
Patient Advice and Liaison Service (PALS) .....	11

## Wide local excision

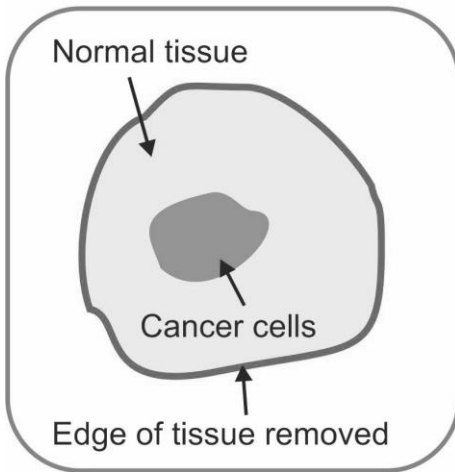
You have been diagnosed with a skin cancer. This requires further surgical treatment to reduce the risk of the cancer coming back. This surgery is called a wide local excision. The aim of the wide local excision is to reduce the risk of cancer cells remaining in the skin surrounding the original skin cancer. This is referred to as achieving clear margins around the original skin cancer.

During a wide local excision you will have further skin removed from around and underneath the previous area. How much tissue you will have removed will depend on the depth and stage of the skin cancer at your diagnosis. Thicker tumours need larger margins both at the edges and in the depth of the excision. The margins can also vary based on where the melanoma is on the body and other factors. For example, if the melanoma is on the face, the margins may be smaller to avoid large scars or other problems. Smaller margins might increase the risk of the cancer coming back, so be sure to discuss the options with your team.

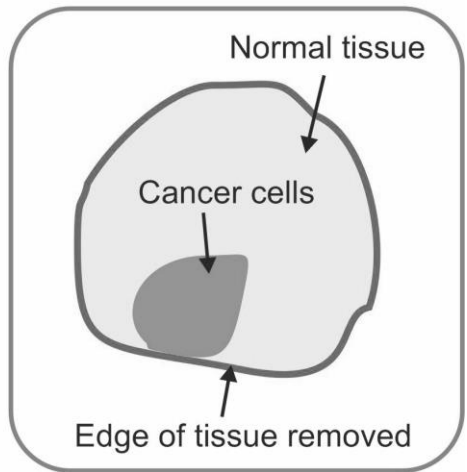
Local anaesthetic is injected into the area to numb it before the excision. The site of the tumour, if not previously removed is then taken out, along with a small amount of normal skin around the edges (called the margin). The wound is usually stitched back together afterwards which will leave a scar.

The removed sample is then viewed using a microscope to make sure that no cancer cells were left behind at the edges of the skin sample that was removed (see diagram below).

### **Negative (clear) margins**



### **Positive margins**



Your consultant will discuss with you, depending on the stage of your cancer, how much additional skin you will need removing. After your surgery, the sample of skin will be sent to the laboratory and analysed by a pathologist. A report will be created to inform your consultant whether clear margins have been achieved.

Sometimes the pathologist will report the sample contains some remaining cancer cells. In this situation your consultant will discuss with you if you need further treatment. This may involve a further wide local excision.

When your results are available your consultant will inform you of the results. This may be by letter or by invitation to clinic for a face to face discussion. The results are usually available four to six weeks after your surgery.

## **What to expect**

You may have your wide local excision completed by a member of the skin cancer team. The procedure can be completed by a nurse, dermatologist, plastic surgeon, maxillofacial surgeon or an oculoplastic surgeon. This will depend on the site of the skin cancer on your body.

The wide local excision is usually completed as an outpatient, under local anaesthetic. This means you will be awake during the operation and you will have injections to numb the area.

If you feel anxious about the operation, please talk to your consultant or specialist nurse about your worries.

You might need to be asleep for the procedure which means you will need a general anaesthetic. General anaesthetic may be required during procedures to:

- Check your lymph nodes (sentinel node biopsy).
- Remove a large area of skin or repair it with a skin graft or skin flap.

# **What are skin grafts and skin flaps?**

## **Skin graft**

For a skin graft, the surgeon will remove a thin sheet of skin from somewhere else on your body (the donor site). The donor skin is then placed over the area where your skin cancer has been removed and stitched in to place. The surgeon will take the skin graft from an area of your body where it won't be too obvious and also where the skin colour will match well with the site of the removed skin.

## **Skin flap**

For a skin flap, the surgeon will take some skin with its own blood supply from an area next to where your skin cancer was. This skin will be moved over to cover the area where the wide local excision is completed. Skin flaps are often used for the face. The surgeon will do their best to make sure the cuts (incisions) they make during the operation fit in with the natural lines of your face to minimise scarring.

## **After your surgery**

You can usually go home the same day as your surgery. The surgeon will have applied a dressing over your wound for protection. The wounds may be closed using dissolvable sutures, these will not need removing. Other types of sutures or clips may also be used which will need removing. You will be informed by the nurses, before you go home, when the sutures/ clips need removing.

You may be invited back to the hospital for a wound check. This is to check how the wound is healing and ensure there are no signs of complications.

With more minor procedures it may not be necessary to bring you back to the hospital. In this instance an appointment can be arranged at your GP practice for a wound check and to have your sutures/ clips removed if necessary.

# **After having an anaesthetic**

## **Local anaesthetic**

After a local anaesthetic the treated area will remain numb for several hours after the operation. If the local anaesthetic was to your mid or lower face you should avoid hot food or drink until the sensation has returned due to the risk of burns.

## **General anaesthetic**

After a general anaesthetic you will be taken to the recovery area until you are fully awake. A nurse will regularly check you during this time. You may need to stay in the recovery area for a couple of hours.

When the anaesthetic has worn off and you feel well you can go home. This might be the same day as your operation but sometimes it is necessary to remain in the hospital overnight to ensure you are safe and well for discharge home.

After a general anaesthetic you will need a friend or relative to take you home and stay with you overnight. Also, for 24 hours after the general anaesthetic you should not:

- drive
- drink alcohol
- operate heavy machinery
- sign any legally binding documents.



# Possible complications following wide local excision

As with any operation there are risks of complications. Your consultant will ensure the benefits of having the operation outweigh any possible risks.

After your operation your nurse will tell you what to look out for and who to contact if you have any problems. These might include:

## Pain

Some mild pain is to be expected at the wound site and donor site if a skin graft was required. This can usually be controlled using over the counter pain relief medications such as paracetamol. If this is not helping contact your GP for advice, they will be able to prescribe you a stronger medication if required.

## Infection

Although all attempts are made to minimise the risk of infection during your procedure, some people will get an infection of the wound site. Contact your GP or the department where your surgery was completed if you are worried. Common signs of wound infection are:

- Redness and is hot to touch.
- Painful when touched.
- Has fluid (discharge) leaking from it.
- You develop a temperature and there is no other known cause for this.

## **Numbness**

You may have some numbness, tingling and pain in the area. This is due to nerve injury and may get better with time. Talk to your consultant or specialist nurse if this is troubling you.

## **Bruising and swelling**

You might have some bruising and swelling around the area of your operation. This will reduce over time as the wound heals. Contact your GP or the department where you had your surgery if the swelling gets worse.

## **Bleeding**

You might have a small amount of bleeding after surgery. If the wound continues to bleed or the bleeding becomes worse contact the department where you had your surgery or visit your GP Practice.

## **Scarring**

A scar is unavoidable following surgery. The size and shape of the scar will depend on the amount of skin removed and whether you have a skin graft or flap. Scars are noticeable and red to start with but will become paler and less noticeable over time. If your scar becomes more thick and raised (keloid scars) or you have any other concerns about scarring talk to your GP, consultant or specialist nurse for advice and support.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Macmillan skin cancer clinical nurse specialist, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 721719 or email [Macskinmail@york.nhs.uk](mailto:Macskinmail@york.nhs.uk)

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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