Helping your wounds to heal

Reduce or stop smoking for at least 2 weeks before and 2 weeks after surgery. Smoking reduces the amount of oxygen carried by the blood and causes narrowing of the blood vessels. It also weakens the immune system, increasing the risk of infection.

Time off work after surgery

This will depend on where on your body you have had surgery and what your job entails.

Advice following surgery

Avoid strenuous activity and contact sports for 4-6 weeks.

Further information

Visit the British Association of Plastic Reconstructive and Aesthetic Surgeons website www.bapras.org.uk/public/patient-information

Contact us

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Please ask if you need this information in another language or format.

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Wide local excision: what is it and why do I need it?

Information for patients who have had plastic and reconstructive surgery

This leaflet gives advice following your plastic / reconstructive surgery. If you have any questions or concerns, please contact the Plastic and Reconstructive Surgery Clinical Admin Team (CAT 1).

What is a wide local excision?

Usually this refers to a surgical procedure to remove an area of skin from around a skin cancer or the scar of a previous biopsy site.

Why do I need this procedure?

If you have recently had a biopsy, the results will have given your consultant more information about the type of skin cancer you have and how active it is.

The consultant will now want to remove the area around the skin cancer or scar (from the previous biopsy) with enough of a margin to help reduce the chance of a local recurrence of the cancer. The usual aim of this surgery is to cure you.

The procedure will be carried out by one of a number of consultant plastic surgeons.

What type of anaesthetic will I have?

Most patients will require only a local anaesthetic. The advantages of this is that you are awake throughout and do not have to fast before surgery.

You can generally continue your normal medication although if you are on blood thinning agents, such as Warfarin, you may be given specific instructions about whether to stop this prior to surgery.

For some patients, a general anaesthetic (you will be asleep) may be required. This will be due to the location or size of surgery that is needed. Your consultant will discuss this with you.

What are the risks of this procedure?

Risks with this type of procedure are uncommon. Your consultant will discuss the risks with you in clinic and again on the day of your procedure.

Common risks include:

- Bleeding.
- Infection.
- Delayed wound healing.
- Scarring.
- Nerve damage (depending on location of surgery).
- Possible need for further treatment.

What will the wound look like?

For the majority of patients the wound will be stitched closed in a straight line.

However sometimes this is not possible and you might require a skin graft or local flap.

There are two types of **skin graft**:

1. A full thickness graft which is harvested from a ‘donor site’ (often the neck, upper inner arm or groin) is closed in a straight line. This graft is then secured to the wound (recipient site) with stitches.
2. A Split skin graft is normally harvested from the thigh, leaving a large graze-like wound which is dressed with Mefix tape and allowed to heal with time.

A **local flap** is the transfer of skin next to the wound. This skin remains attached to the original blood supply. This usually leaves a slightly extended, zig-zag scar.