

Helping your wounds to heal

Reduce or stop smoking for at least 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. Your consultant can advise you of this.

Advice following surgery

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

Further information

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

Contact us

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This information can be made available in other languages and formats upon request

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Royal Berkshire
NHS Foundation Trust

**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 David Garden, Plastic Surgery Nurse Specialist on 07623 911 340 or email david.garden@royalberkshire.nhs.uk, Mon-Fri 8.30am-4.30pm.

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 remove the area around the skin cancer/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 the consultants.

What type of anaesthetic will I have?

Most patients will require only a local anesthetic. 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 will be given specific instructions about whether to stop this prior to surgery.

For some patients a general anesthetic (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 generally rare. Your consultant will discuss the risks with you in clinic and again on the day of your procedure.

Common risks include:

- Bleeding.
- Infection.
- Delayed 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 and the donor site is closed in a straight line. This graft is most commonly used in this type of surgery. It is then secured to the wound with stitches.
2. Split skin graft: 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 leaves a slightly extended scar.