PROCEDURE

Surgical excision

Surgical excision removes a skin lesion, lump, or abnormal tissue through an incision.

PURPOSE
Remove abnormal tissue for treatment or laboratory testing

PROCEDURE TYPE
Diagnostic or therapeutic surgical removal through an incision

WHERE IT IS DONE
Outpatient clinic or operating theatre

ANAESTHESIA
Local, sedation, or general, based on location and extent

HOW LONG IT TAKES
Usually 20-60 minutes for a small skin or soft-tissue excision

PREPARATION
Medication review; fasting if sedation or general anaesthesia is planned

RECOVERY
Usually same day; no driving after sedation or general anaesthesia

MAIN RISKS
Bleeding, infection, scarring, nearby nerve injury

RESULTS
Initial findings immediately; laboratory results usually within several days

Overview

Surgical excision means cutting out a skin lesion, lump, or area of abnormal tissue. A surgeon or other trained healthcare professional removes the tissue through an incision. The wound is usually closed with stitches, surgical glue, adhesive strips, or staples.

An excision may remove the entire abnormal area. The clinician may also remove a border of nearby tissue, called a margin , when there is concern about cancer or when complete removal is important.

The removed tissue is often sent to a pathology laboratory. A pathologist examines it under a microscope to identify what it is and whether it was completely removed.

Small skin or soft-tissue excisions are often done in an outpatient clinic using local anaesthesia. Larger, deeper, or more complex operations may require an operating theatre,

sedation, or general anaesthesia.

Why the procedure is performed

Surgical excision may be recommended to:

An excision biopsy removes the whole abnormal area for testing. An incisional biopsy removes only part of it. Your healthcare team should explain which approach is planned and why.

- Find out whether a lump or lesion is benign, precancerous, or cancerous
- Remove a known or suspected cancer
- Remove a benign growth that is painful, irritated, infected, bleeding, or growing
- Relieve pressure caused by a lump
- Remove tissue that affects movement, clothing, or daily activities
- Improve appearance when the expected scar is acceptable to you

Who should and should not have it

Surgical excision may be suitable when complete removal is likely to provide a diagnosis, treatment, or relief from symptoms. The expected benefit should outweigh the risks of surgery and the effect of the resulting scar.

It may not be the right first step when a needle biopsy, small sample, imaging test, or period of observation could provide the information needed with less risk. For some suspected cancers, biopsy planning is important because an incision in the wrong place could affect later surgery.

The procedure may be delayed or changed if you have:

Blood thinners like warfarin or apixaban do not always need to be stopped. Stopping them without instructions can be dangerous. Your treating team will balance the risk of bleeding against the reason you take the medicine.

You should also understand the likely scar, whether further surgery could be needed, and whether complete removal can be guaranteed before consenting.

- An active infection at or near the planned incision
- A bleeding disorder that has not been addressed
- Medicines that increase bleeding risk and require a coordinated plan

- A health problem that makes sedation or anaesthesia unsafe at that time
- Poor blood supply or wound healing in the area
- A lesion close to important nerves, blood vessels, or organs that requires specialist care

How to prepare

The treating facility's own instructions take priority because preparation depends on the site, anaesthetic, and extent of surgery.

Tell the team about all prescription medicines, over-the-counter medicines, vitamins, and supplements you take. Include aspirin, anticoagulants such as warfarin, and antiplatelet medicines such as clopidogrel. Follow the facility's instructions about which medicines to continue or pause.

Also tell them about allergies, previous reactions to anaesthesia, bleeding problems, implanted medical devices, pregnancy, and conditions that may affect healing.

If only local anaesthesia is planned, you can often eat and drink normally. Sedation or general anaesthesia usually requires fasting. Follow the exact cut-off times given by the facility.

You may be asked to:

Do not shave the surgical area unless you are specifically told to do so.

- Shower and avoid applying creams or makeup near the area
- Wear loose clothing that will not rub the dressing
- Arrange transport home if receiving sedation or general anaesthesia
- Plan for help at home after a larger excision

What happens during the procedure

The team confirms your identity, the planned procedure, and the correct site. The area may be marked before anaesthesia is given.

For local anaesthesia, medicine is injected around the site to numb it. The injection can sting briefly. You may remain awake and feel pressure or movement, but you should not feel sharp pain. Sedation makes you relaxed and drowsy. General anaesthesia makes you unconscious.

The skin is cleaned, and sterile coverings are placed around the area. The clinician makes an incision and carefully removes the planned tissue. Some excisions include a margin of normal-looking tissue.

Bleeding is controlled with pressure, stitches, or a tool that seals small blood vessels. Depending on the size and depth of the wound, it may be:

A dressing is applied. The removed tissue is labelled and usually sent to the pathology laboratory.

- Closed directly with stitches, glue, strips, or staples
- Closed using nearby skin, called a skin flap
- Covered with skin taken from another area, called a skin graft
- Left partly open to heal from the base upward

Recovery and what to expect afterward

Pain: Mild soreness, bruising, swelling, or tightness is common after a small excision. Use pain relief recommended by your healthcare team. Increasing pain after initial improvement should be reported.

Eating: After local anaesthesia, you can usually eat normally. After sedation or general anaesthesia, start as instructed and choose light foods if you feel nauseated.

Activity: Keep the dressing and wound dry for the period stated in your instructions. Avoid stretching the incision, strenuous exercise, and heavy lifting until the wound is secure. The limits may be longer for an excision over a joint, on the trunk, or deep in muscle.

Driving: You can usually drive after local anaesthesia only if movement is comfortable and the wound does not interfere with safe control of the vehicle. Do not drive after sedation or general anaesthesia for the period stated by the facility. Prescription pain medicines may also make driving unsafe.

Work: Many people return to desk work within a day or two after a small excision. Physical work may require more time, especially if it could pull on the wound or expose it to dirt or water.

Stitches may dissolve or may need removal. Timing is based on the location and type of closure.

Risks and possible complications

Possible risks include:

Some people form thick scars called hypertrophic scars or keloids. This is more likely in certain

body areas and in people with a personal history of these scars.

If pathology shows abnormal cells at the cut edge, another procedure may be recommended.

- Bleeding or a collection of blood under the skin
- Wound infection
- A noticeable, raised, widened, or tender scar
- Wound edges separating
- Delayed healing or loss of part of a skin graft or flap
- Numbness, altered sensation, or injury to a nearby nerve
- Damage to nearby blood vessels, muscles, or other structures
- An allergic or other reaction to anaesthesia
- Incomplete removal or regrowth of the lesion

Results and follow up

The clinician may tell you what the tissue looked like immediately, but appearance alone usually cannot confirm the diagnosis.

Laboratory results commonly take several days. Complex testing can take longer. Ask how results will be delivered and when to contact the team if you have not received them.

The pathology report may describe:

Follow-up may include a wound check, removal of stitches or staples, review of pathology, or planning for further treatment. Attend routine follow-up even when the wound appears to be healing well.

- The type of tissue or lesion
- Whether it is benign, precancerous, or cancerous
- Its size and other microscopic features
- Whether the margins are clear of abnormal cells

Alternatives

The realistic alternatives depend on what is being removed and why.

Observation avoids surgery and a scar. It may be reasonable for a harmless, stable lesion, but it

does not provide a tissue diagnosis and may delay treatment if the area changes.

Needle biopsy or partial biopsy removes less tissue and usually leaves a smaller wound. It may establish a diagnosis, but it does not remove the whole lesion and can miss an abnormal area.

Cryotherapy, curettage, electrosurgery, or laser treatment may treat selected surface skin lesions without formal excision. These methods may provide less tissue for laboratory examination and may make it harder to confirm clear margins.

Medicines can treat certain cysts, infections, inflammatory growths, or superficial cancers. Treatment may take longer, and complete clearance may be less certain than after removal.

Mohs surgery removes certain skin cancers in thin layers while checking each layer under a microscope. It preserves more healthy tissue but takes longer and is not appropriate or available for every lesion.

For a deeper mass, imaging and a planned needle biopsy may be safer before major surgery. If cancer is confirmed, options may also include radiotherapy, drug treatment, or combined treatment. Each option has different effects on diagnosis, cure, healing, function, and appearance.

When to call your healthcare team

Contact your healthcare team during routine hours if you have questions about wound care, dressings, activity, stitch removal, or pathology results.

Seek prompt medical advice for:

Seek emergency help for heavy or rapidly increasing bleeding, fainting, severe breathing difficulty, facial or throat swelling, chest pain, or sudden severe weakness. These are not routine recovery symptoms.

- Pain, redness, warmth, or swelling that is getting worse
- Pus, an unpleasant smell, or increasing drainage
- Fever or feeling unwell
- A wound that opens
- New or persistent numbness or weakness
- Bleeding that continues despite firm, steady pressure as instructed

Common questions

Will I be asleep?

Small skin excisions are often done while you are awake with local anaesthesia. Larger or deeper excisions may use sedation or general anaesthesia.

Can I drive home?

Not after sedation or general anaesthesia. Arrange for a responsible adult to take you home. After local anaesthesia, driving is only appropriate if you can safely control the vehicle and your facility allows it.

How painful is it?

The numbing injection may sting briefly. During the procedure, you may feel pressure but should not feel sharp pain. Soreness afterward is usually manageable after a small excision.

When will I know the results?

The clinician may share initial findings immediately. A definite diagnosis usually comes from pathology several days later, although complex tests can take longer.

Will it leave a scar?

Yes. Any incision through the skin leaves a scar. Its size and appearance are affected by the excision, body location, skin type, tension on the wound, and healing.

What if the margins are not clear?

Abnormal cells at the tissue edge may mean some remain. Your team may recommend another excision, monitoring, or a different treatment based on the diagnosis and location.

Sources

- British Association of Dermatologists. Excision of Skin Lesions patient information leaflet
- MedlinePlus Medical Encyclopedia. Skin Lesion Removal . U.S. National Library of Medicine
- NHS. Skin Biopsy and patient guidance on minor skin surgery
- National Institute for Health and Care Excellence. Melanoma: Assessment and Management (NG14)
- American Academy of Dermatology Association. Skin Biopsy: Dermatologist-Recommended Wound Care
- American Cancer Society. Surgery for Melanoma Skin Cancer