

FACIAL LESIONS

There can be some mild pain and discomfort once the local anaesthetic wears off. There is a variable amount of swelling and bruising in the first few days but that usually settles down within 2 weeks. You may need to take some simple painkillers (paracetamol, ibuprofen) or painkillers prescribed by the hospital. Severe pain is unlikely after this type of surgery.

How long will I be off work?

Most people will be able to go home a few hours after the operation. If you have had sedation or general anaesthetic you will need to remain at home for at least 48 hours following surgery and you will require someone to drive you home. You should leave a dressing on the wound if you work in a dusty or dirty environment.

What will the scar be like?

The scar will remain visible for the first 3 to 6 months and then begins to get flatter and paler. Massaging the scar with a moisturising cream 2 or 3 times a day in the first few months can help reduce permanent scarring. The scar should be protected from direct exposure to the sun during this time.

Possible complications

Bleeding from the wound is not common. If you do have some bleeding it can usually be stopped by applying pressure over the area for 5 minutes, using a clean dressing. If it does not stop after a number of attempts you should contact your Consultant. Infection is also unlikely - your Consultant will give an antibiotic ointment or tablets if he thinks that infection is a possibility following the operation.

Will I need further appointments?

You will need to have the dressing/stitches removed from the wound 5 - 7 days after the operation. You should arrange a follow up consultation to have this done.

The skin lesion will be sent for further examination under a microscope to find out whether it is benign or malignant. It takes up to two weeks to get the report. The results will be discussed with you at your follow up appointment.

Is there any alternative treatment?

For some benign lesions, curettage or cryosurgery (freezing) may be used in certain cases as an alternative to surgery. This can involve several sessions for treatment of a single lesion.

For malignant lesions, the best treatment is surgical excision. This will remove the lesion and enable examination of the lesion tissue. Radiotherapy may be considered in selected cases.

Private Consulting Rooms:

The Platinum Medical Centre
15 - 17 Lodge Road, St John's Wood
London, NW8 7JA
Appointments: 0207 483 5148

The Shard, London Bridge Hospital
St Thomas Street,
London, SE1 9BS
Appointments: 01264 850 053

The Sloane BMI Hospital
125 Albemarle Road, Beckenham
Kent, BR3 5HS
Appointments: 02084 664 050



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What is a facial skin lesion?

We use the term “facial skin lesion” when talking about a flaw in the skin such as a lump, crack, ulcer or discolouration, that is not normally present.

Lesions are described either as benign or malignant. Benign is used when it is harmless. It is described as malignant when it is a sign of skin cancer and is potentially dangerous. Whilst the majority of skin lesions are benign, some can be malignant and so it is important to have them checked for confirmation of diagnosis.

The commonest types of *benign* skin lesions

Moles on your skin are called **Naevi**. They are often darker in colour than the surrounding skin because they contain more pigment. Occasionally, some moles can develop into malignant melanoma especially when they are exposed to a lot of sun.

Capillary haemangiomas are also called ‘strawberry birthmarks’. They can grow larger or smaller as babies develop. They are pink or red-purple in colour due to the enlarged blood vessels.

Papillomas are similar to warts and are benign skin swellings.

Seborrheic keratosis appears as yellowish or brown raised lumps usually in older people.

Fibromas are benign tumours of the skin composed of connective tissues.

The commonest types of *malignant* facial skin lesions

Basal cell carcinoma is the most common skin cancer and usually occurs as a result of sun damage.

These lesions grow slowly and do not spread to other parts of the body. Early tumours appear as clear, pearly nodules or lumps and eventually turn into an ulcer. They are often called ‘rodent ulcers’.

Squamous cell carcinoma is a potentially dangerous cancer which can spread to local lymph nodes. It can arise in both sun damaged or normal skin. It shows up as an ulcer and does not tend to spread to other parts of the body.

Malignant melanoma is a cancer that begins in the pigmented cells in the skin and is often brown or black. It can spread to other parts of the body. Melanoma is much rarer than basal cell and squamous cell skin cancers, but it is far more serious.

You should seek medical advice if you notice any changes in a facial skin lesion, such as;

- Recent growth in size
- Ulceration (turning into a sore)
- Bleeding
- Change in colour

Treatment for facial skin lesions

Treatment options will be discussed with you and are dependant on many factors including site and size of the lesion, age of patient, cosmetic considerations, your doctor’s recommendations and your own preferences. Several treatment options exist including;

- **Surgical removal:** the wound can be stitched together or covered with a flap of skin from adjacent areas. If a larger area of skin has been removed, it can be repaired with an area of skin ‘grafted’ on from elsewhere on the body.
- **Curettage:** scraping of the skin lesion using a sharp blade called a curette.

- **Cryotherapy:** freezing of the skin lesion using liquid nitrogen.
- **Radiotherapy** can be used in certain malignant skin lesions.

Deciding whether to have the treatment

Your Consultant is available to help you to make your decision. It is important to remember that you can change your mind about the operation at any time. Signing a consent form does not mean that you have to continue with the operation.

If you would like to have a second opinion about the treatment, please let your Consultant know. We can assist you with this.

Surgical removal of a lesion

Most patients will have their operation done under local anaesthetic as a day case. This means that only the area surrounding the lesion is anaesthetised (made numb) so that you do not feel any pain during surgery. You remain awake throughout the whole procedure although you are likely to be offered sedation if having surgery in a theatre setting. Sedation will help to relax you during the procedure. General anaesthetic may be used if necessary; for children, or for very anxious patients.

The surgeon may remove a slightly wider area of skin surrounding the lesion to make sure that nothing of concern is left behind.

What happens after the operation?

You may have a dressing over the stitches, depending on the site of surgery. Try to keep the area dry for the first 24 hours after the operation. You may have a shower but very gently pat the area dry.