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Excision of skin lesions

Excision refers to removal of a skin lesion by completely cutting it out.

Why do skin lesions have to be excised?

A common reason why skin lesions are excised, is to fully remove skin cancers such as [basal cell carcinoma](#), [squamous cell carcinoma](#) or [melanoma](#). If the cancer is not cut out it may spread to the surrounding skin and to other parts of the body (metastasise).

Other reasons that skin lesions are excised include cosmetic appearance, to remove an inflamed [cyst](#), or recurrent infection.

Will I have a scar?

It is impossible to cut the skin without scarring in some way, so you will always have some sort of scar. Your dermatologist will try to excise the lesion in a way that will keep the scar to a minimum.

Some people have an abnormal response to skin healing and these people may get larger scars than usual ([keloid](#) or hypertrophic scarring).

What is involved in excision of a skin lesion?

Your dermatologist will explain to you why the skin lesion needs excision and the procedure involved. You may have to sign a consent form to indicate that you consent to the surgical procedure. Tell your doctor if you are taking any medication (particularly aspirin or warfarin, which could make you bleed more), or if you have any allergies or medical conditions. Remember, to tell your doctor about any herbal remedies as a number of these can also lead to abnormal bleeding.

The most common type of excision is an elliptical excision. The ellipse is designed so that the resulting scar runs parallel with existing skin creases. This ensures that the scar is as narrow and short as possible.

The area to be excised is marked with a coloured pen. The dermatologist will then cut around and under the lesion with a scalpel and sharp scissors so that it is completely removed. The lesion is placed in formalin ready to go to the [pathology](#) laboratory. Here, a pathologist will examine the specimen and provide your doctor with a report a few days later.

There may be some bleeding in the area from where the lesion has been removed. The doctor may coagulate the blood vessels with a diathermy. This can make a hissing sound and a burning smell.

The edges of the ellipse will then be sewn together to make a thin suture line. There may be two layers of sutures (stitches) a layer underneath that is absorbable and a layer of sutures on the surface which will need to be removed in 4–14 days. Occasionally special skin glue is used to join the edges together, instead of sutures.

A [dressing](#) may be applied and instructions should be given on how to care for your wound and when to get the stitches out.

How do I look after the wound following skin excision?

Your wound may be tender 1–2 hours after the excision when the [local anaesthetic](#) wears off.

Leave the dressing in place for 24 hours or as advised by your dermatologist. Avoid strenuous exertion and stretching of the area until the stitches are removed and for some time afterwards.

If there is any bleeding, press on the wound firmly with a folded towel without looking at it for 20 minutes. If it is still bleeding after this time, seek medical attention.

Keep the wound dry for 48 hours. You can then gently wash and dry the wound. If the wound becomes red or very painful, consult your dermatologist – it could be infected.

The scar will initially be red and raised but usually reduces in colour and size over several months.

Related information

Other websites:

- [American Academy of Dermatology](#): patient information about dermatologic surgery
- [American Society for Dermatologic Surgery](#)
- [Punch biopsy & scalpel biopsy](#) - emedicine dermatology, the online textbook
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DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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