

Procedure Information Sheet - Excision of Small Lump

Introduction

Most common skin lesions are sebaceous cyst, fibroma, lipoma, naevus and warts etc. Their sizes are small and they involve superficial skin, subcutaneous tissue and occasionally muscle. Therefore, excisions of these lumps can be done under local anaesthesia.

Indications

Sebaceous cyst, fibroma, lipoma, naevus and warts etc.

Procedure

1. The doctor will cleanse up the involve area with antiseptic solution.
2. You may experience some pain when anaesthetic agent will be injected around the lesion.
3. The excision performed with no pain.
4. Wound will be closed and covered up with dressing or antibiotic ointment.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No fast under local anaesthesia.

Possible risks and complications

1. Excessive bleeding.
2. Severe pain despite of taking the pain killer.
3. Infection (redness, swelling and purulent discharge).
4. Fever (body temperature above 38 °C or 100 °F).

Post-operative information

1. You may go home immediately if there is no discomfort after operation.
2. Take pain killers as prescribed.
3. Maintain personal hygiene.

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4. Keep your wound dry. Remove the dressing and take shower as instructed by your doctor.
5. No need to have stitches removed if absorbable stitches are used, otherwise follow up as scheduled.
6. Diet as usual.
7. Contact your doctor if the wound is redness, severe pain, purulent discharge, bleeding or fever (body temperature above 38°C or 100°F).

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____