



Procedure Information – Excision of Small Lump

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

Most common skin lumps 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.

The Procedure

1. The doctor will cleanse up the involve area with antiseptic solution.
2. You may experience some pain when anaesthesia 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.

Possible risks and complications

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

Before the procedure

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

After the procedure

1. You may go home immediately if there is no discomfort after operation.
2. Take pain killers as prescribed.
3. Contact your doctor if the wound is redness, severe pain, purulent discharge, bleeding of fever (body temperature above 38°C)
4. Maintain personal hygiene.
5. Keep your wound dry. Remove thee dressing and take shower as instructed by your doctor.
6. No need to have stitches removed if absorbable stitches are used, otherwise follow up as scheduled.
7. Diet as usual.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date