

## **MINOR SURGERY AT THORNLEY STREET SURGERY**

We are pleased to offer a minor surgery service at Thornley Street Surgery to enable patients to have small skin and subcutaneous lesions removed and warts frozen that would otherwise not be available on the NHS currently.

In order not to waste your time we may ask you to see the relevant doctor (presently Dr Anna Stone) beforehand so that we can assess the lesion and make a decision as to whether it is amenable to removal at the practice, and/or discuss alternative treatments. Once we have discussed the surgery, then we will put you on the waiting list to be contacted with a date: we normally have 1 session of minor surgery every month.

If the date you are offered is not suitable, or you change your mind, please contact us as soon as possible so that we can offer the appointment to someone else. These appointments are longer than our normal ones, and involve both a doctor and a nurse, so we do not want them to be unused.

### **About the surgery**

Wart freezing is very straightforward, and requires no anaesthetic: we apply a freezing liquid to the wart for a defined length of time. It can be mildly uncomfortable, but not painful. The treated area typically will then blister over in the next few days, and you should keep it covered and make sure that is isn't irritated/ rubbed until it heals. The wart may then require another treatment a week or two later – the doctor will discuss this with you. This treatment is by no means 100% effective, and is not proven to be any more so than alternatives, so we tend to use it when all others have been tried by yourself: and you should bear this in mind when you are deciding about the treatment.

The other surgery we offer is more invasive; ie removal of benign skin lesions and so you will be given a local anaesthetic first. This is an injection, and often provokes a stinging sensation – that quickly subsides. The doctor will then check it has numbed the area before proceeding – you will still feel a prodding and pulling sensation, but no pain. The procedure will then be conducted aseptically.

You may, or may not, have stitches and/or a dressing after the operation. If you have stitches you can remove the dressing within 12 hours if you wish, although you may wish to leave it on until the following morning, and you can then bathe as normal until they are removed; although you should avoid prolonged soaking of the wound. The doctor will let you know when you need to book with the nurse for suture removal – normally 7-10 days post operatively. If you have a dressing that will need changing, the nurse will tell you when to book with her to do this.

There is always a small risk of infection in minor surgery, and to minimise this you should avoid getting dirt in the wound. This risk is also particularly increased in diabetics and smokers. This should not put you off having minor surgery, but you must bear it in mind when you sign the consent form. If your wound becomes red, tender or starts discharging after the operation you must seek medical help.

The other risk you must consider is that of scarring. Occasionally people can find they scar very easily, and, sometimes, the scar can be more obvious than the lesion removed. This can be made worse if the wound is pulled apart whilst it is still healing. You should also avoid sunbathing until the wound is fully healed as this can cause irreversible pigmentation.

Finally, skin is full of nerve endings, and if any of these are cut during the surgery (they are invisible to the naked eye) then you may be left with a very small patch of numbness around the wound.

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**CONSENT TO TREATMENT**

**Proposed procedure:**

**Statement of doctor**

I have explained the procedure to the patient including the benefits and most frequently occurring risks (see above), and answered any particular concerns of this patient.

The procedure will involve local anaesthetic Yes/ No

Signed..... Date.....

Name (print)..... Job Title.....

**Statement of patient**

Please read this form carefully, including the benefits and risks of the proposed treatment: if you have any further questions please ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure described on this form.

Signed..... Date.....

Name (print).....

**Statement of interpreter (if necessary)**

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signed..... Date.....

Name (print).....