

Having a skin biopsy

Dermatology Department
/Haematology Department
Information for Patients

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What is a skin biopsy?

This is a medical procedure which involves taking a sample of your skin so it can be looked at (examined) under a microscope.

Photos of your skin lesion or rash

We will take photos of the skin lesion(s)/ rash to be removed or sampled (biopsied) in clinic. This is done at the time the decision is taken to list you for a surgical procedure. We need to make sure that the surgery is done on the correct area(s). These photos are shared with the Dermatology team. We will also share them with other professionals who may be involved in your care such as plastic surgery, if needed. Photos also help us track changes in the lesion or rash, especially if there is a major change, or the lesion grows quickly, while you are waiting for surgery. The service used to take the photos is called Consultant Connect. This is a service used within the NHS as a safe and secure method to take and share clinical photos. We will ask for your permission before taking photos of your skin.

Should someone come with me?

Depending on the type of procedure you have and your own level of health, you may need a relative or friend to come with you on the day. You may need someone to take you home after the procedure. For example, if you have a procedure on your face you may not be able to wear your glasses, or if the procedure is on your leg you may have difficulty driving.

Please be aware that relatives **will not be** able to come into the surgical room with you during your procedure, unless you have a specific need. Children are **not allowed** into the surgical room, so you will need to arrange childcare for them.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Can I eat and drink before and after the procedure?

Yes. You can eat and drink as normal.

If you have the procedure on your face or by your mouth, the area will stay numb for a few hours afterwards. You will need to take extra care when eating hot food or having hot drinks after the procedure, as you may not feel the heat and could injure yourself.

Should I take my normal medication before the procedure?

Yes, please continue with your medication as usual, **unless the doctor or nurse advises you otherwise**. This includes any blood thinning medication such as:

- aspirin
- warfarin
- clopidogrel
- rivaroxaban

Warfarin does increase the risk of bleeding, but as it is an important medicine for you, we do not ask you to stop taking it for a minor surgical procedure.

We do ask that when you know the date for your surgery that you book in for a blood test to check your INR. Ideally this blood test needs to be taken within 5 days of the date of your surgery.

We ask you to contact the dermatology department to tell us your INR result as soon as this is available to you. You can either phone the dermatology department on 0116 204 7842 or e-mail our team at dermatologyadmin@uhl-tr.nhs.uk with the INR result.

If leaving a message on the departmental answerphone and for all email correspondence, please make sure the following information is given:

- "S" hospital number (this is at the top of the appointment letter) or NHS number,
- Full name
- Date of birth
- INR result

In most cases the surgery can continue if your INR is less than 3.5

If it is higher than this your surgery may need to be postponed until it is below this level.

For Haematology patients: if your doctor or nurse tells you that your skin biopsy will happen at the same time as a bone marrow aspirate, please refer to the bone marrow aspiration information sheet. Speak to your doctor or nurse for further advice about which medication to stop.

What does the procedure involve?

The exact way the procedure will be performed will be decided on the day once the doctor or nurse examines you. They will explain what is involved and you will have the opportunity to discuss any questions you may have before you agree to go ahead with the procedure.

The main types of procedures for skin biopsies are:

- **Diagnostic biopsy** - this is where a sample of skin is removed and sent for testing to help diagnose a range of skin conditions.
- **Excision biopsy** - this is where a visible abnormal lesion is removed. A sample of some of the skin around this area is also taken. The sample is again sent for testing.
- **Biopsy for germline DNA** - if you have, or are suspected of having, an eligible haematological or genetic condition for a test called 'whole genome sequencing (WGS)', a skin biopsy may be needed to get a sample of the DNA you were born with. A sample of skin is removed from a suitable discreet location. It is sent to the laboratory for the DNA to be removed from it (extraction). For further information about the genomic test, please speak with your haematology or genetics team.

How long will the procedure take?

A diagnostic biopsy will take about 20 to 30 minutes.

An excision biopsy usually takes around 30 to 60 minutes, but in some cases it can be longer.

We will tell you how long your procedure should take beforehand.

Will it be painful?

To make sure you feel no pain during the procedure, you will be given injections of local anaesthetic into the area. The injections can sometimes sting for a short while. The doctor or nurse will make sure the area is numb before starting and you will stay awake during the procedure.

The surgery will be painless but you may feel some skin movement and pressure.

How will the wound from the biopsy be closed?

The best way to close the wound will depend on the size and location, as well as the flexibility of the surrounding skin:

- **Direct closure:** most wound edges can be closed in a straight line with stitches, but sometimes this is not possible and other methods will be needed.
- **Skin flap:** one way to repair a larger wound is to use a 'skin flap'. A flap of skin is taken from next to the wound leaving it partly connected to its original blood supply. This flap is placed over the wound and stitched into place.

- **Skin graft:** in some cases it may be necessary to take a 'skin graft' from another part of your body. This is when a piece of skin is removed from a 'donor site' then placed over the wound from the biopsy and stitched into place. This means you will have 2 wounds at the end of the procedure.
- **Open:** -some wounds will not need any stitches and will be left open to heal by themselves.

You will not need to return to the hospital to have any stitches removed. If you do have stitches that need to be removed, this can be done by booking an appointment with the nurse at your local GP surgery. If you have dissolving stitches, they can take about 3 to 4 weeks to dissolve.

What do I do if there are any changes to my skin whilst I am waiting for surgery?

While you are waiting for surgery, if there are major changes to the lesion, or it grows quickly, then please contact us on this number 0116 204 7842 or e-mail dermatologyadmin@uhl-tr.nhs.uk.

We will ask you to send in a photograph of the lesion and, if possible, an up-to-date measurement of the lesion in millimetres or centimetres. For example, 2cm by 2 cm or 6mm by 7mm. If you phone us we will ask you to send the photographs to skinphotos@uhl-tr.nhs.uk

Please note that you **must** phone us first or we will not know that you have e-mailed photographs.

If you email us at dermatologyadmin@uhl-tr.nhs.uk you could include the photographs as an attachment. For all emails, please make sure the subject of the email includes the following 3 items:

1. Your "S" hospital number (this is at the top of your appointment letter) or NHS number,
2. Your full name.
3. Your date of birth.

Photographs will be confidential and accessible to the dermatology team. They might be shared with other doctors working in the hospital, such as the plastic surgery team, if that is felt to be necessary for your ongoing care. However, e-mailing photographs to us is not regarded as a secure or encrypted method of communication.

If you are concerned but are unable to photograph or measure the lesion, please do still contact us to let us know of your concern either by phone or email and we will do our best to help.

What happens after the procedure?

The wound from the biopsy will be cleaned and a dressing will be applied. Once you feel ready you will be able to go home. Before leaving, you will be given an aftercare leaflet to take home which the doctor or nurse will go through with you. You can also view the aftercare leaflet from our online store: <https://yourhealth.leicestershospitals.nhs.uk/library/emergency-specialist-medicine/dermatology/667-skin-biopsy-after-care>

You can expect the following after the procedure:

- Some bleeding is to be expected during the procedure and it is normal to have some oozing of blood afterwards. If the wound continues to bleed you may need to apply continuous pressure for 15 minutes to help it stop.
- The local anaesthetic will wear off after 2 to 3 hours and you may need a simple painkiller such as paracetamol.
- It is common to get bruising or swelling close to the wound. If the procedure is done around the eyes, forehead and nose, this may cause a black eye for a few days.

What risks are associated with this procedure?

- There is a small risk of a wound infection, or the stitches may come apart causing the wound to re-open. You will be given aftercare advice as to what to do if this does happen.
- You will have a scar but over time this will become less noticeable. However, movement and contraction of the wound as it heals can occasionally cause problems with the nearby structures such as eyelids, lips or nostrils. Should this happen, it can be possible to improve this at a later date.
- Occasionally, after an excision biopsy, some patients may need to return for further surgery because the lesion or growth extends further into the skin than expected.

Can I return to work after my procedure?

We usually advise you not to go back to work on the day of your procedure but this depends on what your procedure involves. It can be discussed with your doctor or nurse.

Depending on the size and location of your surgery it may be better to avoid physical activity until the wound has healed.

Will I need to return to the hospital after the procedure?

Dermatology patients: not everyone needs to come back to clinic. You may be given a date for a follow-up appointment on the day of your procedure or the doctor may decide they need to see the biopsy results first. Once the results are available you will either get the results in a letter or be given a date for a follow-up appointment. **If you have not received a result letter or a clinic appointment within 2 months please contact the medical secretaries on 0116 258 5762.**

Haematology patients: you will get an appointment with your haematology team to discuss the next steps.

