UW Medicine

UNIVERSITY OF WASHINGTON MEDICAL CENTER



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Wide Local Excision of Malignant Melanoma or Other Lesion

How to prepare and what to expect

This handout explains how to prepare for your surgery, what to expect, and how to plan for your recovery.

About your surgery

You have a skin lesion, and your doctor advises you to have a surgery called wide local excision to remove it. We will take tissue samples during this surgery. They will be tested in the lab by a pathologist, a doctor who specializes in diagnosing diseases.

The amount of tissue we remove depends on:

- The size and thickness of your lesion
- Whether any lymph nodes will be removed
 - Some patients will also have lymph node mapping with sentinel node biopsy. Your doctor will talk with you about this before your surgery.

When tissue is removed, there are many options for closure. Your incision will be closed in one of 3 ways: usually with *sutures*, a *tissue flap*, or a *skin graft*. This handout reviews care after a *skin graft*.

Donor site care

If You Have a Split Thickness Skin Graft

- For a split thickness skin graft, some skin will be shaved off from an arm or leg (donor site) and placed where your lesion was removed.
- You will have a silver foam dressing over the donor site. Leave this dressing in place, do not get this wet.
 - It is normal for this area to bleed. Use dry gauze or maxi pads and an ACE bandage to reinforce the dressing. We will change it and replace it with another silver foam dressing at your first follow-up visit.

If You Have a Full Thickness Skin Graft

- For a full thickness skin graft, some skin will be taken from an area such as your groin or clavicle. The incision will then be closed with dissolvable sutures.
- If your incision has gauze and tape as an outermost dressing, remove this 48 hours after surgery.
- If your incision has strips of white tape (Steri-Strips) over it, leave the bandage in place until it falls off. If it does not fall off on its own, we will remove it during your first follow up appointment.

Skin graft care

A dressing will be placed over your skin graft for 1 week after your surgery. This dressing helps your body accept the skin graft. **Do not get this dressing wet.** A nurse in the clinic will remove the dressing over your graft 1 week after your surgery.

Options for dressings:

- Your surgeon may decide to place you in a dressing called a *wound vac*. This is a suction device that promotes healing by holding the graft in place and drawing fluid out of the wound.
 - Please ensure you are charging the machine while you're using it, for example while sleeping. If your therapy unit alarms, please contact the supplier at 800.275.4524.
- Another option is a thick *"bolster"* dressing. This is a sutured-on dressing intended to prevent friction to the skin graft.

Follow up

A registered nurse will see you in clinic 1 week after surgery to remove the wound vac or bolster.

Hygiene

- After 1 week post-operatively, we recommend daily showers to reduce the risk of infection.
- Use mild soap and wash your incisions very gently. Avoid direct water pressure to the skin graft.
- Do not take a bath, sit in a hot tub, or go swimming until your incisions are fully healed and no scabs remain. This may take 4 to 6 weeks.

Skin graft care

- Starting 1 week after surgery, we recommend daily dressing changes. We will provide supplies.
- Change your graft dressing once a day. Cut a piece of the yellow petroleum dressing (xeroform), then fold it to cover the entire graft area. Cover with dry gauze.
- Leave the graft open to air for 1-2 hours between dressing changes (when at rest).
- Protect skin graft from the sun.

Pain control

- Please read the handout "Pain Control After Reconstructive Surgery."
- Please do not use ice or heat directly on your surgical sites.
- Keep surgical sites elevated on pillows for swelling.

Activities and return to work

For 2-4 weeks:

- Do not lift, push, or pull anything that weighs more than 8 pounds (about the weight of a gallon of water). This includes children and pets.
- Avoid *aerobic exercise* (activities that cause heavy breathing or sustained elevated heart rate).
- Return to work varies from person to person and depends on the type of work you do. Please discuss with your surgeon what may be best for you.
- Further activity restrictions will be discussed at your consultation.

Pathology results

Pathology results are the findings from tests that are done on the tissue that was removed during your surgery. It will take at least 5 business days to get these results. Your provider will call you with these results or will give them to you at your next office visit.

When to contact the care team

Call us right away if you have:

- Bleeding or drainage that soaks your dressing (hold pressure on the site to lessen bleeding)
- A fever higher than 100.5°F (38°C)
- Shaking and/or chills
- Any signs of infection at your surgical site
 - Redness
 - Increased swelling
 - Bad-smelling drainage
 - Pus or cloudy-colored drainage
- Nausea and/or vomiting
- New rash
- Pain that is worsening and is no longer eased by your pain medicine

If you are experiencing new chest pain or shortness of breath, please call 911.

If you are experiencing redness, swelling, pain/cramp, or warmth usually in one limb, this may be signs of a blood clot. Please go to your local emergency room.

Questions?

Your questions are important. Contact your doctor or healthcare provider if you have questions or concerns.

During Clinic Hours (Monday through Friday except holidays, 8am to 5pm): If you have any questions or concerns, we recommend messaging your surgeon through EPIC MyChart. Please include a photo if applicable.

Alternatively, you may call the Center for Reconstructive Surgery at 206.598.1217 option 2.

Urgent Needs Outside of Clinic Hours

If you have an urgent care need after hours, on weekends, or holidays, please call 206.598.6190 and ask to speak to the plastic surgeon on call.