

Outpatient procedures



Outpatient Procedures

Outpatient procedures do not require a general anaesthetic or overnight stay in hospital following surgery. The majority of smaller issues can be treated with surgery under local anaesthesia. Local anaesthesia is most commonly administered as an injection and provides a numbing effect on the skin. The injection stops the local nerves from working, which allows surgery to take place without any feeling or discomfort. EMLA cream can be applied in advance (especially for children and anxious adults) to reduce the pain of the local anaesthetic injection. This can be purchased over the counter and can be applied 1 hour prior to your appointment.

PRIOR TO SURGERY

It is best to leave plenty of time for your appointment as rushing raises blood pressure and increases the chance of bleeding. Following written consent, the skin is marked and local anaesthesia is infiltrated. Fasting is not required.

SKIN PROCEDURES UNDER LOCAL ANAESTHESIA

Shave Removal

Skin tags, raised moles, seborrhoeic keratoses, viral warts and certain skin tumours can be removed through a shave excision procedure - i.e. removal with a curette and subsequent cautery to the base to stop bleeding and regrowth. This process can also yield tissue for biopsy and analysis under a microscope if required.

Mole Removal

For the removal of a mole, an incision is made around the mole including 2mm of visibly healthy skin. This allows the laboratory to examine it under the microscope for a formal diagnosis when required. In this procedure, the mole is carefully cut out and the two sides are then brought together with stitches. Sometimes further surgery under local anaesthesia is required, depending on the laboratory results. For benign looking moles, histological analysis may not be required unless specifically requested.

Cyst Removal

Cysts can be removed by a punch biopsy evisceration method. A 4mm hole is made on top of the cyst. The contents are squeezed out and the sac can then be teased through the small hole leaving a tiny scar or freckle. A slightly longer incision is sometimes required to gently remove very large or recurrent problems or if there has been infection and the cyst is 'stuck' to underlying structures. If the findings are classical at the time of surgery, histological analysis is not necessary.

Lipoma Removal

Fatty lumps under the skin can be removed through a stab evisceration procedure which leaves a very small scar, despite some lipomas being very large. A slightly longer incision is sometimes required to gently remove very large problems or for those lipomas that are 'stuck' to underlying structures. Painful or newly enlarged lipomas should be sent for histological analysis. Multiple smaller lipomas such as those seen in Dercum's disease are always amenable to evisceration.

Skin Cancer Removal

For the removal of a skin cancer, an incision is made around the lesion including a margin of visibly healthy skin. This allows the laboratory to examine it under the microscope for a formal diagnosis and to confirm complete clearance. In this procedure, the cancer is carefully cut out and the two sides are then brought together with stitches. Sometimes further surgery under local anaesthesia is required, depending on the laboratory results.

Electrodessication

Some skin swellings are caused by accumulation of protein within the skin, such as in the case of superficial (surface) neurofibromas. Thermal treatment with electrodessication can cause these to shrink. The procedure does not yield any specimen for analysis.

Skin Graft/Local Flap Reconstruction

If the removal of a mole or skin cancer produces a larger hole, such that the edges cannot be directly sutured together then skin needs to be imported from neighbouring areas to fill the gap. Skin grafts are placed on like a patch, whilst local flaps see neighbouring tissue rotated into the defect. The donor and recipient sites are dressed or sutured closed.

MOHs Surgery and Reconstruction

Chris works with colleagues who specialise in MOHs micrographic surgery, which is a method of skin cancer removal. This optimises skin tumour clearance whilst preserving normal tissue and so is most applicable when infiltrative tumour boundaries are difficult to determine or when reconstructive tissue is sparse. This is particularly relevant on the face and scalp, or in certain skin cancer subtypes. Reconstruction to close the hole produced can be performed under local anaesthesia in many cases.

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COSMETIC PROCEDURES UNDER LOCAL ANAESTHESIA

Split Earlobe Correction

Sometimes, a pierced earlobe can become split or elongated. Occasionally if an earring snags or is pulled then a traumatic split arises. In this circumstance the best treatment strategy is to completely close the piercing and allow scar maturation for 3 months prior to re-piercing. In this procedure, the split or elongated section of the lobe is carefully cut out and the two sides of the ear lobe are then brought together with stitches.

Scar Improvement

Scars may be stretched, sunken, raised, 'wonky' or cause distortion. Scar revision can address each of these issues. In this procedure, the scar is carefully cut out and resutured. Medium sized areas of thickened scar tissue can also be improved with steroid injections or derma-rolling in the clinic. BOTOX can also be used at the time of scar revision to prevent scars stretching.

Upper Eyelid Blepharoplasty

Rejuvenation of the upper eyelids (blepharoplasty) specifically to remove excess skin, can be performed under local anaesthesia. This can remove the weight of tissue on the eyelashes and completely refresh the cosmetic appearance of the area.

Pinnaplasty

Pinning ones ears back (pinnaplasty) can be undertaken under local anaesthesia, in adults. The procedure involves a cut hidden behind the ear and several permanent sutures to hold the ear in place or improve the contours and curvature of the ear folds. A head bandage is required post operatively for 1 week followed by an 'alice band' for two further weeks.

Fat injections for Soft Tissue Augmentation

Small volume fat and/or stem cell injections for soft tissue augmentation (particularly on the face) can be performed under local anaesthesia. The fat is removed from areas of excess, concentrated and then re-injected into the area of concern.

AFTER SURGERY

Following surgery a dressing will be applied. In some cases, the dressing will be removed and the area treated with topical chloramphenicol ointment. With this methodology, after 7-10 days the area will have healed to leave a smaller pink scar which can mature into a freckle with diligent scar management (see additional brochure).

For wounds requiring stitches, dissolving sutures can be used to close the wound. On the face, removable sutures are chosen to optimise cosmesis and the dressing stays in place until the sutures are removed after 5-7 days.

In the case of skin grafts/local flap reconstruction, occasionally further dressings are required over the donor site for a further week.

PAIN RELIEF

Simple pain killers such as paracetamol or cocodomol and/or ibuprofen can be used for 48 hours to reduce post-operative pain. This is especially important before sleeping to ensure a good night's rest and a speedy recovery.

ACTIVITY AFTERWARDS

Chris advises 48 hours of calm following a procedure. Exercise that significantly elevates the heart rate should be kept to a minimum. Elevation above the heart and a cold-compress helps reduce swelling. Where appropriate, sleeping with a few extra pillows will allow this. The wound area should be protected from being knocked for 1 week and the dressing changed between 5 and 10 days to check for any problems. The wound should be supported for 2 weeks with no swimming or bathing (showering the area may be allowed) and following this period, scar management can be employed and full activity can be resumed.

Do ask Chris how to care for the area, with particular reference to your plans for activities in the first 14 days after surgery.

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PROCEDURES NOT REQUIRING LOCAL ANAESTHESIA

Cryotherapy or Freeze Treatment

Cryotherapy is a liquid nitrogen treatment used for lesions on the very surface of the skin such as sun damage, actinic keratosis, seborrheic keratosis and superficial basal cell carcinoma. The treatment takes a few seconds only and the body's reaction produces a scab over the next few days which dries and falls off. Antibiotic ointment is often used to aid healing.

BOTOX (Botulinum Toxin)

Administered via tiny injections, BOTOX is an effective treatment for wrinkles, facial asymmetry, synkinesis and hyperhidrosis (sweaty armpits). Full results can be seen after two weeks. Chris always offers a complimentary 2 week top up for new patients without a stable treatment protocol so that asymmetries and under-treatment can be corrected after the first (usually lighter) trial treatment. Vigorous washing of the area and exercise should be omitted for 48 hours.

LOCATIONS

For the convenience of patients, Chris practices in several hospitals across Marylebone (**84 Harley Street**), Chelsea (**The Lister Hospital**), Kensington (**The Cromwell Hospital**), Fulham (**The Chelsea and Westminster Hospital**) and Wimbledon (**Parkside Hospital**).

OUR PHILOSOPHY

Patient care is the first and foremost priority of Chris and his team. There is no 'one size fits all' approach. The aim of all surgery is an informed and excellent patient experience, something that is clear to see from the feedback received from his patients.

www.chrisabela.co.uk/about/patient-testimonials