



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Wide Local Excision Surgery

Information for patients, relatives and carers

① For more information, please contact:

Skin cancer clinical nurse specialist

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Wide local excision

You have been diagnosed with a skin cancer which requires further surgical treatment to reduce the risk of the cancer coming back. This surgery is called a wide local excision, and the aim is to reduce the risk of cancer cells remaining in the skin surrounding the original skin cancer. The intention is to achieving clear margins around the original skin cancer and is a procedure based on research evidence.

During the wide local excision, you will have further skin removed from around the previous surgical area. How much tissue you have removed is determined by the depth and stage of your skin cancer.

What to expect

You may have your wide local excision completed by a member of the local skin cancer team or it may be completed by one of the regional skin cancer teams. This is determined by your diagnosis, staging and whether the regional team recommend any other diagnostic tests in conjunction with your wide local excision.

The procedure may be completed by a specially trained nurse, dermatologist, plastic surgeon, maxillofacial surgeon or an oculoplastic surgeon. This will depend on the site of the skin cancer on your body.

Most wide local excisions are completed as a day case under local anaesthetic. The anaesthetic is injected into the area to numb the skin prior to the excision. Any remaining visible skin cancer will be removed including the required margin of healthy skin around the original site.

You might need to be asleep for the procedure. This means you will need a general anaesthetic. General anaesthetic may be required during procedures to:

- Check your lymph nodes (sentinel node biopsy).
- Remove a large area of skin or repair it with a skin graft or flap.

Before treatment, you will be offered a consultation with your consultant to discuss the required surgery.

If you feel anxious about the operation, please talk to your consultant or specialist nurse.

Following the procedure, the wound edges will be stitched back together which will leave a scar. If this is not possible the skin will be repaired with a skin graft or skin flap (see page 5).

What are skin grafts and skin flaps?

Skin graft

For a skin graft, the surgeon will remove a thin sheet of skin from somewhere else on your body (the donor site). The donor skin is placed over the area where your skin cancer has been removed and stitched into place. The surgeon will take the skin graft from an area of your body where it will not be too obvious and also where the skin colour matches with the site of the removed skin.

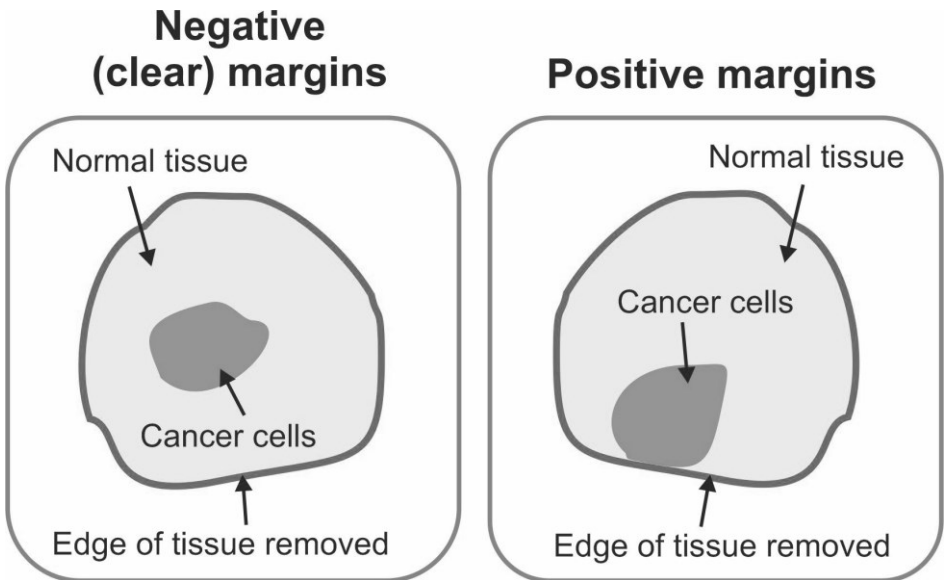
Skin flap

For a skin flap, the surgeon will take some skin with its own blood supply from an area next to where your skin cancer was. This skin will be moved over to cover the area where the wide local excision has been made.

Skin flaps are often used for the face. The surgeon will do their best to make sure the cuts (incisions) they make during the operation fit in with the natural lines of your face to minimise scarring.

After your surgery

A sample of your skin will be sent to the laboratory and analysed by a pathologist. A report will be created to inform your consultant whether clear margins have been achieved (see diagram below).



A negative margin means that all of the cancer cells have been removed.

A positive margin means that cancer cells remain in the skin therefore further treatment will be required. This may involve further surgery or alternative non-surgical management such as radiotherapy.

The results are usually available within four weeks of your surgery. Your consultant or specialist nurse will inform you of the results by letter, telephone or by invitation to clinic for a face-to-face discussion. They will also discuss further treatment options at this stage, if required.

You can usually go home on the same day as your surgery.

The surgeon will have applied a dressing over your wound for protection. Your wound may be closed using dissolvable sutures (stitches) which will not need removing. Alternatively other types of sutures or clips may be used which will need removing. You will be informed of any post operative instruction by the discharging team.

You may be invited back to the hospital for a wound check. This is to check how the wound is healing and ensure there are no signs of complications.

With more minor procedures, it may not be necessary to bring you back to the hospital. In this instance you can arrange an appointment at your GP practice with the practice nurse for a wound check and to have your sutures/clips removed if necessary.

If you have any difficulties arranging a wound review, please contact your consultant's secretary for advice.

Care following an anaesthetic

Local anaesthetic

After a local anaesthetic the treated area will remain numb for several hours after the operation. If the local anaesthetic was to your mid or lower face, you should avoid hot food or drink until the sensation has returned due to the risk of burns or scalding.

General anaesthetic

After a general anaesthetic you will be taken to the recovery area until you are fully awake. A nurse will regularly check on you during this time. You may need to stay in the recovery area for a few hours following which you will be returned to a ward to continue your recovery.

When the anaesthetic has worn off and you feel well you can go home. This might be the same day as your operation. Sometimes it is necessary to remain in the hospital overnight to ensure you are safe and well enough to be discharged home.

After a general anaesthetic you will need a friend or relative to take you home and stay with you for 24 hours. If you do not have someone to stay with you at home you may need to stay in hospital overnight following your surgery.

For 24 hours after a general anaesthetic, you should not drive, drink alcohol, operate heavy machinery or sign any legally binding documents.

Possible complications following wide local excision

As with any operation there can be risks of complications. After your operation your nurse will tell you what to look out for and who to contact if you have any problems. These might include:

Pain

Some mild pain is to be expected at the wound site and donor site if a skin graft was required. This can usually be controlled using over the counter pain relief medications such as paracetamol. If this is not helping, contact your GP or pharmacist for advice, they will be able to recommend an alternative medication if required.

Infection

Although all attempts are made to minimise the risk of infection during your procedure, some people will get an infection of the wound site. Contact your GP or the department where your surgery was completed if you are worried. Common signs of wound infection are:

- Redness and heat to the surgical area.
- Painful when touched.
- Has fluid (discharge) leaking from it.
- You develop a temperature and there is no other known cause for this.

Numbness

You may have some numbness, tingling and pain in the area. This is due to nerve injury and may get better with time. Talk to your consultant or specialist nurse if this is troubling you.

Bruising and swelling

You might have some bruising and swelling around the area of your operation. This will reduce over time as the wound heals. Contact your GP or the department where you had your surgery if the swelling gets worse.

Bleeding

You might have a small amount of bleeding after surgery. If the wound continues to bleed or the bleeding becomes worse contact the department where you had your surgery or your GP Practice.

Scarring

A scar is unavoidable following surgery. The size and shape of the scar will depend on the amount of skin removed and whether you have a skin graft or flap.

Scars are noticeable and red to start with but will become paler and less noticeable over time. If your scar becomes more thick and raised (keloid scars) or you have any other concerns about scarring talk to your GP, consultant or specialist nurse for advice and support.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Skin Cancer Clinical Nurse Specialist Team, Specialist Nurse Office, Corridor A, York Hospital, Wigginton Road, York, YO31 8HE.

Advice Line: 01904 721719

Email: yhs-tr.skincancer.cns.team@nhs.net

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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