



EXCISION OF A SKIN LESION, SOFT TISSUE SWELLING OR PRE-AURICULAR SINUS

Your child's General Practitioner (GP), Paediatrician or Dermatologist has recommended that their skin lesion or soft tissue swelling be excised surgically. This may be because the lesion or swelling is causing your child some pain or discomfort. More commonly, it may have increased in size or there is a need to establish an accurate diagnosis from a tissue specimen.

A pre-auricular sinus is a small opening adjacent to the external ear. The sinus generally extends deep to the skin towards the cheek for about 1 to 2 cm. Surgery is required to prevent infection in the future.

General description

The aim of the procedure is complete removal of the skin lesion, soft tissue swelling or sinus. The operation is performed as a day case under general anaesthesia. Typically the procedure will take around 20-40 minutes.

Preparation

Your child will need to fast for all solids and milk liquids generally for about 6 hours before the start of the procedure. In breast-fed babies or infants this time may be reduced after consultation with the anaesthetist. Water may be allowed up to 2 hours beforehand. You will be called by the hospital approximately 48 hours prior to surgery to be advised of your admission and fasting times. It is often helpful to bring your child's favourite toy with you on the day.

Anaesthesia

You and your child will meet the anaesthetist prior to the procedure. After talking to you and briefly examining your child, they will take you through to the operating theatre. One parent is welcome to accompany your child until they are asleep. The anaesthetist puts your child to sleep via a face mask (with children 5 years and over there is the option of either a face mask or a needle with numbing cream). You



Pre-auricular sinus

will then be shown to a waiting room. It is very important that you remain available in this area during your child's surgery so that we can quickly contact you in an emergency. Once your child is asleep, the anaesthetist will insert a 'drip' to allow fluids to be given directly into a vein. Usually this is located in the hand or arm, but occasionally may need to be sited in the leg or scalp.

Procedure

The skin will be cleaned with an antiseptic solution. Local anaesthetic will be injected into the area to make it numb and comfortable for your child following the procedure. Usually an elliptical excision around the lesion will be used to excise it completely. In the case of a soft tissue swelling below the skin, a single incision directly over the swelling will be used. Once the lesion has been excised, any bleeding will be controlled with an electrical cautery instrument. The wound will then be closed with dissolving sutures, generally buried underneath the skin. The wound will then be protected with either a dressing consisting of 'Steri-strips' covered with a clear plastic film, or with glue and an antibiotic ointment ('Chlorsig'). Any tissue removed will always be sent to the laboratory for analysis.

Initial recovery

Once the operation has finished, your child will be taken to the recovery area. When they are awake, you will be called into the recovery ward. Often children appear distressed and a little confused initially - there may be several reasons for this including residual effects of the anaesthetic, hunger, and some discomfort. Generally they will settle quite quickly, especially if offered a drink or feed. The recovery and ward staff are also able to give additional pain relief medication once your child is awake if required. The nursing staff will check the wound and make sure you are happy before you go home. Usually this will be about 2 hours after the surgery.

Post-operative course

There may be a small amount of bleeding at the site of the wound under the dressing. This usually settles within a few hours after the surgery. If there is further bleeding after the first day please contact either your GP or myself. Paracetamol ('Panadol') should be given on the afternoon and evening of surgery, and in the morning of the following day. After that time, assess your child's pain to see if further doses are required. Children over 12 months of age may require additional pain relief with ibuprofen ('Neurofen') for the first day or so. Follow the manufacturer's dose instructions for your child's weight. Paracetamol (no more than 4 doses in 24 hours) and ibuprofen (no more than 3 doses in 24 hours) can be given together if required.

If you have been supplied with antibiotic ointment, please apply this to the wound twice a day for the first 5 to 7 days after the surgery. Your child should otherwise keep the area clean and dry for the first 5 days. This may require sponge baths or wrapping the site of the surgery in plastic wrap ('Glad wrap' or 'Cling film') before having a gentle shower. On day 6 after the surgery the child can have a normal bath or shower and then remove any dressing.

Return to activity

Your child may return to day care or school when comfortable, usually within 3-5 days. He should not participate in sports or swimming for 3 weeks after the surgery and should not ride straddle toys (bikes, walkers) for 2 full weeks after surgery. You should continue to use your car seat.

Call our office if:

- You see any signs of infection
- Your child's pain gets worse or is not relieved by painkillers
- There is bleeding (small ooze of blood in the first day or two is normal)
- Your child has a high temperature
- Ongoing vomiting or failure to tolerate fluids on the day following surgery
- You have any questions or concerns

Follow-up

Normally I see you and your child about 3 to 6 weeks following surgery. This is both to ensure that the wound has healed and that you and your child are satisfied with the results of the operation. For patients from rural areas, this review may be deferred to your own general practitioner if you prefer. Please ring soon after the operation to book the post-operative appointment to arrange a convenient time.

Problems & further surgery

In some cases the excision of the lesion may not be complete and further surgery required. This rare and might occur in 1% of cases. In the case of a pre-auricular sinus this can recur, especially if there have been previous infections. Depending on the site of the lesion and your child's natural healing abilities, there may be scarring after the surgery. This can generally be managed by topical pressure of a scar management gel such as Bio-Oil or topical silicone. Bleeding and infection may complicate any surgical procedure and occurs in about 2 to 3% of cases.