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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Removal of Minor Lesions / Lumps from your Neck and / or Surrounding Area

Ear Nose and Throat Speciality

Your consultant / doctor has advised that you have a lesion/lump removed.

What does removal of a lesion/lump mean?

This is an operation to remove the lesion/lump and send a biopsy to be examined for a diagnosis to be made.

The procedure is usually done as a day case. It may be done under a general or local anaesthetic; you will be advised of this.

What are the benefits of having removal of lesion/lump?

This procedure will allow the doctor to make a confirmed diagnosis and give appropriate advice and treatment. It will alleviate any anxiety or annoyance the lesion/lump may be causing.

What are the risks of having removal of lesion/lump?

- **Infection (less than 1%)** This may occur at the wound site. The area should be kept clean and dry especially if stitches are in place.
- **Scarring** - A scar is unavoidable but can be reduced if the above is adhered to. Some people have a tendency to develop raised scars (keloid). If this is the case it can be treated at a later date if appropriate. You must protect your scar from direct sunlight for at least twelve months; use a factor 50 sun block. You can massage your scar with a light moisturizer after a few months this will help reduce its appearance.
- **Bleeding / Bruising**– It is usual for some bleeding immediately after the procedure but this should settle quickly.
- **Numbness** - of the skin surrounding the area, this may resolve over a period of time.
- **Recurrence (less than 10%)** may require further surgery or treatment.
- **Pain/Discomfort**- this should resolve as the area heals.

Depending on where the lump is the following risks may or may not apply to you.

- **Damage to the nerve to your shoulder** – this will depend on where the lump is situated but may affect the shoulder movement.
- **Damage to nerve supplying the outer ear**- This may lead to numbness.
- **Facial nerve damage**- this is a very small risk but could lead to facial weakness on the affected side.

Are there any alternatives available?

The doctor may advise you to watch and wait.

What will happen if I decide not to have treatment?

The lump/lesion may grow or the cells may develop and become abnormal.

What sort of anaesthetic will be given to me?

If local anaesthetic for removal is advised this will involve small injections of local anaesthetic solution around the lesion/lump site. The surgeon will do this. The injection tends to sting a little at first and then the area becomes numb.

However, you may be offered a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it. Unfortunately, general and local anaesthetic can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- If you require a general anaesthetic, you will be seen in the Pre-assessment clinic before you are admitted to hospital. Here you may have blood tests, chest x-ray or heart trace **if necessary**. You will be assessed to see if you are fit for an anaesthetic.
- The nurse practitioner will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

- If having a general anaesthetic you will need to have nothing to eat or drink for six hours before your operation. This will be stated in your letter.
- You will be able to discuss the operation with a nurse practitioner and you will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication with you when you come into hospital.
- You will be asked to remove jewellery; plain rings can be worn but will be taped.
- Please leave body piercings at home. False nails will need to be removed.
- If you are on regular medication you will be advised as to whether you should take it.
- You will be asked to put on a gown, a disposable hat and disposable underwear. You may be asked to wear elasticated stockings to prevent blood clots in your legs.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist and a member of the nursing staff will give this to you.
- A porter will take you to the anaesthetic room.
- Your dentures, glasses and hearing aid can stay with you on your journey to the operating theatre.

What should I expect after my operation?

- After your operation, if you had a general anaesthetic you will be kept in the recovery room in theatre before being transferred to your ward. If your operation was done under local anaesthetic you will be taken from the operating theatre back to the ward.
- A nurse will check your pulse, blood pressure, and breathing and wound regularly.
- It is important that if you feel any pain you must tell the nursing staff who will give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. General anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling goes. The nursing staff will offer you an injection to take the sick feeling away.

The first time you get out of bed please ask a nurse to accompany you, as you may feel dizzy.

Going Home

Your doctor /nurse will normally discharge you. If you have a venflon (plastic tube) in your arm/hand, this will be taken out before you go home.

Discharge Information

Removal of sutures (stitches)

You will be advised to go to your local walk in centre or make an appointment with your family doctor (GP) surgery to have your stitches removed no more than five to seven days later.

Pain relief and medication

The nursing staff will organise any necessary medication that has been prescribed for you to take home. It is important that you take these as directed. You will need to contact your GP if you require any more. You will normally be given a tube of ointment to rub onto the stitches for a week. It is important to do this three times a day to help with the healing process.

Getting back to normal

If you had a general anaesthetic it is normal to feel more tired than usual for a few days.

You should eat and drink normally.

You should keep your wound and stitches dry for a week to prevent infection.

Returning to work

You can self certify for the first seven days of sickness, after this a medical certificate (fit note) may be issued by the hospital doctor to cover the expected time you will need after discharge.

Further Appointments

An outpatient appointment will be arranged and sent out to you.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Patient Notes:

Further information

If you have any further questions, or require further information, please contact the ward where you had your surgery or the Nurse Practitioners.

ENT Nurse Practitioners:

Helene Bryant / Sue Bragan

Tel: 0151 706 2290

Text phone Number: 18001 0151 706 2290

NHS 111 Service

Tel: 111

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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