

Having a skin biopsy

Your doctor has suggested that you have a skin biopsy. This factsheet explains why you need to have a biopsy and the possible risks and complications you may experience. If you are unsure about the benefits of having the procedure, please ask.

What is a biopsy?

A biopsy is a procedure that involves numbing the area with local anesthetic and taking a sample or samples of tissue from the area needing further investigation. These are sent to be examined by a pathologist (an expert in making diagnoses from tissue samples).

Why do I need a biopsy?

Your doctor's examination has shown an area of skin that maybe abnormal and requires further investigation. The simplest and most accurate way to find out if there is an abnormality is to take a tiny sample of the affected tissue for a pathologist to examine.

Where will it be done?

The procedure will be carried out in one of the Outpatients Departments or our main theatres at The Royal Marsden, Sutton.

How do I prepare for this?

You are not required to fast for a biopsy. You may be asked to use a shower wash before the procedure.

What happens during the procedure?

A local anaesthetic is injected to numb the specific skin area. This will cause burning or stinging and it takes a short time to be effective. Once numb, your dermatologist will remove the skin sample.

This will be by one of the following methods: The areas can be simply cut out (excision biopsy), sometimes a small sample can be taken (punch biopsy), and with other conditions the area can be surgically scraped (curettage) or shaved off. Very occasionally we need to close a wound with a skin graft or move a piece of skin around (skin flap) to close the wound, but this will be discussed before surgery.

All samples are then sent for analysis. You may require stitches following your procedure - these will normally be removed at your GP practice. Your doctor will advise when these need to be removed.



A dressing will be applied to the area and we will give you wound care information on the day of surgery. Depending on the site of biopsy, you may need to avoid any physical activity that may put stress on your wound and delay healing.

The doctor performing the biopsy needs to know if:

- You have ever had an allergic reaction to a local anaesthetic
- You are taking any blood thinning medications (such as aspirin, clopidogrel, warfarin, rivaroxaban)
- If you are taking warfarin, you may need to have your INR check one to two days prior to your surgery (your INR should be 3.5 or less on the day of surgery)
- You have a pacemaker
- You are pregnant
- You or any of your family members have a tendency to bleed after operations
- You are planning to travel abroad in the next two weeks, as it may be advisable to reschedule your biopsy in some cases.

Risks

- There are risks of bleeding, scarring and infection associated with minor procedures
- Minor procedures usually result in a scar - there is no guarantee of the scar that you will get and stretch or keloid scars can occur
- Sometimes further surgery is required after the initial surgery. Occasionally lesions can recur even if they are benign (non-cancerous)
- The wound maybe painful when the anaesthetic wears off.

When can I expect my result?

The result of the biopsy can take 2–3 weeks. If you have not received your results after four weeks, please contact your CNS (Keyworker).

Contact details

Dermatology Nurses

Tel: 020 7811 8011
(Monday to Friday, 9am–5pm)

Email: Dermatology.nurses@rmh.nhs.uk

Alternatively, please contact:

The Royal Marsden Macmillan Hotline: 0208 915 6899
(available 24 hours a day, 7 days a week)

