

INFORMATION SHEET ON MOLES AND MOLE REMOVAL

INFORMATION

Moles, naevi, warts are all names used by Doctors and lay people to describe the unwelcome lumps and bumps which grow on people's skin. Most of these are benign but a small number are not.

Nearly everyone has or develops moles during their lifetime. Only a few people bother to have any or all of them removed. The fact that you are thinking about having a mole removed means that you are concerned about your mole. This information sheet is designed to try and help you to understand some of the relevant points about moles and their removal.

WHICH MOLES NEED TO BE REMOVED?

Only moles which have turned cancerous, or which are likely to turn cancerous, **MUST BE REMOVED.**

There are moles which become a considerable nuisance to the person because they are either painful or catch on clothing, or because they bleed (when shaving for example) or which become sore or infected whose removal is **JUSTIFIED ON "MEDICAL GROUNDS."**

There are moles which because of where they are, or their size, or number, or recent size or recent enlargement are unattractive or embarrassing to the person or other people. These are removed for reasons of appearance.

WHICH MOLES SHOULD YOU BE CONCERNED ABOUT

1. Any mole which has changed rapidly and recently which, for example, has become suddenly darker or larger or fragile and has bled.
2. Any mole which is raised and shiny black in colour, like a small black beetle on the skin.
3. Any mole which is dark brown and has a very irregular edge and shows variation in colour.

In general, you don't need to worry about moles which have stayed the same for many years. It is very common for moles to appear for the first time in the 30's or 40's. This doesn't mean that the person is going to go on developing lots more later but unfortunately, these moles which appear in middle age, may well enlarge slowly after their initial rapid growth. If in doubt about a mole, the right thing to do is to go and consult your Doctor.

THE CONSULTATION

You will need to consult your Doctor or Specialist about the removal of a mole. It is not sensible to get a mole removed or treated by an unqualified person, such as a Beauty Therapist or Chiropodist, because they won't have the experience needed to recognise a potentially cancerous mole, nor will they have the means of getting it checked afterwards, nor will they necessarily know how to advise you about what to do if their procedure were to go wrong. They might also advise you to have a mole removed which doesn't really need to be removed.

COMMON MISCONCEPTIONS ABOUT MOLES

1. It is an old wives tale that removing moles is dangerous or causes cancer. This misconception has arisen as the result of the fact that some people let cancerous moles grow and grow and only finally seek advice when it is too late. They then mistakenly blame further spread of the cancer to other parts of the body on the operation, rather than the fact that they neglected the growth of the mole in the first place. A surgical operation to remove a mole **NEVER** causes cancer. It may prevent cancer.
2. Removal of hair moles, or moles which have hairs, or moles in which the hairs are frequently plucked is **NOT DANGEROUS**.
3. The plucking of hairs from a mole is not dangerous but is sometimes the cause of the mole becoming inflamed (sore, swollen, red) and can occasionally lead to infection.
4. One can never remove a mole without leaving a scar. If one cuts or shaves or burns or lasers or freezes or scrapes the skin to get rid of a mole you automatically leave a scar. Never believe somebody who claims to do scarless surgery when removing moles. The skill of the specialist is to advise you which method of removal of your mole is least likely to leave a **NOTICEABLE** scar and, at the same time, will guarantee to get rid of the mole and make it possible to have it checked under the microscope. What matters about a scar, is its quality. In the majority of cases, moles are removed best by cutting them out and stitching the skin together again afterwards. A small scar will result which should fade with time. The quality of the scar needs to be discussed carefully with the specialist.

5. The removal of the mole should not hurt at all once local anaesthetic has been injected underneath and around it. Some people are very frightened of needles and will do anything to avoid the prick of a needle. Special measures, such as the

use of local anaesthetic cream, can be used in such a case. The local anaesthetic stings some people but not others and so some people feel the pain of the injection and others don't. Usually the sting will only last for a second or 2, even in the worst cases.

6. Some people think, mistakenly, that they will need a general anaesthetic to have a mole removed. It is, in fact, extremely rare to need a general anaesthetic for mole removal in an adult but it may be appropriate in children. Even in young children one can numb the skin with anaesthetic cream and inject the local anaesthetic almost painlessly as a result. Provided they don't panic, many children can cope almost as well as adults. It is certainly a lot easier for them than going to see the Dentist sometimes.

If you want more than 8 to 10 moles removed at the same time, it may be worth considering a general anaesthetic. If injections don't both you, the only limit to the number of moles which can be removed at one time is the amount of local anaesthetic that can be given safely.

In practice, this means about 20 to 30 moles could be removed all at the same time under local anaesthetic. In practice, most patients never ask for more than 15 moles to be removed at any one time.

THE QUALITY OR APPEARANCE OF THE SCAR AFTER MOLE REMOVAL

There are many factors which influence how noticeable or troublesome a scar will be. These need to be discussed with the Surgeon rather like a checklist of questions and answers.

- a) Method of removal (cutting, shaving, freezing, burning, etc).
- b) Site of mole (face, better than back or leg).
- c) Age of person (older people tend to make better scars than young people).
- d) Tendency of the person to produce hypertrophic or keloid scars.
- e) Method of stitching (and timing of removal of stitches).
- f) Presence or absence of infection or inflammation at the time of surgery.
- g) How big the mole is and how great the tension of closing the skin after removing the mole (much worse on a leg or thigh than on the face, for example).
- h) Existence of x-ray therapy at the site of the mole.
- i) Whether the wound is likely to be traumatised in the early stages of healing (sport, shaving, washing, etc).

Surgeons find it useful to tell patients that a good scar is the result of good surgery but a bad scar is the result of poor healing and can be blamed on the patient. Plastic Surgeons try their best to ensure that the conditions for doing the surgery are perfect, so that the surgery is likely to produce a good result. Nevertheless, sometimes nature is against the patient and the Surgeon.

IMPORTANT THINGS TO TELL THE SURGEON AT THE TIME OF CONSULTATION

The Surgeon will ask you basic questions about your health, but in general even medically unfit people are fit enough to have moles removed under local anaesthetic. Nevertheless, you must tell the Surgeon if you are:-

- 1) Taking anticoagulants, such as Warfarin.
- 2) Taking Aspirin or anti-inflammatory medicines because these can worsen the bleeding.
- 3) Allergic to anything which the Surgeon might use at the time of surgery (such as certain local anaesthetics or adrenaline or antiseptics or antibiotics).
- 4) Have had rheumatic fever and have a need of antibiotic cover.

WHAT WILL HAPPEN AT THE HOSPITAL

The details of the admission and discharge procedures vary from hospital to hospital and whether NHS or private. However, in general it is wise to be sure that you know where and when to report and to know how long you are likely to wait for your operation and any possible delays before you can leave. Only your Surgeon or his secretary will be able to tell you all of this. It is worth discussing this at the time of the consultation.

If you know that your operation is to be done under local anaesthetic, you can eat and drink before the operation. You should be able to drive your car and eat and drink (alcohol if you wish), straightaway after your operation. Most people believe that an operation justifies taking the day off work but, unless the Surgeon tells you that you won't be able to work, it is probable that you can in fact go straight back to work after the operation if you want. If you have a mole removed from your foot or ankle, the Surgeon might advise you to rest your foot for a day or so. This might make work very difficult.

THE OPERATION

In most hospitals or clinics you will be asked to check in at least 20 to 30 minutes before the operation to complete the documentation. If the Surgeon is working ahead of time you may be ushered through to the operating theatre rapidly. If the Surgeon has been delayed you might have to wait half an hour to an hour.

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If you know that this would be highly inconvenient, please tell the Surgeon in advance because he might be able to schedule your operation so that delays are minimised. It is always sensible for an adult to bring a book or something to read and for parents to bring a toy for a child to play with.

You may be asked to change into a gown and to leave valuables in the care of relatives or friends. If you are alone, I recommend that you don't bring your worldly wealth with you because you won't be allowed to bring it into the operating theatre and it may be inconvenient for the nursing staff to try and provide maximum security for it.

Once in the operating theatre, you will be asked to sit or lie on the operating table. The Surgeon will confirm with you which moles he is going to remove and will probably mark each one carefully with a special marking pen. Some local anaesthetic will then be injected and the nurse will then clean the skin around the mole with antiseptic and place towels over the rest of you so that sterile instruments can be placed on these towels without fear of contamination. You will be asked not to touch the area which has been cleaned, because to do so will contaminate it, and the nurse would have to re-clean it. If you have an itchy spot, ask the Surgeon to scratch it for you!

The Surgeon will then proceed with the operation. He can give you a running commentary if you wish but most people prefer not. Some people like to watch the operation. This is possible sometimes and quite reasonable but it would depend upon the circumstances. Some people are extremely frightened by the prospect of an operation but nearly all realise within a minute or so of the operation that really there is nothing to be frightened about after all.

AFTER THE OPERATION

The Surgeon will probably put a dressing onto the place where the mole was removed. It is important to know how soon you can remove this and when you can wash the area and whether to put any ointment onto the wound. The Surgeon should discuss this with you and also discuss when your stitches should be removed, by whom and where. He may advise you about when you can resume normal activities (sport, etc).

My personal preference for facial moles is to advise the removal of the dressing after 24 hours. After this some Chloramphenicol eye ointment is smeared along the line of the stitches twice daily until the stitches are removed 4 or 5 days later. The person can wash their face as usual.

The same, however, does not apply to wounds on legs or arms where it may well be much better to keep the dressing in place for a week to 10 days and to leave the stitches in for this length of time for fear that if one were to remove them too soon, the wound might break open.

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POSSIBLE PROBLEMS AFTER MOLE REMOVAL

Any surgical wound is likely to be more or less sore for 2 or 3 days and for this soreness then to fade. Some stitches themselves can be quite sore and patients comment frequently on how much more comfortable they feel once the stitches have been removed. There are 3 common immediate medical problems after mole removal: bleeding, wound disruption and infection.

BLEEDING

A small amount of oozing or bleeding from the wound is to be expected for an hour or 2. That is the purpose of the dressing. However, if the wound continues to bleed and you are already on your way home from the hospital or have reached home, then try not to panic. Bleeding will usually stop if you press on the area continuously and firmly for 4 to

5 minutes. If the bleeding is coming from a leg or an arm or a hand, then elevate it and then press on it. If this doesn't seem to work then telephone the Surgeon for advice.

WOUND DISRUPTION

Sometimes stitches come loose too soon and the wound gapes. This may not matter at all, but it is worth trying to shut the wound either by putting an extra stitch in it or by taping the wound with "butterfly" or "micropore" tapes. These are things which the Surgeon can do if you can get back to see him easily. If the wound gapes after the stitches have been removed, this is either due to infection or injury or premature removal of the stitches and the Surgeon will have to decide what is best done at this stage.

INFECTION

Infection occurs in approximately one in every 20 to 30 cases of mole removal. Sometimes it is trivial and is merely redness or a little discharge of fluid. Sometimes it is serious and causes the wound to open and produce yellow pus. By the time the infection is apparent it may be too late for an antibiotic to stop the wound from breaking down. Nevertheless, it is usually sensible to start antibiotics as soon as an infection is recognised to prevent the infection from worsening and to help healing. If the wound heals badly, then the Surgeon may recommend another operation a few months later with antibiotic cover to try and improve the appearance of the scar.

OTHER PROBLEMS

Hypertrophic/Keloid Scars

Some people are very unlucky and have a tendency to make bad, thick, raised, itchy scars regardless of the quality of the surgery, or the age of the person, or the site of the wound. You may know that you have this problem. If so, discuss it with your Surgeon. The commonest place on the body for this type of problem is the front of the upper chest or upper arm.

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Your Surgeon may well advise you not to have your mole removed from these places because of the very high risk of you developing a nasty looking scar which could well be worse in appearance than the appearance of the original mole.

CHECKING OF THE MOLE

If the Surgeon has sent your mole to be checked under the microscope, you will be informed immediately if there is any cause for concern. If the result is normal, the Surgeon may not inform you unless you specifically ask him to do so. He will almost certainly send a copy of the report on to your own General Practitioner.

FOLLOW UP CONSULTATION

Most Surgeons are very concerned with the outcome of their surgery, whether it is good or bad. You may well be asked to come back for review 3 to 6 months after the operation to discuss the cosmetic result. This would, in most cases, be the earliest moment at which it would be appropriate to discuss any further operations to improve an unsatisfactory scar. If a scar is becoming itchy or swollen or sore (hypertrophic) a month

or so after the operation, it would be worthwhile trying to treat this immediately. In this situation you should contact the Surgeon straightaway. All scars are slightly red for a few weeks after an operation and it is only if it becomes increasingly worse that you need to worry about it.

NB: THIS INFORMATION SHEET CANNOT COVER EVERY ASPECT OF WHAT YOU MIGHT NEED TO KNOW ABOUT MOLES, BUT I HOPE IT HAS BEEN HELPFUL.

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