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Foot, Ankle and Trauma Surgery

EXCISION OF LESION

INTRODUCTION

Abnormal lesions cause pain and irritation and often need to be excised.

THE SURGERY

Surgery to excise a lesion includes:

- i. general anaesthetic, intravenous antibiotics.
- ii. incision over the affected area.
- iii. identification of lesion.
- iv. removal of lesion.
- v. Irrigation of wound if required.
- vi. wound closure with stiches/sutures.
- vii. infiltration with local anaesthetic.

THE RISKS OF SURGERY

All surgical procedures carry some risk. The risk of complications with this surgery is low. Some of the risks include:

- Infection
- Problems with wound healing
- Nerve injury causing numbness, tingling and/or pins and needles.
- Deep venous thrombosis/pulmonary embolism. (The risk of DVT increases with smoking, the oral contraceptive pill, hormone replacement therapy, immobility and obesity).
- Anaesthetic complications
- Drug allergy
- Ongoing pain

GUIDELINES FOR EXPECTED POST OPERATIVE RECOVERY

Keep dressings dry and intact until post operative appointment. Keep foot elevated as much as possible, especially for initial 72 hours.

Commence gentle range of motion exercises on the day of surgery.

Removal of stitches/sutures at the first post operative appointment, at 10-14 days.

Pain killers may be required: Up to 2 weeks.

Antibiotics for up to 2 weeks.

WEIGHT BEARING

You may weight bear as tolerated following the surgery. For the first 2 weeks this may be in a post operative shoe to accommodate your bandage. Crutches may be required to assist mobilisation.

Return to most activities: 6 weeks. Full recovery: Within 3 months.

Every patient's recovery is individual and depends on the severity of the injury and the complexity of the surgery.

ANY PROBLEMS

During office hours contact Dr Wines' office on (02) 9409 0500.

After hours please contact the hospital where your surgery was performed.