Moles, lumps and bumps

The practice runs a number minor surgery sessions and there is normally at least one session each week. The current clinic times are as follows:

Dr Beard	Wednesdays	3:30pm – 5:00pm
Dr Vance	Mondays	4:15pm – 6:00pm

Since the move to the new Health Centre the sessions are held in Room 7, which is the largest consultation room and can accommodate an operating table and other equipment.

Most moles, with the exception of very large lesions, can be removed with a local anaesthetic, and any lesions that are at all suspect can be sent to the hospital laboratory for histological analysis to establish their nature. Results are usually available in 2-3 weeks.

Other lesions which area suitable for removal at these sessions include cysts, particularly sebaceous cysts, smaller solid lesions which lie in or just under the skin (e.g. fatty or fibrous nodules) and skin tags of various types.

Some smaller lesions can be removed without cutting, using cautery or diathermy equipment, which effectively burn away the lesions, under local anaesthetic of course.

Finally, removal of contraceptive implants can be performed at these sessions.

Please note that at present we do not offer treatment for in-growing toe nails.

In a proportion of minor surgical procedures, sutures will be required. Usually these are absorbable (“dissolving”) but on some areas, particularly the face, a non-absorbable suture is used, to give a neater effect. These sutures need to be removed by the practice nurse, usually after about 1 week.

Patients who feel they would like to undergo minor surgery may be required to book an appointment with one of the minor surgery doctors discuss the pro and cons and whether it will be feasible to carry out the procedure (there are still some lesions which require a hospital referral). Please contact Reception for further advice.

When patients attend for the minor surgery, they may be asked to sign a consent form, so it is important that they understand the procedure, and should ask questions at this stage if they are uncertain.

Cryotherapy

This is a freezing procedure, which is mainly used to treat warts but can also be used to treat other skin lesion, particularly fairly small lesions in situations where cutting might present difficulties.

One of the advantages of cryotherapy is that a local anaesthetic is not required, and there is also an absence of bleeding and the procedure can be carried out quickly.

Cryotherapy utilises liquid nitrogen. This is an extremely cold liquid, which must be stored under pressure in special containers and very rapidly converts to nitrogen gas when released into the atmosphere. The liquid nitrogen is sprayed onto the wart or skin lesion through a fine nozzle and when applied in this way for a short time, possibly for under one minute, will result in a localised “frost bite”. This kills the cells of the lesion, which should then, after an inflammatory phase, disappear allowing normal tissue to grow back.

Cryotherapy may cause some brief discomfort, often described as a burning sensation, and while adults easily tolerate this, very young children could become a little distressed.

At present Dr Vance and Dr Z Ahmed perform cryotherapy on alternate months, with clinics running on the 2nd and 3rd Tuesday of each month, from 9.15am. Appointments are booked at 5 minute intervals and because

many lesions need two treatments, all patients are booked for an initial treatment and then a follow-up one week later
Due to the properties of liquid nitrogen, it is not always practical or economic to treat very small numbers of patients at a single session and we try to treat a minimum of 10 patients each month. Consequently, if, occasionally, demand is low, some appointments may have to be re-scheduled.

Joint and soft tissue injections

The injection of steroid plus a local anaesthetic into or around a joint is the procedure carried out most frequently, and often proves to be very beneficial in the relief of pain and inflammation.

Having said this, the use of a steroid is not something to be taken lightly and should usually only be employed if the condition has been present some time and other treatments have failed.

Joints commonly injected, usually with beneficial results, include knees, shoulders, small joints of the hands and feet (particularly joints at the base of the thumb), wrists and ankles.

The hip joints and spine are difficult to inject and would require referral to a consultant, probably at a Pain Clinic.

Certain soft tissue disorders also usually respond well to injections, examples being tennis and golfers elbow, tendonitis (particularly at the wrist and shoulder), plantar fasciitis (heel pain), inflamed ligaments at any joint, and trochanteric bursitis (pain in the outer hip area).

At present most injections are given during normal surgery times by Dr Beard or Dr Vance.

Patients who are suffering from a condition which they think may benefit from an injection, should consider booking an appointment with one of these for an assessment. To allow time for this assessment, and to administer the injection, a **double appointment** is normally required.
Patients who have been seen by one of the other doctors and told to book with either Dr Beard or Dr Vance for an injection, should, again, book a **double appointment.**
It is worth bearing in mind that, on some occasions, an injection may not be considered appropriate.

For 12 hours or so after an injection, most patients experience some relief of pain, but this is normally due the effect of the local anaesthetic contained within the injection and is, therefore, only temporary. The steroid component may take several days, or even longer, to start working and, until this happens, the pain can actually be worse.

Normally, a long acting steroid is used. This is active for 3-4 weeks and patients should not assume the injection has failed until this period of time has passed.

Some conditions do require more than one injection and over a period of time it may be necessary to give several. The steroid is in the form of a suspension, which acts predominantly in the area it is given. Nevertheless, there can be some generalised or systemic effect, which is why it is wise not to administer the injections too frequently or at too short an interval. We recommend that injections are not given at intervals shorter than 4 weeks.

Following an injection, it is probably best to rest the part as much as is practical, particularly for the first day or two. This is probably more important when the area is weight-bearing, for example, the lower limb.

Finally, this section also includes **aspirations** when fluid is drawn out of a cyst, ganglion, joint, or other structure, and also **incisions** when a cut is made into a lesion (e.g. an abscess) to allow drain material to drain away. Some of these procedures can be carried out during a normal consultation, but in certain circumstances, patients may be asked to book another appointment.