SKIN CYSTS, LIPOMAS, AND MOLE EXCISION PATIENT HANDOUT

Overview

Surgical excision is a safe and outpatient procedure used to remove a variety of benign (non-cancerous) skin lumps and growths effective. Whether you have a cyst, lipoma, or mole, this handout explains what each lesion is, why removal may be considered, and what to expect before, during, and after your procedure.

All removed tissue is sent to a pathology laboratory to confirm the diagnosis.

Understanding Your Lesion

- **Epidermoid (Sebaceous) Cysts**

  An epidermoid cyst is a benign, enclosed sac that forms beneath the skin when skin cells become trapped and accumulate keratin, a naturally occurring skin protein. Despite commonly being called "sebaceous cysts," they do not actually involve the oil-producing sebaceous glands.

  Common features:

  - Smooth, round, and mobile lump beneath the skin
  - Most common on the face, neck, scalp, and trunk
  - May develop a central dark pore (the blocked follicle opening)
  - Can become red, swollen, and tender if infected or inflamed
  - Benign but may grow over time or recur if not fully removed

  Why remove it?

  - Cosmetic concerns or discomfort
  - Recurrent infection or inflammation
  - Growth in size or change in appearance

Important : Excision is best performed when the cyst is *not* actively inflamed; a minimum 8-week waiting period after inflammation resolves is recommended to reduce recurrence risk

- **Lipomas**
  A lipoma is a slow-growing, benign tumour made of fatty tissue that develops just beneath the skin. They are very common and almost never cancerous.
  Common features:
  - Soft, doughy, and moveable when pressed
  - Usually painless
  - Can appear anywhere on the body — most often on the neck, back, shoulders, and arms
  - Grow slowly over months to years
  - Can occasionally cause discomfort if they press on nearby nerves

  Why remove it?
  - Cosmetic concerns
  - Growth
- **Moles (Nevi)**
  A mole (nevus) is a common pigmented skin lesion formed from clusters of melanocytes (pigment-producing cells). Most benign moles require no treatment.

Are These the Same Thing?

No — cysts, lipomas, and moles are distinct lesions involving different structures. A clinical examination and pathology report will confirm exactly what you have.

	Epidermoid Cyst	**Lipoma**	**Mole (Nevus)**
Made of	Keratin-filled sac	Fatty tissue	Pigment cells (melanocytes)
Location	Beneath the skin	Beneath the skin	At the skin surface
Feel	Firm, round	Soft, doughy	Flat or slightly raised
Colour	Skin-coloured	Skin-coloured	Brown, tan, or black
Can become infected?	Yes	Rarely	No
Cancer risk	Very low	Very low	Low, but monitor for changes

The Procedure

All three lesion types are typically removed as a minor outpatient procedure under local anaesthetic.

Step by step:

1. **Consultation**: The surgeon will examine the lesion, confirm the diagnosis, discuss risks and options, and obtain your consent
2. **Preparation**: The skin is cleansed with surgical prep
3. **Local anaesthetic**: A small injection of xylocaine numbs the area completely; you will feel pressure but not pain during the procedure
4. **Excision**: The lesion is carefully removed with a scalpel, along with a small margin of surrounding tissue to reduce the risk of recurrence.

    - For cysts: the entire cyst wall (capsule) must be removed to prevent regrowth
    - For lipomas: the entire fatty lump and capsule is removed through a small incision
    - For moles: an elliptical incision with a small margin of normal skin ensures complete removal

5. **Closure**: The wound is closed with sutures and covered with a sterile dressing
6. **Pathology**: All removed tissue is sent to a laboratory for analysis

Procedure duration: Approximately 20–60 minutes depending on lesion size and location.

Recovery

Immediately after:

- The local anaesthetic wears off within 2–4 hours
- Mild discomfort, swelling, and bruising at the site are normal

Wound care at home:

- Keep the dressing clean and dry for the first 48 hours

If steristrips fall off or were not used:

- Clean the wound gently with mild soap, apply vaseline, and re-dress daily until healed.
- Keep the site moist and covered to promote optimal healing
- Avoid strenuous activity and heavy lifting for 2-4 weeks to reduce tension on the wound depending on the location. (your nurse will give you specific limitations as everyones are different and this is a general handout)

Suture removal:

- Non-absorbable sutures are typically removed 1–2 weeks after surgery, depending on the site
- Dissolvable (absorbable) internal sutures are absorbed by the body within a few weeks

Scarring:

- All excisions result in a scar; the surgeon will plan the incision to minimize its visibility
- Scar maturation takes up to 12 months; silicone gel or sheets may be recommended to help
- Sun protection over the scar is important

Pathology results:

- Results are discussed at your follow up visit

Risks and Complications

Skin excision is a low-risk procedure. Potential complications include:

- **Bleeding** — Minor oozing is common; significant bleeding is rare
- **Infection** — Signs include increasing redness, warmth, swelling, pus, or fever
- **Scarring** — All excisions leave a scar; minimizing sun exposure aids healing
- **Recurrence** — If any cyst wall, lipoma tissue, or abnormal cells remain, the lesion may regrow; complete excision minimizes this risk
- **Nerve or vessel injury** — Rare; more relevant for deeper or larger lesions
- **Allergic reaction** — Rare reaction to local anaesthetic
- **Stitch reaction** — Rarely, a small bump may form along the suture line 2–8 weeks post-surgery; notify the clinic if this occurs

When to Seek Urgent Care

Contact ODC or seek medical attention promptly if you notice:

- Expanding redness more than 1 cm beyond the wound edges
- Green or foul-smelling discharge from the wound
- Fever or chills
- Wound edges separating (wound dehiscence)
- Active bleeding that does not stop with 15 minutes of firm, continuous pressure
- Concerning pathology result & the surgeon will advise you on next steps

Questions to Ask The Surgeon

- Do I need to have it removed, or can I monitor it?
- Will the scar be visible?
- Will the tissue be sent to pathology?
- What happens if the pathology result shows something unexpected?
- Is this covered by OHIP, or is there an out-of-pocket cost?
- Are you a Fellow of the Royal College of Physicians and Surgeons of Canada (FRCSC)?
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This handout is for general information only. Please discuss your individual treatment plan, risks, and expectations with your surgeon.