Mole Removal Surgery Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/mole-removal/mole-removal-surgery/

Details:

Mole removal surgery is generally a straightforward procedure with few side effects and little downtime. The important step comes before it: have the mole checked first , at Me Clinic or by your own doctor, so the right technique is chosen.

Cosmetic or medical - two different situations

Cosmetic removal. A benign mole removed because you would rather not have it, or because it catches on jewellery or gets nicked while shaving. The cosmetic result varies from person to person, and no result can be guaranteed. Not covered by Medicare.

Medical removal. Where a doctor is concerned about the potential for melanoma or another skin cancer. The lesion is excised and tissue sent for laboratory testing, or a biopsy is taken first. This is the situation in which surgery, rather than a destructive method, is essential - because it is the only route to a diagnosis. A Medicare rebate may apply.

Which of these applies is determined by examination, not by preference.

The surgical methods

Shave excision

A scalpel or radiofrequency device removes a raised mole level with the surrounding skin, leaving the skin flat. Healing takes several weeks and a small scar may be noticeable. Tissue is available for pathology where required.

Ellipse excision

The most invasive option, and the one used for suspicious lesions and for those unsuitable for laser or shave removal. The entire mole is removed in one piece and the wound closed with sutures - dissolvable, non-dissolvable, or both. After healing, a thin scar remains.

Ellipse excision is the method that provides a complete specimen for pathology , and the method that removes a lesion with a margin of surrounding tissue where that is clinically indicated.

Why the margin matters

This is the part that distinguishes a proper excision from simply taking the lesion off, and it is worth understanding.

A shave removes what sits at or above skin level. An ellipse takes the lesion and a rim of normal-looking skin around and beneath it - which lets the pathologist report not only what the lesion was, but whether it was completely removed.

That second finding is the one that determines what happens next. A lesion reported as incompletely excised needs further surgery; one reported with clear margins does not. Neither statement can be made about a lesion that was destroyed rather than removed.

The non-surgical alternatives

For lesions assessed as benign, Me Clinic also offers Aura laser , cryotherapy and radiofrequency electrosurgery . These destroy the tissue, so they are used only where the lesion has been assessed as benign - there is nothing left afterwards to examine.

How to prepare

You will have one or more consultations with a Me Clinic doctor before any surgical procedure, and you may need clearance from your regular doctor. During the consultation:

Tell your surgeon about all medications you take , particularly blood thinners, anticoagulants and any supplement that affects bleeding.

Tell your surgeon if the mole has changed in size, shape or colour. This changes the plan.

Mention any tendency to keloid or hypertrophic scarring.

Mention diabetes, immune suppression or anything else affecting healing.

Ask your questions - about the procedure, the expected scar, aftercare, whether pathology is being done, when you will get the result, and what happens if the result is abnormal.

Some methods behave differently on different skin types, and that is factored into the plan.

On blood thinners specifically: do not stop a prescribed anticoagulant on your own. Whether it is paused, and by whom, is a decision for the prescriber - the risk of stopping can outweigh the bleeding risk of a small skin procedure.

What happens on the day

Mole removal is performed under local anaesthetic at our Malvern East clinic. You are awake throughout and can expect to be told what is happening as it happens. Most removals are walk-in, walk-out.

Where tissue is sent for pathology, it is labelled and sent to a laboratory, and a pathologist examines it under a microscope. You should be told when and how you will receive that result before you leave.

What being awake is actually like

The local anaesthetic stings briefly , then the area goes numb. That injection is the uncomfortable part, and it is short.

You will feel pressure and movement, not pain. If you feel anything sharp, say so - more anaesthetic can be given.

You may hear the equipment , and with radiofrequency there is sometimes a faint smell. Both are normal.

It is quick. Most single-lesion removals take minutes.

You can ask them to stop at any point.

The process, start to finish

Consultation and examination , with clearance from your own doctor where needed.

A decision per lesion - cosmetic or medical, and which method.

A written quote , including whether pathology is billed separately.

The procedure , under local anaesthetic, walk-in walk-out.

Pathology , where tissue was sent - with a stated date and method for the result.

Wound care , and suture removal where non-dissolvable sutures were used.

The result , and any further action it indicates.

Scar maturation over 12 to 18 months, and a surveillance interval if your skin warrants one.

Getting your result

Before you leave, establish four things:

Was anything sent?

When will the result be back?

How will I be told - a call, a letter, an appointment?

What happens if I do not hear?

"No news is good news" is not a system. Results are delayed, contact details are mistyped, letters go astray. If you were told two weeks and three have passed, ring - that is the correct thing to do, not a nuisance.

Ask for a copy of the report and keep it. If anything recurs at that site years later, the original pathology is the most useful document anyone treating you can have.

Recovery and aftercare

The site may be tender and look discoloured for some days

Keep the wound clean and follow the dressing instructions you are given

Where an ointment is prescribed, keep the site moist while it heals

Do not pick a scab - let it separate on its own

Avoid sun exposure for a few weeks, then use sunscreen on the site - a fresh scar pigments easily

Where non-dissolvable sutures were used, there is a removal appointment

Avoid activities that stretch the wound while it heals, particularly over a joint or on the trunk

Most people return to work and normal activities immediately, though this depends on the site and the extent of the surgery.

Expected, and not expected

Expected: tenderness and discolouration for some days, a scab or sutures, and a scar that is pink and firm for months before softening.

Call us for increasing rather than settling pain, spreading redness or heat, pus or a bad smell, a fever, a wound edge that separates, bleeding that does not stop with ten minutes of firm pressure, or a scar that is growing or spreading beyond the original wound.

Scarring

Surgical excision always leaves a scar. Its appearance depends on the size and depth of the lesion, the site, tension across the wound, your skin and how you heal. Scars mature over 12 to 18 months and fade, but do not disappear. Some people develop thickened, raised or keloid scarring.

See mole removal and scarring for what influences the result and what you can do about it.

Cost

Cost depends on the number, size, site and method, and is quoted at consultation. As at September 2024 and including GST, a mole removal consultation is $150 and a consultation with a Specialist Plastic Surgeon is $350.

Ask whether pathology is billed separately, whether suture removal and follow-up are included, and - where a rebate may apply - which item numbers and what your expected gap is. See mole removal costs . We are not a no-gap provider.

What you should leave with

Which lesions were removed, by which method

Whether anything was sent for pathology, when the result is due, and how you will get it

What to do if you do not hear

Written wound care instructions and a number to call

A suture removal appointment where applicable

What scar to expect, and at what timeframe

Whether periodic skin checks are advised

Risks

Scarring, permanent after excision, including thickened or keloid scarring

Changes in pigmentation at the site

Bleeding and bruising

Infection

Delayed healing or wound separation

Changes in sensation near the site

Incomplete excision, requiring further surgery

Reaction to local anaesthetic

See risks and complications .

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Common questions about mole removal surgery

What is the most important step?

Having the mole checked first, so the right technique is chosen.

What is the difference between cosmetic and medical removal?

Cosmetic removal is a benign mole removed because you would rather not have it - not covered by Medicare. Medical removal is where a doctor is concerned about melanoma or another skin cancer, and the lesion is excised with tissue sent for testing.

Who decides which applies?

It is determined by examination, not by preference.

When is surgery essential rather than optional?

Where a diagnosis is needed. Surgery is the only route to one - destructive methods leave nothing to examine.

What is shave excision?

A scalpel or radiofrequency device removes a raised mole level with the surrounding skin. Healing takes several weeks, a small scar may be noticeable, and tissue is available for pathology where required.

What is ellipse excision?

The whole mole removed in one piece with the wound closed by sutures, leaving a thin scar. It is the method for suspicious lesions and for those unsuitable for laser or shave removal.

What does a margin do?

An ellipse takes the lesion plus a rim of normal-looking skin around and beneath it, which lets the pathologist report not only what the lesion was but whether it was completely removed.

Why does that second finding matter?

Because it determines what happens next. A lesion reported as incompletely excised needs further surgery; one with clear margins does not. Neither statement can be made about a lesion that was destroyed.

What are the non-surgical alternatives?

Aura laser, cryotherapy and radiofrequency electrosurgery - used only where the lesion has been assessed as benign, because they destroy the tissue.

What should I tell my surgeon?

All medications, particularly blood thinners, anticoagulants and supplements affecting bleeding; whether the mole has changed; any keloid or hypertrophic scarring tendency; and diabetes, immune suppression or anything else affecting healing.

Should I stop my blood thinners before the procedure?

Not on your own. Whether it is paused, and by whom, is a decision for the prescriber - the risk of stopping can outweigh the bleeding risk of a small skin procedure.

What anaesthetic is used?

Local. You are awake throughout and most removals are walk-in, walk-out.

What does being awake feel like?

The local anaesthetic stings briefly then the area goes numb - that injection is the uncomfortable part and it is short. Afterwards you feel pressure and movement, not pain.

What if I feel something sharp?

Say so. More anaesthetic can be given. You can also ask them to stop at any point.

Will I hear or smell anything?

You may hear the equipment, and with radiofrequency there is sometimes a faint smell. Both are normal.

What happens to the tissue?

Where pathology is required it is labelled and sent to a laboratory, and a pathologist examines it under a microscope.

What should I establish about my result?

Whether anything was sent, when it will be back, how you will be told, and what happens if you do not hear.

What if I hear nothing?

Ring. "No news is good news" is not a system - results are delayed, contact details are mistyped and letters go astray.

Should I keep the report?

Yes. If anything recurs at that site years later, the original pathology is the most useful document anyone treating you can have.

What is recovery like?

The site may be tender and discoloured for some days. Most people return to work and normal activities immediately, depending on the site and extent of the surgery.

What aftercare is needed?

Keep the wound clean and follow the dressing instructions, keep the site moist where an ointment is prescribed, do not pick a scab, avoid sun for a few weeks then use sunscreen, attend for suture removal where applicable, and avoid activities that stretch the wound.

Why does sun matter on a fresh scar?

A fresh scar pigments easily, and the resulting discolouration can be lasting.

Will surgery leave a scar?

Always. Its appearance depends on the size and depth of the lesion, the site, tension across the wound, your skin and how you heal.

How long until the scar settles?

Scars mature over 12 to 18 months and fade, but do not disappear.

When should I call us?

For increasing rather than settling pain, spreading redness or heat, pus or a bad smell, a fever, a wound edge separating, bleeding that does not stop with ten minutes of firm pressure, or a scar growing or spreading beyond the original wound.

What does it cost?

It depends on the number, size, site and method. A mole removal consultation is $150 and a Specialist Plastic Surgeon consultation $350, both including GST as at September 2024. Ask whether pathology is billed separately and whether suture removal and follow-up are included.

What are the risks?

Permanent scarring including thickened or keloid scarring; pigment change at the site; bleeding and bruising; infection; delayed healing or wound separation; changes in sensation; incomplete excision requiring further surgery; and reaction to local anaesthetic.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.