

it may be infected. You may need antibiotics and therefore, must consult your GP.

- If you have a dressing applied over the wound, you will be told how long to keep this on for.
- If there is bleeding, press on the wound firmly with another dressing without looking at it for 20 to 30 minutes. If it is still bleeding after this time, seek medical attention.
- Try to keep the wound dry for 24 hours. You can then gently wash and dry the wound.

Contact information

This leaflet has been written to try to answer some of the most common questions and to allay any fears or concerns. If at any time you are worried, please speak to a member of staff, who will try to answer any questions you may have.

We can be contacted Monday to Friday, 9am until 5pm at the:

Prosser White Dermatology Centre

Leigh Infirmary
The Avenue
Leigh
WN7 1HS

Telephone: 01942 264748

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals
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Wigan Lane
Wigan WN1 2NN

Ask 3 Questions



Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our "how we use your information" leaflet which can be found on the Trust website: <https://www.wwl.nhs.uk>

This leaflet is also available in audio, large print, braille and other languages upon request. For more information, please ask in the department/ward.

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Punch Biopsy

The Prosser White Dermatology
Centre, Leigh Infirmary

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Skin Biopsy

A skin biopsy is when the dermatologist doctor/nurse removes a sample of skin and sends it to a pathology laboratory where a histopathologist analyses it under the microscope and writes a report.

Benefits of having a skin biopsy

Skin biopsies are performed to help with the diagnosis of your skin condition. Sometimes, different skin conditions can look similar to the naked eye so additional information is required. This is obtained by looking at the structure of the skin under the microscope after the cells have been stained with special-coloured eyes.

There are two situations in which this usually occurs:

- To distinguish between different types of rashes or skin lesions. Your dermatologist may be considering several possible diagnoses and the skin biopsy provides additional information in this process.
- The dermatologist suspects you have a skin cancer. A biopsy is taken to confirm that the skin cancer is present. The biopsy may also give information on the type of skin cancer, which may determine the best treatment.

What is involved in having a skin biopsy?

The doctor/nurse will explain to you why the skin biopsy is needed, and the procedure involved.

There are several techniques for taking a skin biopsy but the commonest is a punch biopsy. Punch Biopsies are quick, convenient, and usually only produce a small wound. They allow the pathologist to get a full thickness view of the skin. More than one punch biopsy may be taken depending on the condition being investigated.

A punch biopsy is a small round bladed instrument; it removes a small round core of tissue ranging from 2mm to 6mm in diameter, although 3mm to 4mm is most used.

Shortly before the skin biopsy, you will be given a small injection of local anaesthetic, which will make the area numb.

Whilst the biopsy is being performed you may feel a pushing sensation in the area where the biopsy is being taken from, but you should not feel any pain during the procedure. Sometimes a stitch will be required or, if the wound is small, it may heal adequately without a stitch.

Risks

- Scarring – You will always have some sort of scar. It is impossible to cut the skin without scarring in some way. However, certain individuals sometimes have an abnormal response to skin healing and as a result may get larger raised scars than usual. These are known as keloid or hypertrophic scars.
- Bleeding – As with any surgery you cannot cut the skin without any bleeding. Bleeding is usually minimal after a biopsy and a stitch is sufficient to stop any bleeding, you may have a small pressure dressing placed over the site of the biopsy.
- Infection – There is a small risk of infection, but this will be discussed with you before and after your biopsy. There is information on what to look out for with regards to infection at the end of this leaflet.

Alternatives

None.

After care information

- If the wound becomes red, inflamed, and painful 48 to 72 hours after the procedure