



Choice Aesthetics

Cyst Removal

Patient Information Leaflet

This leaflet provides further information for patients considering removal of a cyst and goes through what the procedure involves, the potential risks and long-term consequences.

What are skin cysts and how do they form?

Cysts are benign, non-cancerous swellings that are very common. They often grow slowly and have been present for a few months or years. Depending on the location and the contents, cysts can be classed as 'sebaceous cysts', 'epidermoid cysts' or 'pilar cysts'. 'Pilar' cysts are usually seen in the scalp whereas 'sebaceous' or 'epidermoid' cysts occur elsewhere in the body.

Cysts are closed sacs that arise from the cells in the skin or from cells around the hair follicles. They consist of a lining (i.e. the cyst wall) and contain a thick white or yellowish liquid, which is made up of keratin, a substance commonly found in skin and hair.

The cyst swelling lies just below the skin and is often firmly attached to the overlying skin. There may be a small black dot visible in the overlying skin and this is termed the 'punctum'. The 'punctum' is often the origin of the cyst and is removed along with the swelling during your procedure.

How are skin cysts removed?

Cysts that are actively or recently been infected or inflamed are not removed. Removal of a cyst while it is inflamed increases the risk of a wound infection and poor healing. In addition, it can be difficult to define and completely remove the cyst sac when it is infected, thereby increasing the risk of cyst recurrence.

To remove a non-infected cyst, an elliptical marking is made on the skin overlying your cyst and includes any visible 'punctum'. The ellipse is orientated to lie in your natural skin lines so that the resulting scar blends in and is less noticeable.

Local anaesthetic fluid is injected to numb the area and the area cleaned with an anti-septic solution. The skin is incised and the cyst wall / lining is carefully peeled away from the overlying skin. Care is taken to keep the cyst wall intact and to remove the cyst in its entirety as this reduces the risk of wound infection and recurrence of the cyst. After cyst removal, the wound is thoroughly washed out and cauterised to stop any points of bleeding. The wound is then closed with stitches and a dressing will be applied. The sutures are removed at 7 days if the procedure is on the face and in 10 to 14 days in other areas of the body.

Although there may be a small dressing following your minor surgery, you should be able to return to work the next day. However, we advise that you do not do any swimming or heavy exercise for approximately 4 weeks and if you are a female, not to apply make up to the area for around 3 weeks or until the wound has fully healed. This is to minimise the risk of introducing bacteria to the wound and either inflaming the wound or causing infection.

How do you treat infected cysts?

Cysts often become inflamed or infected. The infection may simply settle with a course of antibiotics but if the infection is not improving with antibiotics, 'drainage' of the cyst may be required. Infected cysts cannot be removed and can only be drained. This is because removal of a cyst while it is inflamed not only increases the risk of a wound infection but also increased the risk of a cyst not being fully removed, thereby increasing the risk of recurrence of the cyst.

Drainage of a cyst is performed by making a small cut in the cyst and evacuating the infected fluid contents. The cyst sac is washed out thoroughly and the wound is left open to heal. Simple dressings are applied for 2-3 weeks until the wound closes up and heals.

The cyst would only be removed once the infection has fully settled, and this is approximately 2 to 3 months later.

What are the risks of cyst removal surgery?

Regardless of how minor a surgical procedure is, there is a potential for complications. Miss Tadiparthi will ensure that you understand the risks before proceeding with any surgery. The main risks and complications of cyst removal surgery include:

Permanent scarring

A permanent, straight-line scar which is approximately the same length or slightly longer than the original cyst remains after surgery.

Bleeding

There may be some slight oozing of fluid and blood from the wound but this usually stops with pressure over the wound.

Infection

Simple infections are uncommon but can be treated with antibiotics in the majority of cases. The cyst can contain bacteria especially if it has been infected in the past and the wound can be susceptible to infection upon removal.

Poor / delayed healing

The wound may take longer to heal and this is seen more commonly in smokers, diabetic or have other medical conditions. Delayed healing can also occur if the cyst has previously been infected.

Bruising, swelling, pain and altered sensation

These symptoms usually improve over a few weeks.

Recurrence

Rarely, the cyst may recur if part of the lining of the sac remains. The cyst can be removed again if it does reoccur.

Stitch extrusion

Deep sutures that hold the wound can be recognised by the body as foreign material and may occasionally work themselves outside the wound. These sutures can be simply be removed later on in the clinic.

Poor scarring

The quality of the scarring varies with each individual's own healing ability. Scars usually heal well but some patients are especially prone to poor scarring. The scars may be red, painful, lumpy and itchy which is called, 'hypertrophic' or 'keloid' scarring. Further treatment may be needed with regular steroid injections or silicone dressings if hypertrophic or keloid scarring develops which are at extra cost to patients.

Allergic reaction

You may develop an allergic reaction to either the skin cleaning solution used in theatre, dressings applied to the wounds, skin dressing tape or the stitches. You may notice a rash, itching and swelling or occasionally, ulcers with raw skin. Further treatment may be needed if you develop such allergic reactions.

What is the recovery time and post-op care after cyst removal surgery?

- You will be allowed home shortly after the surgery.
- Although there will be a dressing over the wound, it should be possible for you to return to work the next day.
- The stitches used in the operation are usually removed at 7 days if the cyst is on the face and at 14 days if located on other parts of the body such as the scalp.
- To ensure good healing, we recommend that you eat a healthy diet. If you are a smoker, you should ideally avoid smoking for 6 before and after surgery.
- Usually by 2 weeks, the wounds would have healed. The scars should be with massaged ideally twice daily with a simple aqueous moisturising cream (e.g. E45) or bio oil.
- The scar is sensitive to sunlight and can become darker and more pigmented if exposed to sunlight. Therefore, once the wound has healed (usually by 2 to 3 weeks) and there are no longer any dressings, sun protection cream (SPF 30 or more) should be applied to the scar when exposed to the sun.
- Swimming and heavy exercise should be avoided for approximately 4 weeks. Make-up should not be applied to the wound area for around 3 weeks or until the wound has fully healed. This is to minimise the risk of introducing bacteria to the wound and either inflaming the wound or causing infection.

What follow up appointments will I have?

- At approximately 7 to 10 days after your surgery, you will be seen in the hospital dressing clinic to check your wounds and remove the sutures.
- You will be seen in the clinic by Miss Tadiparthi at 4 to 6 weeks after the operation to check on your progress and then again at 3 to 6 months following surgery.

Where can I get further information?

British Association of Dermatologists information on cyst removal

<https://www.bad.org.uk/library-media/documents/Cysts%20-%20epidermoid%20and%20pilar%20-%20Update%20Feb%202014%20-%20lay%20reviewed%20Dec%202013.pdf>