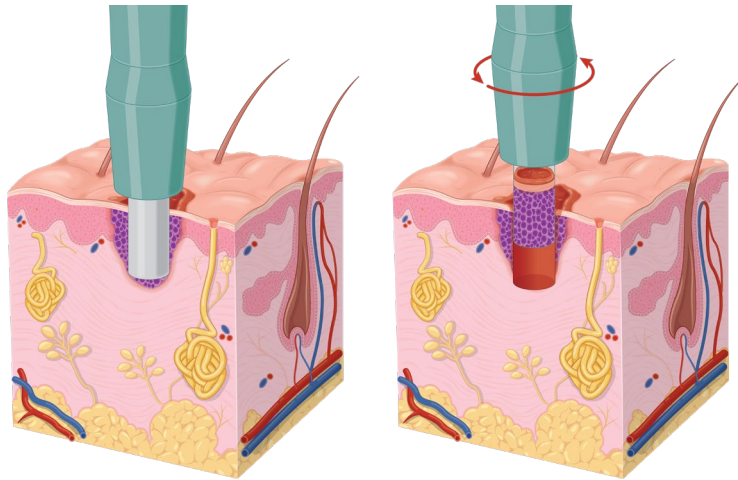


Punch Biopsy



Punch biopsy: A special punch biopsy device is used in a twisting motion to remove the tissue sample. For more information, see: www.skintel.co.nz/treatments/skin-biopsy

A punch biopsy is a procedure that removes a disc or cylinder of tissue.

Punch biopsies are normally performed with the use of local anaesthetic. The wound is typically stitched together and requires care until healed to avoid 'popping' the stitches.

Punch biopsies are often considered the gold-standard method for biopsying the skin. Almost all lesions, rashes or skin conditions can be punch biopsied, however, they are generally not used for pigmented lesions (potential melanomas), unless

the whole lesion is removed (maximum 8 mm diameter).

Tissue Analysis

The sample is sent to the laboratory for tissue analysis to determine a diagnosis.

It can sometimes take up to three or four weeks for results to be reported. Unfortunately, this duration is outside of our control as pathology is reported by the public hospital system.

Recovery Process

After the procedure there will be a stitched wound of the skin where the biopsy was taken. It is important to avoid tension on the wound to minimise the risk of the stitches popping or the wound coming apart (dehiscing).

The stitches will be removed approximately seven days after the procedure, although this will vary depending on the location. If dissolving stitches have been used, they will not need removal and will fray and disintegrate over 3-4 weeks.

The wound will still be weak when the stitches are removed, so you still need to be careful. The wound will heal with a scar, although this is normally small.

A dressing will be applied to support the wound – please try to leave this in place until it naturally comes away from the skin.

You can get the biopsied area wet in the shower after 24 hours, but please avoid soaking in baths or pools until the stitches have been removed.
Complications

It is normal to experience mild discomfort in the first few days following treatment. There is a small risk of bleeding, although this is often limited. If there is persistent bleeding, please contact your care team for further advice.

If the wound becomes red, swollen, or hot to touch, it may indicate that the wound is infected. If this occurs, please contact your care team for further advice.

Wound check appointment(s):

Notes