MR SIVA KUMAR

CONSULTANT PLASTIC SURGEON

PATIENT INFORMATION

Basal cell carcinoma

Surgical excision and reconstruction
including Mohs reconstruction

Mr Siva Kumar Veeramani
Consultant Plastic, Reconstructive and Cosmetic Surgeon
MBBS BMedSci MRCSEd MBA FRCSEd (Plast.) · GMC 6114710

The Ü Clinic
Sevenoaks & Oxted

Version 1.0
October 2026

Contents

This booklet explains surgery for basal cell carcinoma (BCC) and how to look after your wound.

01	Why you have this booklet	3
02	What the treatment is	3
03	Before you decide	4
04	Other options	4
05	Getting ready	5
06	Anaesthetic and where it happens	5
07	The procedure	5
08	Recovery	5
09	Risks and complications	6
10	Further treatment	7
11	Photographs and records	7
12	Costs and insurance	7
13	Your decision	7
14	Your personal information	8
15	Who to contact, and when to get help urgently	8
16	What happens next	8

01 Why you have this booklet

You've been given this booklet because you have, or may have, a basal cell carcinoma (BCC) and have talked to Mr Kumar about removing it.

It explains the surgery, what to expect, and the risks and recovery.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What the treatment is

Basal cell carcinoma is the most common skin cancer. It very rarely spreads elsewhere in the body, but if left untreated it slowly grows and can damage the skin and tissues around it.

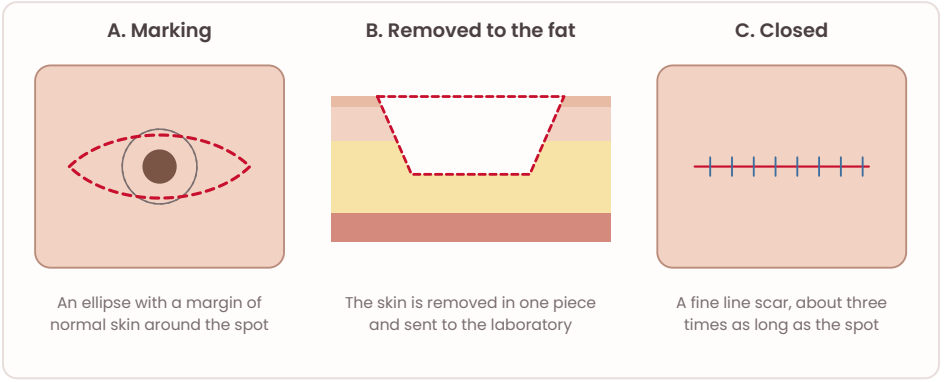


Figure 1. Surgical excision of a skin cancer, with a margin of normal skin. A simplified drawing for guidance only.

Surgical excision removes the BCC with a margin of normal skin, usually 3–5 mm. It is examined in the laboratory to check it has been fully removed. As a plastic surgeon, Mr Kumar plans the closure carefully, especially on the face.

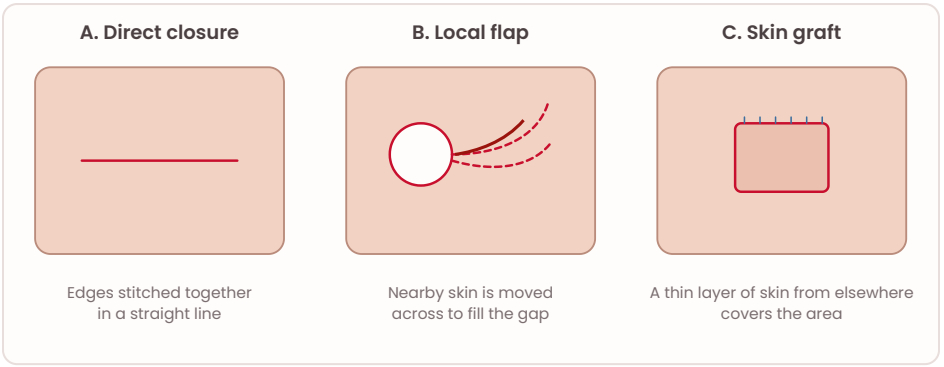


Figure 2. Ways of closing the wound. A simplified drawing for guidance only.

Mohs surgery and same-day reconstruction

For some BCCs, particularly on the face or with unclear edges, Mohs surgery may be recommended. A specialist dermatologist removes the BCC in thin layers and checks each one under the microscope until it is clear. Mr Kumar then reconstructs the area on the same day.

03 Before you decide

Please tell Mr Kumar if you have, or have had

- you take blood thinners or have a bleeding disorder
- a pacemaker or defibrillator (some equipment used to stop bleeding can affect it)
- allergies to local anaesthetic, plasters, latex or antibiotics
- a tendency to keloid or thickened scars
- diabetes or a weakened immune system, which can slow healing
- you smoke

04 Other options

You don't have to have this procedure. Depending on what bothers you, the alternatives include:

- Mohs surgery
- radiotherapy, mainly for older people or when surgery is difficult
- creams or light treatment (photodynamic therapy) for some superficial BCCs
- curettage and cautery for some small BCCs

05 Getting ready

There is usually no special preparation for a procedure under local anaesthetic. Please:

- **tell us about any blood thinners** such as warfarin, apixaban, rivaroxaban, clopidogrel or aspirin. Don't stop them without advice; most minor skin surgery can go ahead while you take them.
- **eat and drink normally** beforehand
- **wear loose, comfortable clothing** that is easy to remove from the area
- **arrange a lift home** if the procedure is on your face, near your eyes, or on a leg or hand you need for driving

06 Anaesthetic and where it happens

This is usually done under local anaesthetic, so you are awake and the area is numb. You go home straight afterwards.

07 The procedure

The area is numbed with local anaesthetic. The BCC is removed with its margin, and the wound is closed with stitches, a flap or a graft. Most take 30–90 minutes. A dressing is applied.

08 Recovery

- **Keep the dressing clean and dry** for 48 hours, then you can usually shower and gently pat the area dry.
- **Avoid stretching the area,** heavy lifting or strenuous exercise until the stitches are out.
- **Stitches are usually removed after 5–7 days on the face,** 10–14 days on the body, and longer on the back or legs. Dissolving stitches need no removal.

- ✓ **Protect the scar from the sun** for at least a year, and massage it with a plain moisturiser once healed.

09 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON	UNCOMMON	RARE	VERY RARE
more than 1 in 100	1 in 100 to 1 in 1,000	1 in 1,000 to 1 in 10,000	fewer than 1 in 10,000

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Mild soreness for a few days, helped by paracetamol.
- Some bruising and swelling.
- A scar, which is pink at first and fades over 12–18 months.

Other complications

- **Infection** UNCOMMON
  Redness, swelling or discharge from the wound. Usually treated with antibiotics. It is more common on the legs.
- **Bleeding** UNCOMMON
  Oozing can usually be stopped with 10–20 minutes of firm pressure.
- **Wound opening** UNCOMMON
  More likely on the back, shoulders and legs. It usually heals with dressings.
- **Thickened or keloid scar** UNCOMMON
  More likely on the chest, shoulders and back, and in people prone to keloids. It can be treated with steroid injections or silicone.
- **Numbness around the scar** COMMON
  Usually improves over months.

- **Incomplete removal** UNCOMMON
  If the laboratory shows the BCC reaches the edge, a further procedure may be advised.
- **BCC coming back** UNCOMMON
  Even after complete removal, a small number come back, so please report any changes.
- **Flap or graft problems** UNCOMMON
  Part of a flap or graft may not heal fully and need dressings.

Complications of the anaesthetic

Local anaesthetic is very safe. It stings briefly as it goes in. Rarely it causes light-headedness, and very rarely an allergic reaction. If you have a general anaesthetic or sedation, your anaesthetist will discuss the risks with you separately.

10 Further treatment

Having one BCC increases the chance of developing another. Mr Kumar will advise on follow-up and how to check your skin.

11 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

12 Costs and insurance

If you are insured, please check your cover with your insurer before your procedure. Insurers need Mr Kumar's full name, **Siva Kumar Veeramani**, and his GMC number, **6114710**. If you are paying for yourself, you'll receive a written quote first. Self-pay consultations cost £250 and follow-ups £150.

13 Your decision

This is your decision and you have the right to:

- take as long as you need to decide, and bring someone with you to appointments
- say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ask for a second opinion from another surgeon.

14 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

15 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Contact us promptly if you have

- redness that is spreading, warmth, discharge from the wound, or a temperature
- bleeding that doesn't stop with 20 minutes of firm pressure
- the wound opening up
- pain that is getting worse rather than better

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

16 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

Notes

Notes

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

Telephone	020 3026 9695
Email	info@theuclinic.com
Sevenoaks	The Ü Clinic, 74 London Road, Sevenoaks TN13 2DN
Online	mrsivakumar.com

Mr Siva Kumar Veeramani is a Consultant Plastic, Reconstructive and Cosmetic Surgeon. GMC 6114710.

MR SIVA KUMAR
CONSULTANT PLASTIC SURGEON

Basal cell carcinoma treatment information leaflet. Version 1.0, October 2026. This booklet is for general information and does not replace a consultation with Mr Kumar.