


PATIENT INFORMATION SHEET

<b>45</b>	<b>TOPIC</b>	<b>Painful Intractable Verruca on sole of foot</b>
<b>PROCEDURE</b>		<input type="checkbox"/> <b>Excision of lesion &amp; Heal by 2<sup>nd</sup> Intention</b> <input type="checkbox"/> <b>Excochliation &amp; Phenolisation &amp; Heal by 2<sup>nd</sup> Intention</b>
		
<b>AIMS OF SURGERY</b>	To reduce pain and lesion formation To reduce the need for regular treatment / use of insoles / orthoses	
<b>ADVANTAGES OF THIS OPERATION</b>	Removes the lesion and encourages normal skin to heal into area N.B. The procedure may be excision of the lesion and some surrounding tissue or may be Excochliation (scooping out of the lesion) in conjunction with the use of a chemical (phenol).	
<b>SPECIAL DISADVANTAGE OF THIS OPERATION</b>	<b>Recurrence of the problem lesion</b> Because a verruca is a skin lesion associated with virus infection, there is a much higher recurrence following surgery to these lesions compared with mechanically caused skin lesions such as corns.	
<b>SPECIFIC RISKS OF THIS OPERATION</b>	<input type="checkbox"/> Breakdown of area <input type="checkbox"/> Painful thickened scar with corn / callus formation <input type="checkbox"/> Ulceration /reaction to phenol (if used) – phenol burn	
<b>OVERVIEW</b>		
<b>Operation time</b>	Usually between 10 - 15 minutes	
<b>Incision placement</b>	Directly around the lesion	
<b>Stitches</b>	Stitches are not usually necessary	
<b>Fixation</b>	None required for this procedure	
<b>Will I have plaster?</b>	This is rarely necessary. If you will require a plaster we will let you know in advance	
<b>Is this a Day Procedure?</b>	Yes, you can usually go home the same day (you will usually be admitted for half a day)	
<b>Estimated time off work</b>	Non-manual work approximately 2-3 weeks Manual work 4-6 weeks	
<b>INDICATIONS FOR THE PROCEDURE</b>	A painful / recurrent skin lesion which has not responded to the range of other treatments including chemical destruction, cryosurgery, occlusion dressing and podiatry treatment	
<b>ALTERNATIVE TREATMENTS</b>	Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width or special footwear possibly with an in-shoe foot support. Regular routine treatment	
<b>GENERAL RISKS OF SURGERY</b>	The anaesthetic options and general risks of foot surgery are outlined in the Generic Pre-operative Information Booklet for Patients with which you will have already been provided YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)	
<b>MORE INFO BY:</b>	1. Speaking with your consultant or one of the clinical team 2. Reading the information provided 3. Looking at our Department's NHS Choices information or the Faculty of Surgery website 4. See our Podiatric Surgery public facing website pages on <a href="http://www.herefordshire.nhs.uk/">http://www.herefordshire.nhs.uk/</a>	

## Excision of plantar lesion

### Answers to Common Questions

#### The Operation

The operation is usually performed under a local anaesthetic, usually around the ankle or behind the knee. Most patients find this to be more comfortable than a dental injection.

Although the operation is relatively short, you will be in the Day surgery Unit for longer. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night.

#### First 2-4 days

- This is the worst time for pain but you will be given painkillers to help. You must rest completely for 2-4 days.
- You should not bear any weight on the foot. You will need to be non-weightbearing for up to 3 weeks.
- You should restrict your walking to going to the bathroom and when getting about use your crutches in the way you will have been shown.
- You can get about a little more after 3 days.

#### 3 to 5 days after surgery

- You will need to attend for your foot to be checked and re-dressed.
- You must remain non-weightbearing on the operated area.

#### Two weeks after surgery

- You must attend again for re-dressing. You will be given further appointments for regular dressing changes over the next 2 weeks until the wound has healed.
- You must remain non-weightbearing on the operated area.

#### 3 to 4 weeks after surgery

- You will be able to start to walk on the foot and gently take weight through the area.

#### 6-8 weeks after surgery

- There may be residual swelling.
- You may return to work but may need longer if you have an active job
- You may return to driving if you can perform an emergency stop. You must check with your insurance company before driving again.
- Sport can generally start between 8-12 weeks.

#### Six months after surgery

- You will have a final review between 3- 6 months following surgery.
- The swelling should now be slight and you should be getting the full benefit of surgery.

#### Twelve months after surgery

- The foot has stopped improving with all healing complete.

Please note; if a complication arises, recovery may be delayed.