Cornwall Medical Group (CMG) is an organic progression of the hugely successful Probus Surgical Centre, renowned as the county's leading NHS and private surgical centre, providing specialised day case procedures in a primary healthcare setting since 1995.

At CMG, we are proud to offer state-of-the-art technology and facilities alongside expert practitioners.

We offer a range of services including:

- Specialist day case procedures including vasectomies, hernia repair, cataract surgery and adult circumcision
- Pain and Injury Clinic to treat conditions including osteoarthritis, knee, back and shoulder pain
- Medicated weight-management services
- Skin and Hair Rejuvenation including wrinkle relaxation, dermal fillers, skin boosters, results-driven facials and PRP Therapy.

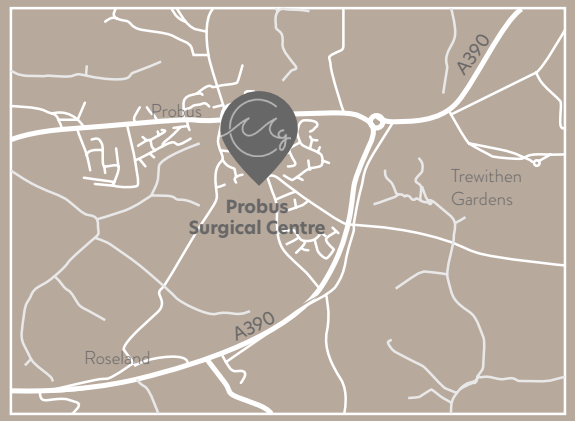
TO BOOK:

Visit:
cornwallmedicalgroup.com

Call:
+44 (0)1872 392087

Email:
enquiries@cornwallmedicalgroup.com

Find us:
Cornwall Medical Group,
Tregony Road, Probus TR2 4JZ



Cornwall Medical Group is a sister company of Probus Surgical Centre; Company No. 13540921 registered in England & Wales. Registered Office: Probus Surgical Centre, Tregony Road, Probus, Truro, Cornwall, TR2 4JZ.

MINOR SURGICAL PROCEDURES
SEBORRHEIC KERATOSIS

CORNWALL MEDICAL GROUP

Cornwall Medical Group provides a high-quality private service for the removal of various lesions, including moles, cysts, lipomas, warts and skin tags that are not covered by the NHS.

The following patient information will guide you in the diagnosis and treatment of seborrhoeic keratosis.

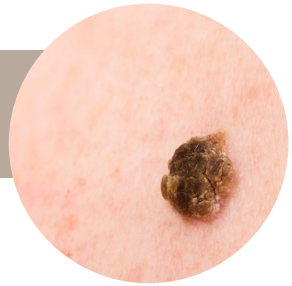
Should you need further information, please call the clinic on 01872 392087.

Did you know?

CMG offers a range of treatments for skin and hair rejuvenation for conditions including rosacea, hyperpigmentation, acne, scarring, poor quality skin, hair or scalp and fine lines and wrinkles.

Visit **cornwallmedicalgroup.com** for more information.

SEBORRHOEIC KERATOSIS



Seborrhoeic keratosis (also called basal cell papilloma or senile wart) is a harmless warty spot that appears during adult life as a common sign of ageing. Some people have hundreds of them. They are extremely common and it is estimated that over 90% of adults over the age of 60 years have one or more of them. They occur in males and females of all races, typically beginning to erupt in the 30s or 40s.

The precise cause of seborrhoeic keratoses is not known.

Seborrhoeic keratoses are considered degenerative in nature. As time goes by, seborrhoeic keratoses become more numerous. Some people inherit a tendency to develop a very large number of them.

Seborrhoeic keratosis vary in appearance and can arise on any area of the skin, covered or uncovered, with the exception of the palms and soles. They do not arise from mucous membranes.

Seborrhoeic keratosis appear to stick onto the skin surface like barnacles as a flat or raised papule or plaque ranging from 1mm to several cm in diameter. They are skin coloured; yellow, grey, light brown, dark brown, black or mixed colours and have a smooth, waxy or warty surface. They can appear in isolation, or grouped in certain areas like the scalp, under the breasts, over the spine or in the groin.

Seborrhoeic keratoses are not premalignant tumours. Very rarely, eruptive seborrhoeic keratoses may denote an underlying internal malignancy or an adverse reaction to certain medications like chemotherapy drugs.

Seborrhoeic keratoses can get irritated because of friction with clothing and present as an inflamed, red and crusted lesion. They may be unsightly or itchy.

DIAGNOSIS AND TREATMENT

Diagnosis is often easy as they appear as a stuck-on, well-demarcated warty plaque. Your doctor will confirm this and ensure it is not confused with skin cancer.
An individual seborrhoeic keratosis can easily be removed if desired, for example, if it is unsightly, itchy or catches on clothing.

Methods to remove seborrhoeic keratoses include:

- Cryotherapy (liquid nitrogen) for thinner lesions (repeated if necessary)
- Curetage and/or electrocautery
- Ablasive laser surgery
- Shave excision (shaving off with a scalpel)
- Focal chemical peel with trichloracetic acid
- At CMG, we normally use curettage/cautery or shave excisions under local anaesthetic.
- Histology is not usually required.

AFTERCARE AND COMPLICATIONS

In general, the area will need to be kept clean and dry for a few days. If dressed, kept covered for 5 days, unless it is soiled or the wound needs to be inspected.

Complications are uncommon and usually limited to inflammation at the base of the excision. Recurrence is a possibility and there is no known method to prevent them from reoccurring.

Treatment-induced loss of pigmentation is a particular risk in darker-skinned patients.

Very rarely the site of excision can become infected, which may require local hygiene or more rarely, antibiotics.

Aftercare and possible complications will be discussed in your initial consultation and again following the procedure.