What should I expect for this procedure?
You are being scheduled for removal of a lipoma or epidermal inclusion cyst (also called a sebaceous cyst). A lipoma is a slow growing lump filled with fat cells. An epidermal inclusion cyst is usually filled with a yellow, cheesy type skin material. The procedure is done in an outpatient procedure, usually under local anesthesia. If the cyst or lipoma is quite large or in a sensitive area, you or your surgeon may request sedation (Monitored Anesthesia Care) in addition to local anesthesia.

How do I prepare for local and general anesthesia?
If the procedure is done under local anesthesia alone, you will not need an IV line started and will be able to leave the ambulatory surgery unit as soon as the procedure is finished. We recommend a friend or family member come with you even if your procedure is being done under local anesthesia alone.

If sedation is needed, you will ordinarily need a pre-op clinic visit, an IV line for intravenous medication, and also someone to come with you to provide transportation.

Occasionally but infrequently, for very large lipomas, general anesthesia is required. Ordinarily Dr. Burney or Adriana Heinrich, PA-C, will have already
discussed with you whether the procedure is planned under local anesthesia alone or whether sedation or something more may be needed.

How do I prepare for my procedure?
- Please shower and wash with an antibacterial soap before the procedure.
- Do not shave the skin around the lipoma or cyst.
- If you are having sedation, you need to come in with an empty stomach, which means nothing to eat or drink for 6 hours or more.
- If you are on an ACE inhibitor for blood pressure (Drugs ending in “pril” -- Lisinopril, for example), do not take that on the day of your operation. Other regular medications can be taken with a sip of water.
- If you are on an anticoagulant or blood thinner other than aspirin, you will be asked to discontinue this medication before your operation. It is **ok** to take aspirin if it is important for you to do so.
- Stop taking Coumadin 5 days before your procedure. You can resume taking it immediately after your procedure.
- Stop taking Plavix 7 days before your procedure.
- Stop taking Factor X inhibitors (Xarelto, Prsadaxa, etc.) 3 days before the procedure. You may resume taking them again 1-2 days afterward.
  - You will get specific instructions for resuming medications at the time of your operation.

What should I expect after my procedure?
After your procedure you will most likely have Steri-Strips over your incision, covered by a small, clear waterproof (Tegaderm) dressing. This can stay on for up to 2 weeks or more. The sutures will all be under the skin and will absorb. There are no sutures that will need to be removed.

You can expect to have local discomfort at the operative site for a few days that can be managed with ibuprofen (Motrin) or acetaminophen (Tylenol). You should have little trouble with normal daily activities. Don’t plan any vigorous athletic activities for a week or so.
What are my care instructions if I had a cyst or lipoma on my scalp?
If you have undergone removal of a cyst or lipoma on your scalp you can expect some discomfort in the region of the incision and possibly a tension headache.

- You can put ice on the scalp area over the dressing tonight.
- You can take ibuprofen (Motrin) 200 mg or 400 mg every 6 hours for discomfort. Alternatives are: Tylenol every 4 hours or naproxen (Naprosyn, Aleve) every 12 hours. These medicines all will work best if taken on a regular schedule for the first 1-3 days.
- You can expect some local swelling and a lumpy feeling under the incision. This is normal.
- If you have a compression dressing over the incision to prevent blood accumulation in the wound, leave this on until tomorrow. Tomorrow you can take a shower and wash your hair gently. Try to avoid vigorous activity in the next 2 days - take it easy.
- You may resume your normal medications.
- Resume your normal diet.

A post-operative visit is not usually necessary. Your incision is closed with a clear suture that will dissolve in 4-6 weeks. If the ends or pieces of the suture are irritating after a couple of weeks, you can snip them off with small sharp scissors.

If you feel you would like a follow-up appointment or have questions, please contact the Surgery Call Center at 734-936-5738.