



ACCESSORY DIGITS & SKIN TAGS

What is an accessory digit?

This is an extra digit which is present when the child is born. The most common extra digit occurs alongside the little finger. Usually the duplication is incomplete but can range from a small piece of extra tissue alongside the little finger through to a complete extra finger with a nail, joints and bone. If not removed the digit will continue to grow with the child and can snag or become stuck in clothing or during play when the child is older.

What is a skin tag?

This is an extra piece of skin attached to the body by a narrow stalk or pedicle. Occasionally the tag may be attached with a broad base. Most commonly tags occur around the external ear, but they may be found anywhere on the body. Those near the ear often contain some cartilage at their base. If not removed the tag will grow with the child but will not cause any functional problems. There is no link between ear skin tags with hearing or kidney problems.

General description

The aim of the procedure is complete removal of the accessory digit or skin tag. The operation is performed as a day case under general anaesthesia, usually around 6 months of age. Typically the procedure will take around 20 minutes, longer if there are multiple tags. Occasionally it may be possible to perform the surgery under a local anaesthetic in the newborn period usually with a single stitch tied around the base. Only a minority will be suitable for this form of treatment.



Accessory Digit

Preparations

Your child will need to fast for solids and liquids generally for about 6 hours before the start of the procedure. In breast-fed babies or infants this time may be reduced after consultation with the anaesthetist. Please ring the Day Surgery Unit the working day before surgery to confirm these times. It is often helpful to bring your child's favourite toy with you on the day.

Anaesthesia

You and your child will meet the anaesthetist on the morning of the procedure. After talking to you and briefly examining your child, they will take you through to the operating theatre. One parent is welcome to accompany your child until they are asleep. The anaesthetist puts your child to sleep via a face mask (with children 5 years and over there is the option of either a face mask or a needle with numbing cream). You will then be shown the waiting room where there is tea, coffee or chilled water available to drink.

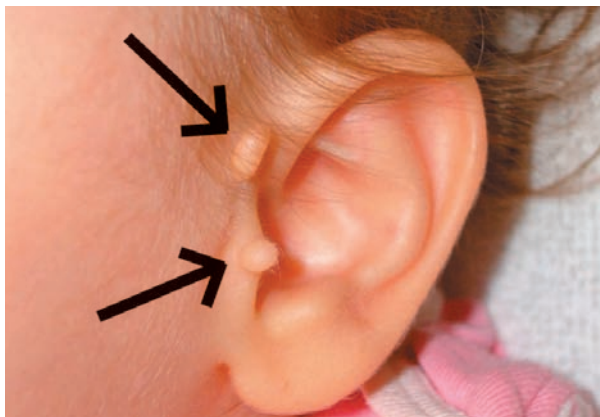
Once your child is asleep, the anaesthetist will insert a 'drip' to allow fluids to be given directly into a vein. Usually this is located in the hand or arm, but occasionally may need to be sited in the leg or scalp.

Procedure

The operative site is cleaned with an antiseptic solution. A local anaesthetic nerve block is injected into the area so that the site of the operation is numb afterwards. The block usually lasts around 4 to 6 hours. A cut is made around the base of the accessory digit or tag which is then removed completely, including any underlying cartilage. The wound is then closed with a dissolving stitch and a water resistant dressing applied. Sometimes the stitches will be buried under the skin and not visible, but more often they will be outside the skin.

Initial recovery

Once the operation has finished, your child will be taken to the recovery area. Once awake, you will be called into the recovery ward. Often children appear mildly distressed and a little confused initially – there may be several reasons for this including residual effects of the anaesthetic, hunger and



Skin Tags

some discomfort. Generally they will settle quite quickly, especially if offered a drink or feed. The recovery and ward staff are also able to give pain relief medication once your child is awake and this is sometimes required. The nursing staff will check the wound and make sure you are happy before you go home. Usually this will be about 2 hours after the surgery.

Post-operative course

Paracetamol ('Panadol') should be given on the afternoon and evening of surgery, and in the morning of the following day. After that time, assess your child's pain to see if further doses are required. Older children may require a stronger medication such as 'Painstop Daytime' or 'Painstop Night-time' if over one year of age. Follow the manufacturer's dose instruction but never give more than 4 doses in a 24-hour period and never both at the same time.

Your child should not be bathed on the first night but showers are safe from the next day onwards. There may be a small amount of blood that oozes from the wound under the dressing in the first 24 hours. Generally the dressing does not need to be changed, but if you are concerned please discuss with your local doctor or myself. You should remove the dressing completely after a long bath on the fifth day after the operation. No further dressings are then required.

Your child can begin eating when they get home. Start with clear liquids (apple juice, iceblocks) and add solid food slowly and in small amounts. Your child may vomit from the anaesthesia on the day of surgery. This should stop by the morning after surgery.

Return to activity

Your child may return to day care or school when comfortable, usually within 3-5 days. They should not participate in sports or swimming for 3 weeks after the surgery.

Call the office if:

- You see any signs of infection: redness along the incision site, increased swelling, foul smelling discharge from incision
- Your child's pain gets worse or is not relieved by painkillers
- There is bleeding (small ooze of blood in the first day or two is normal)
- Your child has a high temperature
- Vomiting continues on the day after surgery
- You have any questions or concerns

Follow-up

Normally I see you and your child about 3 to 6 weeks following surgery. This is both to ensure that the wound has healed and that you and your child are satisfied with the results of the operation. For patients from rural areas, this review may be deferred to your own general practitioner if you prefer. Please ring soon after the operation to book the post operative appointment to arrange a convenient time.

Problems & further surgery

Often the wound is a little lumpy and the scar relatively prominent for the first few months after the surgery. Usually the scar will settle with time. There is evidence that, once the wound has healed 3 to 4 weeks after surgery, gentle pressure with surgical tape at night ('Micropore') and a Vitamin E containing moisturising cream applied during the day will accelerate and improve the final scar outcome.