

Nursing Instructions

Minimal Excision Technique for Epidermoid (Sebaceous) Cyst Removal

Nonsterile Tray for Anesthesia

Place the following items on a nonfenestrated drape covering a Mayo stand:

- Nonsterile gloves and mask
- 1 inch of 4 × 4 gauze soaked with povidone-iodine solution
- 1 inch of 4 × 4 gauze
- 5-mL syringe, filled with 2 percent lidocaine with epinephrine (Xylocaine with epinephrine) with a 30-gauge needle
- 25-gauge, 1¼-inch needle (for anesthetizing beneath the cyst)

Sterile Tray for the Procedure

Place the following items on a sterile drape covering a Mayo stand:

- Sterile gloves
- Fenestrated disposable drape
- Two sterile bandages (adhesive bandage) to anchor the drape
- Three small-tipped hemostats (mosquito clamps)
- No. 11 blade
- Needle holder for suturing (if needed)
- Iris scissors
- Adson forceps
- 2 inches of 4 × 4 sterile gauze
- Suture materials (if needed)
- Splatter control shield (if desired)
- Some physicians use the nonsterile gloves that were used to administer the anesthesia for the removal of small or superficial cysts

Postprocedure Nursing Instructions

The patient or nurse should apply direct pressure to the surgical site with gauze for 10 minutes following the procedure. After this pressure has been applied, the skin can be cleaned with water or sterile saline. The wound can be squeezed to remove any residual blood from beneath the wound.

Antibiotic ointment, ½-inch of 4 × 4 gauze and tape can be applied over the wound. Elastoplast can be applied for additional pressure. If Elastoplast is applied, the edges should be taped down. The pressure bandage can be worn until the morning following the procedure.

All instruments should be brushed, washed, rinsed and dried. The cleaned instruments are then placed in clear sterilization pouches and autoclaved, either individually or as a surgical tray.

Sharps (scalpel blade, needles) are disposed of in a proper sharps container.

Bloody gauze is disposed of in a biohazard waste container.

Adapted with permission from Zuber TJ. Office procedures. Baltimore: Lippincott Williams & Wilkins, 1999.