

Scarless Precision Lesion & Mole Removal

A doctor's clinical guide to ablative CO₂ laser vaporization: removing moles, skin tags, syringomas, and delicate eyelid bumps without scalpels or stitches.

Dr Bradley Tomkins

MBChB, MRCGP • GMC Registered Medical Practitioner

Former Royal Navy Medical Officer • Minor Surgical & Laser Practitioner
Doctor Brad Laser & Cosmetic Clinic, Fishponds, Bristol

1. THE PROBLEM WITH SCALPELS, FREEZING, AND HIGH-STREET BURNING

When patients present with benign facial lesions—such as raised intradermal moles, seborrhoeic keratoses, skin tags, or eyelid bumps—their primary dread is trading a small, benign lump for a permanent, jagged surgical scar.

Under current NHS funding restrictions, benign cosmetic lesions are almost never removed unless malignancy is suspected. When traditional surgery is performed, standard methods often compromise the aesthetic outcome:

Surgical Technique	The Biological Problem	Typical Cosmetic Result
Scalpel Excision & Sutures	Requires an elliptical incision 3x the diameter of the lesion to close the defect, cutting through full-thickness skin.	Leaves a linear, pale permanent surgical scar and puncture marks from stitches.
Liquid Nitrogen Cryotherapy	Freezing lacks lateral and depth control. Freezes healthy melanocytes surrounding the lesion.	Frequent permanent hypopigmentation (a stark white halo or blotch on the face).
Beauty Salon Electrocautery	Uses uncontrolled electrical arcing that chars deep dermal tissue indiscriminately.	Elevated risk of deep pitted scars, dermal divots, or thermal burns.
Dr Brad's eRaze CO ₂ Laser Protocol	Micro-beam vaporization layer-by-layer (micron precision), stopping flush with the normal skin contour.	Smooth re-epithelialization with no scalpel incisions, no stitches, and minimal scar footprint.

2. THE PHYSICS OF ERAZE VAPORIZATION: LAYER-BY-LAYER ABLATION

The eRaze protocol utilizes the focused thermal physics of carbon dioxide (CO₂) laser energy at 10,600 nm. Because this energy is selectively absorbed by cellular water, the lesion's cells are instantly converted to steam and vaporized without crushing or tearing the surrounding dermis.

Hemostatic Precision & Margin Control

As the laser sculpts the lesion flush with the surrounding skin plane, it simultaneously seals microscopic dermal capillaries. There is no bleeding during the procedure, providing Dr Brad with perfect microscopic visualization to ensure complete removal while preserving the underlying collagen bed.

3. DELICATE ANATOMICAL ZONES: EYELIDS AND FACIAL BLEMISHES

Lesions situated on the delicate periorbital zone (the eyelids and tear troughs) present anatomical challenges that general surgeons often refuse to treat without hospital admission. The eRaze protocol is uniquely suited for:

Syringomas (Sweat Gland Tumors)

Multiple small, stubborn flesh-colored bumps clustered around the lower eyelids. Surgical cutting creates unacceptable scarring; eRaze vaporizes each papule individually to skin level.

Xanthelasma (Cholesterol Deposits)

Yellowish cholesterol plaques on upper or lower eyelids. Laser ablation allows precise layer-by-layer removal while protecting delicate eyelid margin function.

Seborrheic Keratoses & "Barnacles"

Crusty, raised brown or grey lesions that appear with age. eRaze gently planes them away in seconds, revealing clean, pink underlying skin.

4. THE POST-TREATMENT HEALING TIMELINE

Because the skin is not cut with a scalpel and no sutures are placed, healing occurs by natural secondary intention:

Day 0 (Procedure Day): Local Numbing & Treatment

Dr Brad administers targeted local anesthetic (pinpoint numbing). The procedure takes 10 to 20 minutes and is completely painless. An antibiotic or occlusive balm is applied.

Days 1 to 5: Pinpoint Healing Crust

A small, clean, superficial dark crust forms over the exact footprint of the lesion. You wash gently and apply healing ointment twice daily. No bulky bandages required.

Days 6 to 10: Natural Sloughing

The tiny crust detaches naturally during normal washing, revealing smooth, flat, pink new skin. There are no suture lines or tethered scars.

Weeks 3 to 8: Pigment Blending

The faint pink mark gradually fades to match your natural surrounding skin tone. Broad-spectrum SPF 50 is applied daily to prevent solar pigmentation.

5. CLINICAL GOVERNANCE: DERMOSCOPY & HISTOPATHOLOGY

Safety precedes aesthetics. Non-medical beauticians and laser clinics lack medical training to identify atypical lesions, basal cell carcinomas, or early melanomas. Attempting to laser a malignant lesion is extremely dangerous.

Doctor-Led Dermoscopic Assessment

As an experienced medical doctor and GP, Dr Brad inspects every mole and lesion using high-magnification polarized dermoscopy. If any atypical pigment networks or clinical warning flags are identified, the lesion is not treated cosmetically; you will be referred for biopsy or formal NHS excision.

6. YOUR MINOR SURGERY CONSULTATION (£60)

At our Fishponds clinic, every assessment and procedure is personally performed by Dr Bradley Tomkins. In many instances, if the lesion is clearly benign and you wish to proceed immediately, treatment can be performed during the same appointment.

Treatment Type	What Is Included	Fee Structure
Medical Assessment	Full dermoscopic evaluation & clinical treatment planning	£60
eRaze Single Lesion	Local anesthetic, precision laser ablation, aftercare balm	From £250
Multiple Lesions / Eyelids	Batch vaporization of skin tags, syringoma clusters, or keratoses	Custom package quoted at assessment

Book Your Lesion Assessment with Dr Brad

Consultations are held at our private Fishponds clinic in Bristol. Check real-time diary availability online or send a direct photo on WhatsApp for preliminary review.

Reserve Lesion Assessment (£60) →

WhatsApp Photo Triage: 07588 971425 • 583 Fishponds Road, Bristol, BS16 3AA