

Surgery to remove skin cancer near your eye (2 stage procedure)

Ophthalmology Department

Information for Patients

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Introduction

You have been diagnosed with a suspected skin cancer close to your eye. When skin cancer is near your eyes it is called periocular skin cancer.

There are 2 main types:

- Basal cell carcinoma (BCC) sometimes also known as rodent ulcer, is the most common form of skin cancer seen. Sunlight exposure is known to be one factor that causes this, therefore the most common place affected is the face, head and neck. However, it can happen in other places on the body. Fair skinned people who burn easily in sunlight are more affected than those with darker skin, especially if they have spent long periods of time outdoors working or in recreation. Although it is a form of cancer, BCC does not usually spread to other parts of the body. However, if left untreated it will gradually get bigger. It is therefore best to have it treated and removed entirely.
- Squamous cell carcinoma (SCC) is less common but more serious. It can spread to other areas of the body if it is left untreated for a long time; however this is unusual in tumours around the eye as they are nearly always recognised and treated whilst still small.

Your doctor is recommending a 2 stage surgical procedure for you.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

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2 stage surgical procedure

Procedure 1 - removal of the tumour:

This is usually done as a day case under local anaesthetic.

The tumour is removed with a clear margin of normal looking tissue and sent to the laboratory to confirm the diagnosis and to determine that the entire tumour has been removed. This process takes between 4 to 8 days.

During that time you will have a large firm pad covering the wound, which in most cases will also cover the eye. This means that you will not be able to drive. You will need to avoid getting the pad wet.

Procedure 2 - repair of the wound:

This is usually done about a week after procedure 1.

It is usually done as a day case under local anaesthetic, but larger wounds may need to be repaired under a general anaesthetic. The surgeon will discuss with you how the wound will be repaired after assessing the size.

It may involve moving a flap of healthy skin from close to the wound, or taking healthy skin from elsewhere on your body, and using it like a patch (skin graft). Skin grafts can usually be taken from the top eyelids or around the ears, but larger grafts may need to be taken from other parts of your body. If a skin graft is used, the pad will need to be applied again for between 3 to 7 days.

In all cases, the wound should be kept clean and dry until fully healed. If the wound gets crusty, clean it with cooled boiled water using cotton wool pads, and pat it dry. Do not use soap. Apply a layer of antibiotic ointment which you will be given to take home after surgery.

In some tumours involving large parts of the lower eyelid, the wound is best repaired by stitching the eye closed for a while. Another small operation will then be needed to reopen the eye after a few weeks. The surgeon will discuss this with you, if this is needed in your case.

Sometimes procedure 2 is not needed, as the wound area may be best left to heal by itself.

What happens after the procedures?

If the report from the laboratory shows that not all the tumour has been removed, the surgeon will need to do another operation to remove the rest of the tumour before completing the wound repair. Small areas can be examined within 1 to 2 hours and the surgery can be completed that day. Any remaining tumour needing a large cut (excision) will need to be treated using a longer method, and a third date for surgery will be arranged for you if this is the case.

You will be seen in the outpatient clinic about 1 week after procedure 2, for further wound care and to change your dressing if needed. You will be given an antibiotic ointment to use on the wound.

How successful is the procedure?

Our data shows that removing skin cancers in this way reduces the risk of the tumour returning from around 25% to less than 1%.

Contact details

If you have any questions please contact the Oculoplastic Specialist Team on **0116 204 7971**.

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