

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

Ophthalmology Department

Information for Patients

Last reviewed: September 2024

Next review: September 2027

Leaflet number: 1005 Version: 2

Introduction

We have diagnosed you 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. It is the most common form of skin cancer seen.
- Sunlight exposure is one factor that causes it.
- The most common places affected are the face, head and neck. But 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, mainly if they have spent lots of time outdoors for work or relaxation.
- It is a form of cancer but BCC does not usually spread to other parts of the body.
- If left untreated it will slowly get bigger.
- It is best to have it treated and removed entirely.

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

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Squamous cell carcinoma (SCC)

- It is less common but more serious.
- It can spread to other areas of the body if it is left untreated for a long time but this is unusual in tumours around the eye. They are nearly always recognised and treated whilst still small.

What is the treatment?

- Mohs surgery is the best way to treat many basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs),
- Moh's procedure is done in stages in a day, including lab work, while the you wait. We can remove all the cancerous cells and spare any healthy skin. This means that there is a high cure rate.
- We repair most wounds at the end of the Mohs surgery. Larger wounds will need reconstruction. This will be planned for a few days later. We close the wound site temporarily using a dressing.
- More information can be found here: Leaflet 1469 [Important information about your Mohs surgery](#) or search <https://yourhealth.leicestershospitals.nhs.uk/>

What are the issues with Mohs surgery?

- Waiting times are often longer than for standard excision, as it is a longer procedure.
- It often involves a few stages in 1 day.
- Not all skin cancers are suitable for removal by Mohs'.
- Your doctor will recommend a 2 stage procedure for you.

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 .
- It is sent to the laboratory to confirm the diagnosis and to find out if all the tumour has been removed. This job 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. 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. Larger wounds may need to be repaired under a general anaesthetic.
- The surgeon will discuss with you how they will repair the wound after assessing the size of the wound.
- 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.
- Once uncovered 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.
- We will give you some antibiotic ointment. Put a layer of the ointment on to the stitches 2 times a day for 2 weeks.
- In some tumours involving large parts of the lower eyelid, the wound is best repaired by stitching the eye closed for a while. You will need another small operation 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. This can take 6 to 8 weeks. It will depend on the size of the defect. For some wounds, the cosmetic results are better in the end.

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. They will need to remove the rest of the tumour before completing the wound repair.

Small areas can be examined within 1 to 2 hours. The surgery can be completed that day.



If you have any tumour left which needs a large cut (excision) we will need to treat it using a longer method. We will make a 3rd date for surgery. 17 out of 100 patients having this surgery will need a further excision.

We will see you in the outpatient clinic about 1 week after procedure 2. We will , check your wound and change your dressing if needed. We will give you an antibiotic ointment to use on the wound.

How successful is the procedure?

Our data shows that removing skin cancers in this way lowers 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. Monday to Friday 8am to 5pm

Eye Casualty Department(for advice) 0116 258 6273

Monday to Friday 8.30 to 4.30 pm

Saturday, Sunday and Bank holidays 8.30 am to 12.30 pm

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અસ્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk