Patient information factsheet

Surgery for eyelid cancers

What are the aims of surgery?

- The priority is to completely remove the cancer. Most skin cancers have roots that spread beyond the visible limit of the cancer. This means that as well as removing the visible cancer, a safety margin (generally 3 to 5mm) of normal looking skin needs to be removed as well.
- The next aim is to repair the eyelid in a way that allows it to work as normally as possible so that the eye remains protected.
- The final aim is to repair the eyelid so that it looks as normal as possible.

How is this done?

The cancer is cut out from the eyelid. The gap in the eyelid skin is then sewn together generally using stitches that dissolve and do not need to be removed.

After removing the cancer, the gap in the skin may be too large to close directly and it may be necessary to re-arrange some of the looser surrounding skin to close it. If this is not possible then healthy skin may be taken from another part of the body (such as the upper eyelid, from in front or behind the ear, from the neck or from the upper arm) and grafted in to fill the defect.

If the cancer is very close to the edge of the eyelid then a full-thickness piece of the eyelid will need to be removed. To fill this type of defect, grafts of other tissue may be required, and the details will be discussed with you.

The operation takes between 40 minutes to two hours depending on how complex it is.

Sometimes gaps in the eyelids or eyelid skin are left to gradually heal up by themselves, which takes a few weeks.

Biopsies

Sometimes a biopsy of the suspected cancer is done a few weeks before the main operation. This will confirm the diagnosis and allow the surgery to be planned in more detail. Most biopsies are done under local anaesthetic in the outpatient operations department and take about 20 minutes.

What type of anaesthetic will I have?
- **General anaesthetic** You are completely asleep for the operation

- **Local anaesthetic** You remain awake for the operation and have injections to numb the operated area. If you are elderly, have heart or chest problems, or are overweight, local anaesthetic is safest

- **Local anaesthetic with sedation** You have an injection into a vein to make you feel calm and relaxed and then you have injections to numb the operated area

**Where will the operation be done?**

- **Surgery as an inpatient** Before the operation you may be seen in a pre-assessment clinic where you will be assessed to make sure you are fit for the surgery. Any investigations eg. blood tests, heart monitoring, will be performed or arranged. You will then receive a date for admission to the ward. You should come prepared to stay in hospital on the night after the operation although many patients will be able to go home on the same day as surgery

- **Surgery as a day case** You will stay on the Eye Short Stay Unit day case ward before and after your operation and will go home the same day

- **Surgery in the outpatient operating department** Your surgery will take place in the operation department in the outpatient clinic. Surgery will take place under local anaesthetic. You will be able to go home about 30 minutes after your operation.

**What will happen to the cancer that is removed?**

The tissue that is removed will be sent to the Pathology department to be examined under the microscope. This is done to confirm the diagnosis and also to check whether the tumour has been completely removed. There are several ways this may be done:

- **By routine section** The processing takes a few days and it is usually at least a week before the results are ready. This is the most commonly used method and gives the Pathologist the clearest view of the tissues

- **By rapid paraffin section** The tissue is processed in the same way as routine section but more rapidly and the results are available within 48 hours. This has to be planned in advance and surgery is spread over two or more days

- **By frozen section** The tissue is frozen rapidly and can be examined immediately. The results are generally available within an hour. This has to be planned in advance and there may be more than one operation during the same operating list

You will be advised of the most appropriate way for the tissue to be examined before your operation. Once the tissue has been examined, the Pathology department keeps the samples as part of your medical records. Any tissue that is not examined is thrown away in an appropriate way. None of the tissue that is removed is stored in the Eye Department for more than 72 hours or donated for any other purpose.
What happens after the operation?

After a general anaesthetic or sedation, you may need to sleep off the effects before you are ready to resume normal activities. After local anaesthetic without sedation you will be ready to have a drink and a snack straight away.

You will have a dressing or an eye pad on the wound and will be given instruction on when to remove this (varying from 2 to 48 hours later). Do not worry if there is some blood on the eye pad when you remove it. Clean the eyelids gently with cooled, boiled water and cotton wool or tissues. It is normal for the eyelids to appear swollen and bruised for some time after this operation. Antibiotic drops and ointment are generally given for a week or two after surgery.

If you have severe pain, not relieved by simple painkillers, please ring the Eye Short Stay Unit or Eye Casualty for advice (see below).

Sometimes a bolster is used to help a skin graft heal into place. This is an antiseptic soaked dressing that is stitched onto the underlying tissue and is removed after one week in the outpatient clinic.

Driving is allowed once you feel well enough from the day after surgery. The vision needs to be clear enough to meet the DVLA vision standard for driving. You are legally allowed to drive with clear vision in just one eye once you have allowed sufficient time to get used to doing so. You are advised to take things easy/ take time off work for about a week after the operation, depending on what type of anaesthetic you had and how extensive the surgery was.

You will be seen in the outpatient clinic one to three weeks after surgery for the wound to be checked, stitches to be removed if necessary and the pathology result to be explained to you, if it is available.

Sometimes it is necessary to massage the wound for a few months, once it has healed and you will be given instructions on how to do this.

What are the risks of the operation?

**Bruising** The eyelids bruise easily and tend to swell a lot after surgery. The wound may feel quite tight to begin with but this loosens with time and massage, if needed.

**Bleeding** The eyelids have a very good blood supply but bleeding during the operation is generally controlled without problems. Bleeding after surgery is not common. The risk of bleeding is increased if you are taking blood-thinning tablets such as warfarin, aspirin or clopidogrel (Plavix). If the wound does start to bleed you should apply pressure to it with a clean tissue or similar compress. If you have difficulty stopping it, you should continue to apply pressure and contact the emergency number given. A serious bleed after surgery is rare.

**Infection** is unusual in the eyelid after surgery. If the wound breaks down (starts to gape) this often indicates an infection. Antibiotic tablets are given for an infection and the
wound left to settle for a few weeks. It often heals up by itself during this time but if not, further surgery may be needed.

**Scarring** It is not possible to cut into the skin without causing some scarring. In general the eyelids heal very well with little obvious scarring. Any scars that are seen will fade during the first year. Sometimes scars can pull the lid into an abnormal position and, if this is a problem, further surgery may be needed.

**Incompletely removed cancer** Although a safety margin of normal looking tissue is removed at surgery, sometimes the roots of the cancer extend further than expected and the Pathology report shows that the cancer has not been completely removed. Further surgery is then necessary. If this is not done the risk of the cancer recurring is increased.

**Recurrence** of the cancer can happen in a small number of cases (3 to 4 in 100) even if the pathology report has said that the cancer has been completely removed. You will be told what warning signs to look out for.

**Are there any alternatives to having surgery to remove the cancer?**

Surgery to remove the eyelid cancer gives the best chance of a cure and the lowest risk of the cancer recurring. In most cases it is the recommended treatment.

However, for Basal Cell Carcinomas (BCCs) there are alternative treatments in some cases and one of these may be the best choice for your eyelid cancer.

1. **No treatment** This is not generally recommended. Although BCCs are hardly ever life threatening, they do slowly grow bigger if untreated and can do a lot of damage to the eyelids and even the eye itself. Other types of skin cancers can be life-threatening and so should be treated.

2. **Cryotherapy (freezing)** This can be a useful treatment for small BCCs. It is done under local anaesthetic. Immediately after the treatment the tissue will swell. The longer-term results are cosmetically good but there may be darkening or lightening of the treated skin, loss of lashes and scarring. The recurrence rate is higher than with surgery.

3. **Radiotherapy** This is occasionally used to treat large BCCs, which cannot be excised without extensive surgery. No anaesthetic is required. The treatment is given in 10 separate sessions over a fortnight. The side effects include thinning of the skin, loss of lashes, lightening of the treated skin and fine blood vessels developing. The course of radiotherapy can only be given once. The recurrence rate is higher than with surgery.

4. **Photodynamic therapy (light)** This can be used to treat small BCCs. A cream is applied to the affected skin and, after 6 hours, is activated by a pure red light, which selectively damages the cancer cells. Local anaesthetic is often given for the light treatment. The treated area becomes red and crusts over. When this heals, the skin usually looks nearly normal. The treatment can be repeated. This is a fairly new treatment so the longer-term results are not yet known.

5. **Creams** There are some creams (5-Fluorouracil and Imiquimod) which are applied to the skin daily for several weeks. They cause quite a lot of inflammation for a while which eventually settles completely. They can be useful in treating very thin BCCs
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