

Two-Stage surgery for eyelid skin cancer

The Eye Unit Patient Information

This leaflet aims to inform patients who have been advised they need surgery for eyelid skin cancer and can help by answering some common questions.

What are the causes of this condition?

Factors increasing the risk of skin cancer include sun exposure, sunburn, fair skin, previous skin cancers elsewhere, chemotherapy, some medications and rare genetic conditions.

Many patients have no risk factors, but it is still important to check carefully for any new skin lumps and get advice if you have any concerns.

How is this condition managed?

Skin cancers may be treated in a number of ways including prescribed skin creams, light therapy, curettage, freezing treatment (cryotherapy) and surgery.

Surgical excision has the highest cure rate and is therefore mainly used for high risk areas including the eyelids. This may be done through Mohs micrographic excision at Christchurch (see separate leaflet) or at Bournemouth Eye Unit.

It is often preferable to carry out skin cancer surgery in two stages:

- **first stage** - the cancer is removed along with surrounding normal looking skin as a safety margin. The specimen is sent to the laboratory for analysis where the margin is examined carefully for cancer cells.
- **second stage** - the wound may be repaired and the eyelid reconstructed safely once the lab confirms the margins are clear of cancer cells.

Reconstruction of the wound is not always required as wounds can heal well when left alone. However natural healing may result in a poor appearance with scar contraction, distortion, dragging of the eyelid and asymmetry.

What will happen during surgery?

You **should not drive** to the hospital on the day of surgery. You will be asked to come to the hospital in good time so there may be a short wait. The surgery is done following a numbing injection. You will have ointment applied to the wound and an eye pad and you can go home on the same day. Occasionally patients may require a full anaesthetic and an overnight stay in hospital.

When can I drive and go to work after the operation?

You may start driving and working again as soon as the dressing is removed as long as your vision is clear and you are not light sensitive, but avoid heavy lifting or dirty and dusty environments to reduce the risk of complications.

Are there any risks or side effects?

Serious, significant or frequently occurring risks of surgery are as follows.

- **common (up to 1 in 20)** - scarring, bleeding, bruising, infection, swelling, asymmetry, distortion, numbness, lid notch, loss of lashes, altered appearance, lumps, tingling, dry eye, discomfort
- **uncommon (up to 1 in 100)** - watery eye, recurrence of cancer
- **rare (up to 1 in 1000)** - other e.g. facial nerve damage
- **very rare (up to 1 in 100,000)** - reaction to anaesthetic, severe or permanent vision loss

What to expect after the operation

You should not drive to the hospital. You will be asked to come to the hospital in good time so there may be a short wait. You will be asked not to eat and drink before surgery as you will either have strong sedation, or a general anaesthetic. Following the surgery, some patients are able to go home the same day but most spend one night in hospital.

When can I drive and go to work after the operation?

You may start driving again as soon as the dressing is removed as long as your vision is clear and you are not light sensitive. You may return to work after one week or after two weeks if your work involves heavy lifting or dirty and dusty environments.

What to expect after the operation

A dressing will be applied for 24-48 hours. Make sure the wound is kept clean and dry, if necessary clean it gently using cooled, boiled water and clean gauze or tissues. Use a separate gauze or tissue for each wipe to the area.

You will be prescribed an eye ointment, which you should apply to the wound as directed, usually twice a day for seven days.

Scarring is rarely significant. You may improve the scar appearance by massaging the area with antibiotic or lubricating ointment e.g. Vaseline.

You will experience some degree of swelling and bruising - cold compresses and elevation of the head will help to relieve any discomfort.

Bruising may take three or four weeks to disappear completely, although it can usually be concealed with make-up after seven days.

You can return to work when you wish but if you deal with the public, you may prefer to delay your return for around ten days because of bruising and swelling.

It is important to avoid strenuous activity for the first week after surgery.

You may have a shower after two days, but do not allow the wound to soak in the bath or swim for four weeks because of the risk of infection.

Avoid heavy lifting, running or strenuous gym work-outs for four weeks or you may exacerbate bruising or swelling.

You cannot wear contact lenses for at least two weeks after surgery, because the eyelids may be stiff and sore and your eyes may be dry.

Some people experience blurred vision or sensitivity to light for a few days. A dry eye problem may be worsened by the surgery, and more frequent eye drops required.

When should I contact the department?

- you have any problems with your vision
- your eye becomes red or painful
- you cannot close your eye properly
- you have bleeding from the wound or nose or a very sticky discharge

Any problems or questions?

For further information and advice please contact:

Eye Emergency Helpline: 0300 019 4181

Mon-Sat: **8am-6pm** Sunday: **8:30am-2pm**. Bank Holidays: **8.30am-6pm**.

**The Eye Unit, The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW**

Author: **Ben Parkin** Date: **June 2021** Version: **Two** Review date: **June 2024** Ref: **088/21**

t: 01202 303626 w: www.uhd.nhs.uk : @UHD_NHS : @UHDTrust : @uhd_nhs