

Information for patients

Surgical removal of eyelid lesions (including Basal Cell Carcinoma)

This leaflet gives you information that will help you understand operations performed for the surgical removal of eyelid lesions. There are a great many eyelid lesions and the vast majority are benign (safe) and do not constitute a risk to your general health. Your doctor will advise you as far as he / she can as to the suspected nature of your eyelid lesion.

Before you have your operation, you will be asked to sign a consent form and so it is important that you understand this leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

The condition

There is a lesion on or around your eyelid which your doctor advises, or you have decided, requires removal. Such lesions vary in their location, appearance and behaviour. Your doctor will advise you on what grounds that the lesion justifies removal. These may include some or all of the following:

- the lesion may be large and unsightly
- the lesion may be infected
- the lesion may be interfering with your vision
- The lesion may be suspicious of, or may be a tumour / cancer

If the lesion is not removed it may merely present an unsightly appearance, however, if the lesion is a tumour / cancer and depending upon its location, it may grow and damage the eye and adjacent structures. In the worst case it may spread to other parts of your body.

Delaying surgery may allow the lesion to grow in size. Removal at a later time may require more tissue to be taken away and may on occasion result in the loss or damage to the eye. The larger the lesion, the more complicated and less successful the surgery. In addition, only by looking at a specimen under the microscope will the true nature of the lesion be determined and guide further treatment (if required). If the lesion is a tumour / cancer then delaying may not only allow the tumour / cancer to enlarge but in a few cases to spread.

The operation(s)

The ultimate objective of the operation(s) is usually to completely remove the lesion from your eyelid.

Types of operation:

Depending upon the suspected nature and location of the lesion your doctor may advise:

1. A small biopsy – this will determine the nature of the lesion and guide further treatment. It is usually performed if there is uncertainty about what the lesion is.
2. An excisional biopsy and immediate repair of the defect - this will usually be performed when the doctor is fairly certain that the lesion is benign (safe). In this case the lesion will be removed and when any bleeding has been stopped the defect in the eyelid is repaired / stitched up.
3. An excisional biopsy and delayed repair of the defect (2 operations) - this will usually be performed when the doctor is fairly certain that the lesion is a tumour / cancer. In this case the lesion will be removed and then sent to the laboratory for processing. The laboratory will definitively determine the nature of the lesion and also determine whether it has all been removed. Because this laboratory processing takes 1-2 days your eyelid will not be repaired immediately and the defect created by removing the lesion will be covered by a dressing (this may involve padding your eyelids closed). You will then be allowed home with arrangements to return to the hospital for the repair stage of the operation about 2 days later. Depending upon the laboratory findings, the defect may be repaired (usually the case) or if there remain significant uncertainties in relation to having completely removed the lesion or not, a further biopsy may be taken and the repair again delayed pending the laboratory results (this is unusual).

The types of repair:

The type of repair required depends primarily upon the size and location of the eyelid defect.

1. Laissez faire - sometimes no repair will be performed at all and the defect will merely be left to heal itself. This works most effectively for defects around the inner corner of the eyelids.
2. Direct closure – the defect may be such that the edges can be easily approximated and sutured. This is usually a simple and relatively quick repair.
3. Local flaps / skin grafts – if the defect is too large to allow the edges to come together easily, as is often the case, then tissues will need to be mobilised locally to do so. Skin grafts may also be used and these may be taken from the upper eyelid on the other side (usual site), in front or behind your ear, your lower neck or your inner arm. If a local flap and or skin graft is required to repair the defect the surgery is more complex and takes longer (usually up to 60 minutes). In addition, the use of a local flap may mean that your eye has to remain closed for 3-4 weeks following the repair to allow a new blood supply to become established. A further simple operation to re-open the eyelid will be required at about this time.

The operation itself:

The operations are usually performed under local anaesthetic. With a local anaesthetic you will be awake during the operation. Before the operation, you will be given eye drops followed by an injection of local anaesthetic into your eyelid. The anaesthetic stings but this only lasts about 30 seconds.

During the operation only your face will be exposed whilst the rest of your body will be covered with sterile drapes. You will be asked to keep your head still but you may talk. You will be aware of bright lights and the operating theatre staff. You may also be aware of some pressure and pulling sensations during the operation. If you feel any discomfort, tell the surgeon who will then give you a little more local anaesthetic.

The operation to remove a lesion normally takes only a few (10-15) minutes but it can take longer. The duration of the operation to repair the defect created by removing the lesion will obviously vary depending upon how big the defect is and its location. Simple repairs may only take 10 minutes, more complex repairs may take up to 60 minutes and occasionally longer. Occasionally, more complicated repairs may be performed under general anaesthetic but this is unusual.

During the operation a nurse will usually hold your hand to make sure that you are alright.

After the operation

- After the operation is completed your eye may be padded firmly closed. It is important that the eye remains padded closed as the pad supports and immobilises the healing tissues. A pad may be left on for 2-4 days and may be removed by a doctor, a nurse, or you may be asked to remove it yourself at home.
- You will be given an ointment to place on the stitches 2 or 3 times a day for 10-14 days. You may also be instructed to instil the ointment into your eye for a similar period of time. The hospital staff will explain how to use the ointment.
- If possible you should also apply ice packs [or a pack of frozen peas or sweetcorn] intermittently for the first 24 hours after your operation – this will reduce swelling, bruising and discomfort.
- It is normal for the eyelid(s) to feel bruised and a little uncomfortable for a week or two after surgery and a little bleeding is not uncommon.
- It is important that for the first week or two that you do not pull on the eyelid and you should also be careful whilst sleeping.
- If you suffer discomfort, take a pain reliever such as paracetamol every 4-6 hours (but not aspirin).
- In most cases eyelid healing is largely complete in about 3-6 weeks but it can take a little longer for scarring to mature.

The most likely outcome of the surgery

The most likely final outcome of the surgery is that the lesion will have been completely removed and that your eyelid will be both cosmetically and functionally healed..

Benefits and risks of surgery

The benefit from the surgery is that the lesion will have been removed and identified with further intervention or investigation guided by the pathologist's findings.

You should be aware that there is a small risk of complications, occurring either during or after the operation.

Some possible complications during the operation

- Bleeding
- Technical failure – unable to complete the operation as planned
- Damage to the eye / eyesight – direct trauma, severe bleeding, severe infection
- Allergy to the medication / anaesthetic used – very rarely this can be life threatening

Some possible complications after the operation

- Bruising of the eye or eyelids - common
- Bleeding
- Infection
- Wound breakdown
- Recurrence of the original lesion
- Allergy to the medication
- Scarring
- Watering if the tear duct is involved
- Poor cosmetic result
- Eyelid malposition – eyelid turning inwards or outwards or drooping
- Occasionally further surgery may be required – wound breakdown, scarring, malposition, recurrence

Minor complications are not uncommon and most cases can be treated effectively but in a small proportion of cases, further surgery may be needed.

Very rarely some complications may result in blindness.

We hope this information is sufficient to help you understand why and how your eyelid lesion will be removed. Please write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Don't worry about asking questions our staff will be happy to answer them.