

Ophthalmology Department

Basal Cell Carcinoma (Eyelid)

Information for Patients

What is a Basal Cell Carcinoma?

Basal Cell Carcinoma (BCC) is a type of skin cancer, also known as a 'rodent ulcer'. It is the most common type of skin cancer in the UK. Particularly at risk are fair skinned people and it accounts for about 90-95% of malignant eyelid cancers.

How does a Basal Cell Carcinoma (BCC) develop?

They start as a skin lesion, mole or sore that does not heal and it can bleed at times. It can appear as a red and rough patch, with a scab or an ulcer or a small swelling. Basal cell carcinomas grow slowly and very rarely spread to other parts of the body. However, if it is not treated, it can grow locally and destroy the surrounding tissues.

What causes a Basal Cell Carcinoma (BCC?)

Basal cell carcinomas are thought to be caused by sun damage to the skin due to the ultra violet rays contained in sunlight. Those with the highest risk of developing a basal cell carcinoma are:

- Those who have had a lot of exposure to the sun, such as people with outdoor hobbies, outdoor workers and people who have lived previously in sunny climates;
- People who use sun beds;
- People who have previously had basal cell carcinoma;



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- In older people, this is due to the effect of sun exposure over the years;
- History of sunbathing without appropriate sun protection (sometimes in younger years when there was a lack of awareness of the risk of sun exposure);
- History of frequent sun burns.

Black and brown skinned people are less likely to develop skin cancer because of the melanin in their skin giving them more protection.

The doctor has said I need to have the BCC removed. What does this involve?

This involves surgery which is usually undertaken in two stages:

Stage one: the Basal cell carcinoma is removed under a local anaesthetic, with or without sedation. Which means you would be awake during the operation and an injection would be given to numb the eyelid. Once the eyelid is numb you should not feel any discomfort, however you will still experience some touching or pulling. The carcinoma is removed and a dressing is applied over the eye and you would then be allowed home. You **must not** remove the dressing; it should be left in place as advised by the nursing staff. This will vary from 1–7 days depending on the site of the lesion.

Stage two: this takes place usually 7 days after stage one and is usually under local anaesthetic with sedation or sometimes general anaesthetic. As long as all of the cancer has been removed, the surgery would involve reconstruction (repairing) of the eyelid. Following a general anaesthetic or sedation, you will be able to go home if you have someone to look after you. A dressing will be applied and **must** be left in place for a further **3 - 7 days**. While having the dressing in place you are **not allowed to drive**. Have a supply of your normal painkillers available at home should you require them, such as paracetamol. You will be given antibiotic tablets to take at home for 5 days.

The dressing is removed after 3-7 days when the specialist will review you. Antibiotic ointment is prescribed to be applied over the area for a number of days or weeks which you should only start using after the dressing has been removed.

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Hughes Flap

In situations where there is significant (more than ½ eyelid) lid loss from the first removal, a procedure called a Hughes Flap with a skin graft may be required. This is when some of the upper lid may be needed to form part of, or the entire new lid.

If this procedure is required your consultant will discuss this with you, as a smaller third procedure would be needed (called division of Hughes flap) after 2-4 weeks following stage 2. The eye would remain partially or fully closed during this period.

Other treatments:

Radiotherapy – radiotherapy to treat these tumours is reserved for patients who are not suitable for the surgery. Radiotherapy has a lower success rate in eyelids with significant adverse effects which means it is not a first line treatment.

Cryotherapy (freezing) – this is used on patients who are unsuitable for surgery. With this treatment there is a higher recurrence rate (lower success) with significant depigmentation (loss of colour) of the skin, especially in dark skinned patients.

Creams – these can be applied to the skin. The two most commonly used are 5-fluorouracil (5-FU) and imiquimod. These are reserved for only specific types of tumours away from the eyelid margins.

Photodynamic therapy – applying a special cream to the basal cell carcinoma under a dressing for 4 - 6 hours which then destroys the carcinoma when a special light is shone onto it. This is again only reserved for certain types of tumours which are away from the eye.

Other surgical treatments that may be suitable in special circumstances

Moh's Micrographic Surgery – this is where the cancer is taken away, layer by layer and examined under the microscope straightaway, until

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there are no signs of residual cancer, this reduces the amount of healthy tissue taken away. This is performed by a specially trained Dermatologist. Currently patients are sent to Solihull for this treatment, but the repair is carried out in the normal way at Coventry.

This procedure is reserved for high risk tumours and recurrences. This involves two visits to Solihull with the rest of the follow up visits being at Coventry. If you are suitable for this procedure you will receive a separate Moh's Micrographic surgery leaflet and counselled in respect of this type of surgery.

Laissez Faire – from the French “Let do”, which broadly implies, “leave it alone”. This is a technique where the tumour is removed and the area is left to heal. A close watch needs to be kept on the area, as healing takes longer, so clinic appointments may be more frequent. Special dressings and stitches are used to promote healing in the desired manner.

What are the risks of the surgery?

- **Bruising and swelling** can happen around the eye. Sometimes the bruising can involve more of the face, but is temporary and improves in a few weeks.
- **Asymmetry:** the human face and eyelid region is normally asymmetrical. However eyelid plastic surgery can make the asymmetry between the two sides more noticeable.
- **Eyelash loss:** this may occur in the area involved in the surgery and is unpredictable and may be temporary or permanent.
- **Scarring:** the eyelid generally heals well and the scar can be very faint; the results depend on how you heal as an individual, so the final outcome and type of scar cannot be predicted. In rare cases abnormal scars may result and additional treatment may be needed to treat scarring. Measures to reduce risk of significant scarring are part of routine aftercare.

Preventing further skin cancers

Protecting yourself from the sun is even more important after you have had treatment for skin cancer.

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Follow these precautions to protect your skin:

- Wear clothing made of cotton or natural fibres which are closely woven and offer good protection against the sun;
- Protect your face and neck with a wide-brimmed hat;
- Always wear sunglasses in strong sunlight;
- Use a high-factor sunscreen (SPF 30 or above) whenever you are exposed to the sun. Follow the instruction on the bottle and re-apply as recommended, particularly after swimming;
- Never allow your skin to burn;
- Minimise sun exposure during the hottest part of the day – usually between 11.00am – 3.00pm;
- Use fake-tanning lotions or sprays rather than sitting in the sun or using sun beds;
- Check your skin regularly for any changes.

Although protecting yourself from the sun is important, experts recommend that we have regular exposure to small amounts of sunshine. This is because it helps our body to make Vitamin D, which keeps our bones and teeth healthy.

Based on information from Macmillan Cancer Support.

Free prescriptions

All cancer patients are allowed to free prescriptions; please ask your nurse, doctor or pharmacist about this.

Further information

Further information can be obtained from:

- Your surgeon
- Free support and information is available from the Cancer Information Centre, based in the main entrance of the University Hospital. The service is open Monday – Friday 9.00am-4.00pm. Telephone 024 7696 6052;
- Or contact Macmillan Cancer Support on Free phone 0808 808 00 00, www.macmillan.org.uk

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- Or contact Wessex Cancer Trust on Telephone 01962 868576, www.wessexcancer.org.uk

If you have any problems following surgery:

If you have any problems or would like further information, please do not hesitate to contact:

- Mr Ahluwalia's Secretary 024 7696 6506
- Mrs Mehta's Secretary 024 7696 6508
- Sr. Hazel Mercado– Nurse Specialist 024 7696 6533

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6533 and we will do our best to meet your needs.

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Emergency eye appointments: New booking system

If you have an urgent eye problem, you can now book an on-the-day telephone consultation via the Eye Emergency Referral Service (EERS).



Scan the QR code or visit www.uhcw.nhs.uk and search Eye Emergency Referral Service. You can book a telephone consultation via this link.

You will be spoken to by an expert clinician who will give you specialist advice on the next steps to take.

Please provide a phone number which you can be contacted on for the consultation. Please also be aware that you will be phoned as close to the allotted time as possible, although at busy times unfortunately there may be a delay.

In the event that you feel you cannot wait to speak to someone or do not have online access then you may call 0247 696 4800.

This phone line is open 9am - 1pm; 1.30pm - 5pm (Monday - Friday, excluding bank holidays) and 9am - 12pm (Saturday).

Please only attend the Eye Outpatient department if you have had a telephone consultation in advance and have been advised to attend.

In the event of an eye emergency out of hours, please attend the Minor Injuries Unit/Emergency Department.