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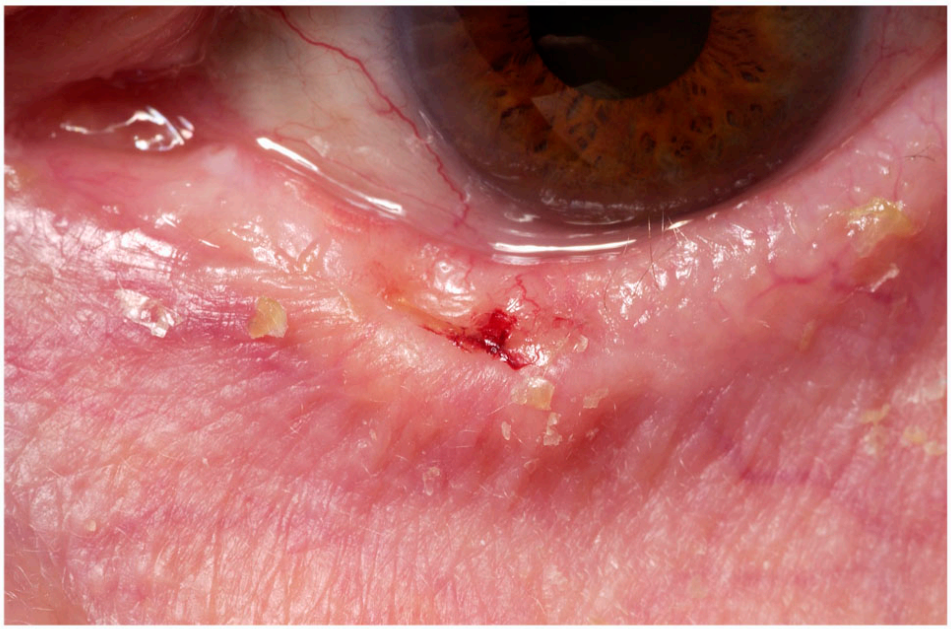

Basal Cell Carcinoma (BCC)

We hope this information will help answer any questions you may have regarding *basal cell carcinoma*, commonly shortened to BCC. It is based on information sheets from the British Association of Dermatologists and Pan Birmingham Skin Cancer Network.
Please feel free to ask any further questions when you see Mr Cheung when you attend the hospital next time. The staff are always happy to give you the information you need.
This information sheet is for your general information only and is not intended to be a substitute for a proper consultation by a trained medical professional.

What is a BCC?

A BCC is a type of skin cancer which is the most common one in the UK. It is sometimes also called a 'rodent ulcer'.

What causes it?

The commonest cause is too much exposure to ultraviolet (UV) light from the sun or from sun beds. BCCs can occur anywhere on your body but are most common on areas that are exposed to the sun, such as your face, head, neck and ears. 10-15% of all BCCs occur around the eyes, most commonly the lower eyelids and inner corner of the eye. BCCs are not contagious.

Who is most likely to have a BCC?

BCCs mainly affect fair skinned adults and are more common in men than women. Those with the highest risk of developing a BCC are:

- People with freckles or with pale skin and blond/ red hair.
- Those who have had a lot of exposure to the sun such as people with outdoor hobbies, outdoor workers, and people who have lived in sunny climates.
- People who use sunbeds.
- People who have previously had a BCC.
- Older people, this is due to the add-on effect of sun exposure each year.

Are BCCs hereditary?

Apart from a rare familial condition called Gorlin's syndrome, BCCs are not hereditary. However, some of the things that increase the risk of getting one (e.g. a fair skin, a tendency to burn rather than tan and freckling) do run in families.

What are BCCs like?

Most BCCs are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some BCCs are very superficial and look like a scaly red flat mark, others show a white pearly rim surrounding a central crater. If left for years, the latter type can 'gnaw away' at the skin, eventually causing an ulcer – hence the name 'rodent ulcer'. Other BCCs are quite lumpy, with one or more shiny nodules often containing easily seen blood vessels.

How will my BCC be diagnosed & treated?

Most of the time, Mr Cheung will have a fairly confident suspicion if he thinks that a lesion is a BCC. To confirm the diagnosis, a small piece of the lesion is usually cut out and examined under the microscope (incisional biopsy) This is usually performed under local anaesthetic and often takes only about 10 minutes to perform.

In almost every case, BCCs can be cured; however treatment can become complicated if they have been left for a very long time. Seldom do they spread to other parts of the body. Therefore the sooner a BCC is treated, the better it is since it will be smaller and less widespread.

The treatment of BCC around the eye is surgery. The main aims of surgery for BCC around the eye is twofold:

- to ensure its complete removal to minimise the risk of it growing back.
- reconstructing the eyelids to preserve adequate comfortable vision and to make the eye look as normal as possible.

After the incisional biopsy (to confirm the diagnosis), most patients under the care of Mr Cheung will undergo another two operations. These two operations are usually carried out on different days within the same week.

These further two operations are:

- An **excisional biopsy**- this means cutting away the BCC, with the aim of completely removing it so that it does not recur. For most patients, Mr Cheung will perform this himself by cutting out the BCC along with a rim of normal skin around it. This is usually done with the help of local anaesthetic numbing injections. A small rim of normal skin is removed so that the pathologists can examine the specimen to ensure complete removal. If the pathologists feel that there was inadequate removal of the skin cancer, they will recommend further excision. However, the vast majority of patients do not require further removal and go straight on to reconstruction.
- For some patients with BCCs that are at a exceptionally high risk of recurrence , Mr Cheung may feel that a specialised type of BCC removal surgery, called Moh's Micrographic Surgery. This is only performed in specialised centres in the UK, one of which is Solihull Hospital. Mr Cheung commonly works with a specialised skin doctor (dermatologist) called Mr Irshad Zaki at Solihull hospital who

provides this type of surgery. The patient's subsequent care though will still be performed by Mr Cheung in the patient's original hospital.

•**Reconstruction:** Once the BCC has been adequately removed, Mr Cheung can then safely perform reconstruction surgery. The type of reconstruction surgery varies from patient to patient but is largely dependent on the size and location of the skin/ eyelid defect from the excisional biopsy. On average most reconstruction surgeries take from 60-90 minutes. Most reconstruction operations can be performed quite safely under local anaesthetic (numbing injections) as a day case.

Even after complete removal of the BCC, Mr Cheung will still often continue to see the patient usually once or twice a year for 2-3 years to make sure there is no recurrence of the BCC.

What can I do?

Treatment will be much easier if your BCC is detected early. You must see your doctor if you have any marks or scabs on your skin which are:
•Growing.
•Bleeding.
•Changing appearance in any way.
•Never completely healing properly.

You can also take some simple precautions to help prevent a BCC appearing:
•Cover up! Protect the skin with clothing, including a hat, T shirt and UV protective sunglasses.
•Avoid strong sunlight.
•Use a 'high protection' sunscreen of at least SPF30 which also has high UVA protection and make sure you apply it generously and frequently when in the sun, preferably every 2-3 hours.
•Sunscreens should not be used as an alternative to clothing or shade, rather they offer additional protection. No sunscreen will provide 100% protection.
•Keep babies and young children out of direct sunlight.
•Don't use sun beds.
•Check your skin for changes once a month. A friend or family member can help you with this particularly with checking your back. If anything on your skin is changing, or if you are suspicious or worried about anything, go to your doctor and have it looked at.
•Remember: if in doubt, have it checked out!

Sources of further information

•Mr Cheung's professional website **www.mrdavidcheung.com** has further information including photographs of patients in different stages of their treatment.
•The Cancer Research Sunsmart website **www.sunsmart.org.uk** provides a lot of useful information about skin cancer prevention