

# Basal Cell Carcinoma Affecting the Eye

## Your Treatment Explained

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## **Introduction**

This booklet is designed to give you information about having a Basal Cell Carcinoma near your eye, and the care you will receive before, during and after your operation. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace discussion between you and your surgeon, but as a guide to accompany what is discussed.

## **What is a basal cell carcinoma (BCC)?**

This is the most common type of skin cancer and it is estimated that over 50,000 people in England and Wales are diagnosed with this every year. The most likely sites are exposed skin, such as face, ears, head or neck. The appearance of a BCC varies from just a small nodule to a much larger ulcerated area if left untreated for a long period of time. BCCs grow very slowly and hardly ever spread to other parts of the body. However, if left untreated, they can damage the surrounding parts of the body and are generally easiest to treat when they are smaller. When near the eye, these lesions themselves or the treatment required, can damage delicate tissues around the eye, as well as the eye itself.

## **What causes a BCC?**

The most common cause is extensive sun exposure over many years. This can be the result of an outdoor job, gardening, time spent abroad or pursuit of an outdoor sport. However, some people are more susceptible to BCCs than others, and these reasons may not apply in all cases.

## **What happens if you have a BCC near the eye?**

Generally the preferred method of treatment when the BCC is around the eye is surgical removal of the tumour, and reconstruction of the defect. These operations are normally done by an oculoplastic surgeon (an eye plastic surgeon). Sometimes other treatments may be needed and your doctor will discuss this with you if necessary.

## **What happens on the day of the operation?**

You could have 2 operations. The first aims to remove the BCC. The tissue removed is sent to a laboratory for careful examination. The doctors in the laboratory will assess the sample and may find that the tumour has been completely removed. However, sometimes more surgery is required to completely remove the tumour, and this could mean that you may have to return for further surgery on another day. This may be inconvenient, but is meant to give you the best chance of cure.

Sometimes due to the location of the BCC or because of the amount of tissue being removed the plastic surgical reconstruction may require closure of the eye for a while. If this is done then a further operation will be necessary to open your eye up again.

### **What are the common risks of the operation?**

**Bruising and swelling** can occur around the eye. This usually improves in a few weeks. Sometimes the bruising can involve more of the face, but is usually temporary.

**Bleeding** is possible, though unusual, during or after surgery. Bleeding may occur under the skin or internally around the eyeball and if left untreated accumulations of blood can delay healing and cause scarring. You should not take any aspirin for 14 days, anti-inflammatory medications for 2 days or Warfarin for 4 days before surgery, as this may contribute to a greater risk of a bleeding problem. **If you have been prescribed these medicines then you should discuss this with your GP.** If you suffer from hypertension (high blood pressure) this can also increase the risk of bleeding and you should discuss taking appropriate medication to control this with your medical team.

**Asymmetry.** The human face and eyelid region is normally asymmetrical. However eye plastic can make the difference between the two sides more obvious.

**Eyelash loss.** Hair loss may occur in the lower eyelash area where the skin was elevated or removed during surgery. The occurrence of this is not predictable. Hair loss may be temporary or permanent.

**Scarring.** Although generally scarring heals so well as to be nearly invisible, the result depends on how you as an individual make scar tissue, and so cannot be predicted. In rare cases, abnormal scars may result. Scars may be unattractive and of different colour than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures. Additional treatments may be needed to treat scarring.

### **What are the uncommon risks of the operation?**

**Infection of the wound.** After operations around the eye, infections are a rare event, and if they do happen they can be treated, usually with antibiotics. Very occasionally there is a need for another operation.

**Delayed healing.** Wound disruption or delayed wound healing is possible. This is generally due to inadvertent rubbing of the eye.

**Numbness of the upper eyelid** is experienced by some patients, but tends to disappear.

**Unsatisfactory result.** There is the possibility of a poor result from eyelid surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, and loss of sensation.

You may be disappointed with the cosmetic results of surgery. It may be necessary to perform additional surgery to improve your results. Additional surgical procedures such as a brow lift may be needed to correct eyebrow sagging which, if it occurs, contributes to upper eyelid problems.

### **What are the rare risks of the operation?**

**Damage to deeper structures.** Deeper structures such as nerves, blood vessels and eye muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of eye plastic procedure performed. Injury to deeper structures may be temporary or permanent.

The advantage of being treated by a dedicated eye plastic surgeon is that she or he does surgery in these areas routinely, and recognises potential problems more easily during the surgery. These problems can then be treated during surgery.

**Dry eye problems.** Permanent disorders involving decreased tear production can occur after blepharoplasty (surgical repair of the eyelid). The occurrence of this is rare and not entirely predictable.

**Bleeding behind the eye** can occur, and emergency surgery may be required as there is a risk of this causing **vision loss**. This happens rarely.

**Difficulties closing the eyelids** are experienced by some patients after the operation and problems may occur in the cornea (the transparent outer part of the eye) if this happens. Should this rare complication occur, additional treatments are usually not necessary.

**Allergic reactions.** In rare cases local allergies to tape, suture material, ointments or drops have been reported. Systemic reactions (reactions involving the whole body) which are more serious, may occur to drugs used during the operation and prescription medicines. Allergic reactions may require additional treatment.

**Ectropion.** Displacement of the lower eyelid away from the eyeball is a rare complication. Further surgery may be required to correct this condition.

**Chronic or long term pain** may occur very infrequently after eye plastic operations.

### **What should I do following the surgery?**

It is important that you use medication as prescribed otherwise the final result may be affected. If you think there is a problem e.g. swelling, irritation or infection, you should contact your medical team immediately. You should stop taking medication, drops or ointment if an allergic reaction occurs. **Do not rub or touch your eyes after surgery.**

### **Will my cancer come back?**

Once you have had treatment for your BCC, it is unlikely you will get any further problems from this particular lesion. However, once you have had a BCC, you are at more risk of developing another and you will need to check your skin regularly as it is easiest to deal with these lesions when they are small.

Another lesion could develop many years later. It is therefore very important that you monitor your skin and especially the area where the operation took place, and notify any suspicious lumps that do not disappear to your GP.

You may also want advice on protecting your skin from the sun and your doctor may give you another information leaflet outlining some simple measures to achieve this.

**It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatients appointments.**

## **Glossary of medical terms used in this information**

**Lesion** - A diseased or infected area of skin

### **Further sources of information:**

If you have access to the Internet you may find the following sites useful:

The British Association of Dermatologists [www.bad.org.uk](http://www.bad.org.uk) or [www.skinhealth.co.uk](http://www.skinhealth.co.uk)

[www.doctoronline.nhs.uk](http://www.doctoronline.nhs.uk)

[www.nhsdirect.co.uk](http://www.nhsdirect.co.uk)

### **Local sources of further information**

You can visit any of the health/cancer information centres listed below:

#### **Birmingham Women's Healthcare NHS Trust**

Health Information Centre  
Birmingham Women's Hospital  
Telephone: 0121 627 2608

#### **Heart of England NHS Foundation Trust**

Health Information Centre  
Birmingham Heartlands Hospital  
Telephone: 0121 424 2280  
Email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk)

Cancer Information and Support Centre  
Good Hope Hospital  
Telephone: 0121 378 6641

#### **Sandwell and West Birmingham Hospitals NHS Trust**

The Courtyard Centre  
Sandwell General Hospital (Main Reception)  
Telephone: 0121 507 3792  
Fax: 0121 507 3816

The Cancer Information & Support Service  
Birmingham Treatment Centre  
City Hospital  
Telephone: 0121 507 5935

## **University Hospital Birmingham NHS Foundation Trust**

The Patrick Room  
Cancer Centre  
Queen Elizabeth Hospital  
Telephone: 0121 697 8417

## **Walsall Primary Care Trust**

Cancer Information & Support Services  
Challenge Building  
Hatherton Street  
Walsall  
Freephone: 0800 783 9050

For details of local cancer support groups and organisations, please ask your Medical Team.

### **About this information**

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website: <http://www.birminghamcancer.nhs.uk>

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, and Patients and Carers from the following Trusts:

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