

Patient information

Ocular Surface Tumour Biopsy

St Paul's Eye Department

Your Consultant has advised you to have a biopsy of the tumour on the surface of your eye / inner eyelids.

What is a tumour biopsy?

Biopsy consists of removing part or all of the tumour and examining the specimen in the laboratory to establish a diagnosis and/or estimate the prognosis.

Why is tumour biopsy performed?

A biopsy is performed to:

- Confirm whether the tumour is malignant (cancerous) or benign (non-cancerous).
- Remove the tumour (in the case of an excisional biopsy).
- If the tumour is a melanoma, to additionally assess its response to a potential treatment which may be used if the tumour spreads outside the eye.

How is tumour biopsy performed?

Depending on the size and location of the tumour, biopsy is performed by:

- Removing a wedge of tumour tissue (i.e. 'incisional biopsy').
- Removing the entire tumour (i.e. 'excisional biopsy').

- If the tumour is large, an amniotic membrane graft may be sutured on the eye to help the healing.

Amniotic membrane

Amniotic membrane is tissue obtained from the amniotic sac during caesarean section surgery. It is treated and cleaned before use. It aids the healing on the ocular surface and sloughs away after a few weeks. This is a well-established technique with no specific additional risks

Are there any alternatives available?

The alternative is not to have a biopsy at all.

What will happen if I decide not to have the procedure?

Without a biopsy your care will continue without a certain diagnosis. The degree of uncertainty will have been explained to you.

How long will it take before the results are available?

Results that are to confirm the diagnosis of whether the tumour is malignant or benign will normally be available within seven to ten working days.

Results that give an indication of the response to further treatment if the tumour spreads may not be available for four weeks and this is because of the time required to carry out the testing.

What sort of anaesthetic will I need?

You may be offered local or general anaesthetic depending on the size and location of the lesion and technique to be used. Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Both local and general anaesthesia can cause side effects and complications. Fortunately, side effects are usually short lived and can include discomfort and some disruption to your vision.

The risks of anaesthesia and surgery are low in patients who are undergoing minor surgery, and in individuals who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery. For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information “You and Your Anaesthetic”.

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

The day of your treatment

You will be asked to attend the Theatre Assessment Unit where you will be greeted and introduced to the nursing staff.

You will be encouraged to ask questions and talk about your condition and treatment. The specialist nurse will explain your care in detail.

You can expect to spend about three to four hours on the assessment unit.

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - band rings can be worn but they will be taped.
- If you are on regular medication, you will be told to take this if necessary.
- A bracelet with your personal details will be attached to your wrist.

- You will be asked to sign a consent form.
- You can continue to wear any dentures or hearing aids you might have.
- The nursing staff will put drops into your eye to dilate (enlarge) your pupil.

The operation

❖ Incisional biopsy

Small samples are taken with fine scissors often from more than one area. Dissolvable sutures may be used to close the wound.

What are the possible risks and complications of incisional biopsies?

Possible risks include:

- 0.5% risk of Infection

❖ Excisional biopsy

The whole tumour is excised with a margin of normal surrounding tissue. Dissolvable sutures are used to close the wound.

An amniotic membrane graft may be used to aid healing together with a bandage contact lens (large soft contact lens).

What are the possible risks and complications of excisional biopsies?

Possible risks include:

- 5% chance of significant bleeding around the eye from the site of the biopsy.
- 5% risk of significant scarring.
- 5% risk of double vision.

- 5% risk of insufficient or inadequate tissue to allow testing.
- 1% risk of infection
- 1% risk of localised spread of cancerous cells.
- After excisional biopsies of large tumours there is a 40% risk of poor healing / further surgery.

After the operation

- Your eye will be red, gritty, watery and sore. This is likely to last for one week after incisional biopsies and two or more weeks after excisional biopsies.
- Your vision may be blurred in that eye and you may have a dislike of bright lights for a similar time period.
- If a bandage contact lens has been inserted this will be removed at a follow-up appointment in clinic.

Discharge information

You will be discharged when you feel well enough to go home, which is usually within one to two hours following your operation.

After excisional biopsy with an amniotic membrane graft, you may need to stay in hospital for one day.

Pain relief and other medications

The nursing staff will advise you about painkillers before you leave the hospital.

Continue any oral medication prescribed by the doctors.

A member of the nursing staff will show you how to apply antibiotic, anti-inflammatory eye drops. If necessary, a District Nurse will be asked to help you with this once you get home.

Please wash your hands both before and after applying eye drops.

Apply your drops at the correct times.

**If any severe pain, or excessive stickiness is noticed, please contact the Emergency Eye Care Department on
Tel: 0151 706 3949 Text phone number: 18001 0151 706 3949
or your local hospital.**

Your eye

For two weeks after the operation please:

- Avoid rubbing or pressing on the eye.
- Avoid heavy lifting, exercise or gardening (if you have had a large excisional biopsy).
- Avoid getting soap or shampoo in your eye while washing.
- Avoid eye makeup.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Ocular Oncology Clinical Nurse Specialists:

- **Gillian Hebbbar**
- **Gwendolyn Hachuela**
- **Shirley Varghese**

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Theatre Assessment Unit

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Accredited web sites

<http://www.looc.uk.com/>

Royal College of Anaesthetists

www.rcoa.ac.uk/patients

www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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