Patient information

Eyelid Skin Cancer Surgery

Ophthalmology Department - Aintree Hospital

Who is this leaflet for?

This leaflet is for people who have periocular or eyelid skin cancer. It describes the disease and surgical treatments for it.

What is eyelid skin cancer surgery?

These are operations to completely remove skin cancer and then to reconstruct / rebuild the defect or hole left after the excision.

What are the benefits of surgery?

The aim of surgical excision is to remove all of the cancer and gives the best chance that a tumour will not come back.

It allows examination of the specimen by a pathologist in the laboratory under a microscope. This enables us to determine if we have removed all of the cancer. This can be very reassuring to people with this condition.

The aim of the reconstruction is to provide a good functional outcome i.e. an eyelid that can protect the surface of the eye and a good cosmetic outcome i.e. a reasonable appearance.

What are the alternatives to surgery?

Alternatives to surgery depend on the type of skin cancer. Basal cell carcinomas are suitable in some cases to non-surgical treatments however others such as melanoma are not. Your consultant will discuss this with you.

- **Radiotherapy.** It may be used for larger lesions when the risks of surgery are too great for that individual, when a person declines surgery or when total excision is not possible.

- **Cryotherapy**. Small basal cell carcinomas that have not invaded deeply may be treated with cryotherapy. This is particularly suitable for people who are not fit for surgery or those who have conditions that predispose them to multiple skin cancers. It is applied using a cryoprobe that looks like a pen with a cold tip or with a liquid nitrogen spray.

What will happen if I decide not to have surgery?

Skin cancer does not spontaneously get better. Over time it will gradually grow. It will start to destroy normal tissue, grow deeply and may ulcerate and bleed.

Eventually eyelid skin cancer may grow into the orbit. In this situation the only surgical option for curative excision is an exenteration or complete removal of the eyelids, eye and orbital tissue.

- Basal cell carcinoma does not spread to the rest of the body. It grows and invades tissue directly.

- Squamous cell carcinoma and Melanoma can spread to the rest of the body.

Declining surgery for any of these or other types of skin cancer may result more extensive surgery at a later date or even allow the spread of the cancer to other parts of the body.

Excision of skin cancer

What is Excision with Direct Closure?

For small tumours it may be possible to excise and reconstruct at one operation, by simply stitching the two edges of the wound together.

However if the pathology report later shows that the cancer has not been completely removed, further surgery will be required.

What is Excision with Delayed Reconstruction?

The skin cancer is removed in theatre and a dressing is secured with surgical tape. You will go home the same day and the dressing stays in place for a week.

Three to seven days later you will come back to theatre and have the surgery to reconstruct the defect.

During the time between operations the pathologist will be able to examine the excised tumour and tell if it has been completely removed.

We need this ‘all clear’ pathology report before we can carry out the reconstruction.

If it is not ‘all clear’ instead of reconstructing, further excision will be necessary and the reconstruction will be delayed a further three to five days.

It is unusual for the first excision to be incomplete and most people have their reconstruction as planned three to seven days later.

What is Excision with Frozen Section Control?

In rare cases a tumour may be excised at the beginning of the operating list and reconstructed at the end of the same operating list.

The excised tumour is sent urgently to the pathologist who freezes it and examines it immediately. He then tells the surgeon if he can reconstruct or excise further.

This method is usually reserved for tumours where multiple excisions may be necessary.

What is Mohs Excision Surgery?

A dermatologist who has been specially trained in this technique carries out Mohs surgery.

This is usually at a clinic in another hospital.

- The skin cancer is removed in thin slices. The Mohs surgeon looks at each slice immediately.
- The Mohs surgeon keeps excising until he is certain the entire tumour is removed.
- This is most suitable for squamous cell carcinoma and basal cell carcinoma, particularly when the margin of the tumour is difficult to see with the naked eye or when tumour is recurrent after previous reconstruction.
- The reconstruction takes place usually within two days.

Reconstruction after skin cancer excision

What is reconstructive surgery?

When a skin cancer is removed it leaves a defect or ‘hole’ in the skin. When involving the eyelid, part or all of the eyelid may have been removed.

Reconstruction is surgery to repair this defect and there are many different techniques.

Each person and each defect are different and your consultant will discuss the appropriate techniques and options with you.

Some reconstructions involve some or all of the techniques described on the next page.

What is Direct Closure?

Direct closure of a wound is simply bringing the two edges of a wound together with buried, deep, absorbable sutures and skin sutures which may be absorbable or non-absorbable.

It is appropriate in smaller defects where there is enough skin laxity to allow closure of the wound.

What is a skin graft?

A full thickness skin graft involves the transfer of a piece of skin from a donor site where there is relative excess of skin on your body, to the defect (excision site) also known as the host site.

The donor site is closed directly with sutures. The skin graft is sutured into place with either absorbable or non-absorbable sutures.

The commonest donor sites for skin grafts in this type of surgery include: upper eyelid; in front of the ear; behind the ear; behind the collarbone; upper inner arm.

What is a skin flap?

A skin flap is similar to a skin graft except that the donor skin is not completely detached.

This means that it retains some of its own blood supply and may produce superior results.

A skin flap donor site is usually immediately adjacent to the defect, allowing the skin flap to be mobilised and rotated or moved into place in the defect.

What is a Hughes flap?

For large reconstructions of the lower lid it may be necessary to use a Hughes flap reconstruction.

- Part of the inside of the upper eyelid (tarsus) is mobilised and pulled down over the eye like a ‘roller blind’ into the defect in the lower eyelid. This is the Hughes flap.

- A skin graft is then placed on top of the Hughes flap.

- The tissue covering the eye will stay in place for two to four weeks.

- During this time you will not be able to see out of the eye because it will be covered by the Hughes flap.

- Two to four weeks after the reconstruction a short second stage operation will be carried out in theatre to divide the tissue coming down from the upper eyelid. The eyelids will immediately open and vision will return.

What is a free tarsal graft?

This is a similar operation to Hughes flap surgery. The difference is that the piece of the upper lid (tarsus) does not remain attached to the upper lid and therefore the eye is open and a second stage procedure is not required.

Instead of a skin graft, a skin flap is placed over the free tarsal graft.

What will happen before surgery?

- Before the operation you will be seen in the clinic by your consultant or a member of the team.

- The doctor will ask you about your problem. He/she will also ask about other medical problems you have and medications you take (bring a list or the tablets themselves with you).

- The doctor will examine your eyes and your visual field.

- If you are to proceed with surgery the operation will be discussed in detail. This will include any risks or possible complications of the operation and the method of anaesthesia.

- You will be asked to read and sign a consent form after having the opportunity to ask any questions.

- You will also see a preoperative assessment nurse. You will have blood tests and an ECG (heart tracing) if required. You will be told if and from when you should to starve before the operation.

What should I do about my medication?

In some cases you may be asked to stop or reduce the dose of blood thinning tablets like: warfarin, aspirin, clopidogrel (plavix), dipyridamole (persantin), pradaxa (dabigatran),xarelto (rivaroxaban), and eliquis (apixaban). This decision is made on an individual basis and will be discussed with you before surgery.

Other medication should be taken as usual unless the pre-operative team instruct you otherwise.

What are the risks and possible complications of surgery?

Infection might present as increased swelling and redness of the skin. There might also be yellow discharge from a wound. Infection is treated with antibiotics.

Bleeding may present as fresh blood oozing from the site of surgery or a lump appearing near the wound after the operation. Simple pressure on a skin wound is usually enough to control minor bleeding.

Loss of vision: A blood haematoma collecting in the orbit, behind the eye, may compress the nerve of vision and threaten eyesight.

It is extremely rare for this to occur.

It presents as pain, loss of vision and a bulging forwards of the eyeball and is an emergency.

If not treated quickly it can lead to permanent loss of vision.

Scar: Whenever the skin is incised a scar may form. Every attempt is made by the surgeon to minimise and hide scars but sometimes they can be visible.

Eyelid malposition: Scarring is part of healing and varies from one person to the next. In some it can cause the eyelid position to change e.g. the lower eyelid may become retracted or pulled down. This may be improved by upward massage of the eyelid post surgery but may also require surgery at a later date.

Altered appearance: The appearance of the eyelid is likely to be different after surgery.

Reconstructive surgery can never completely replicate the normal eyelid e.g. eyelashes may be lost permanently or the colour and quality of the skin may be different.

Loss of sensation: After surgery there may be numbness of some of the skin around the incision. This is usually temporary returning gradually over months. Rarely it is permanent and may involve larger areas like the forehead.

Further surgery may be indicated to correct problems such as eyelid malposition which can occur after reconstructive surgery.

What type of anaesthesia will I have?

Three types of anaesthesia are used for these procedures: local anaesthetic alone; local anaesthetic with intravenous sedation; general anaesthesia.

- Local anaesthetic involves an injection just under the skin with a tiny needle. It is similar to dental anaesthesia. Initially the injection is painful but after 10 – 15 seconds the area becomes numb.

- Sedation means that you are breathing for yourself and don't have a breathing tube inserted but you are very relaxed and sleepy and often don't remember the operation or the local anaesthetic injection.

- General means you are completely asleep with a breathing tube inserted.

You should have the opportunity to discuss the risks of anaesthesia with your surgeon or anaesthetist prior to surgery.

What should I expect after surgery?

After surgery you may experience some pain. Simple paracetamol is usually enough to control this.

The eyelids may be a bruised and swollen. Bruising will take up to two weeks to settle. Swelling is greatly reduced after two weeks but may not completely resolve for three months.

Post operative Instructions: Eyelid Excision and Reconstructive Surgery

If an eye pad is placed it should remain until the next morning when you may remove it unless instructed to leave it longer. In some cases (e.g. after skin grafts) the eye pad may remain for a few days.

- Chloramphenicol ointment to skin wounds and the eye, three times a day for two weeks.
- For ten days the wound should be cleaned using boiled water that has cooled down and sterile cotton wool balls.
- Follow up appointment one week later if suture removal is required or six weeks if absorbable sutures used.
- If the lower eyelid has been involved in the surgery carry out firm upward massage of the lower lid using simple Vaseline to lubricate the skin.
- Start this two weeks after surgery for eight weeks. Three times a day for three minutes each time.
- You may massage any area of scarring or lumpiness in the same way.

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

Who do I contact if I have questions or concerns?

In an emergency:

Tel:0151 529 0186 / 0187
Or
Tel: 0151 525 5980

Pre-op assessment nurses
Tel: 0151 529 0178 / 0179

Secretary for Mr. McCormick
Tel:0151 529 0142

Secretary for Mr. Hsuan
Tel: 0151 529 0142

Author: Department of Ophthalmology
Review date: April 2026

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

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل ائتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字體、音頻、盲文、穆恩體（Moon）盲文和電子格式，敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیّه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاریی پێوەندیدار بەو نەخۆشانەی لەلایەن **تراستەوە** پەسەند کراون، ئەگەر داوا بکرێت لە فۆرماتەکانی تردا بریتی لە زمانەکانی تر، ئیزی رید (هاسان خوێندنەوە)، چاپی گەورە، شریتی دەنگ، هێڵی موون و ئەلێکترۆنیکی هەیە.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体（Moon）盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.