

Top sun safety tips

- Protect the skin with clothing, including a hat, T shirt and UV protective sunglasses.
- Spend time in the shade between 11am and 3pm when it's sunny.
- Use a sunscreen of at least SPF 30 (SPF 50 for children or people with pale skin) which also has high UVA protection and make sure you apply it generously and frequently when in the sun.
- Keep babies and young children out of direct sunlight.

Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.

Where can I get more information?

Macmillan Cancer Support
89 Albert Embankment
London
SE1 7UQ

If you have any questions about cancer, need support or just someone to talk to, call free, Monday to Friday 9am-8pm - 0808 808 00 00

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

Two stage surgery for the removal of eyelid tumours

Ophthalmology Department
Lincoln County Hospital

www.ulh.nhs.uk

Aim of the leaflet

This leaflet is designed to give you information about having a tumour removed near your eye and what will happen 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 does not replace the discussion between you and your doctor but helps you to understand more about what is discussed.

What happens if you have a tumour near the eye?

Generally, the preferred method of treatment when a tumour is around the eye is surgical removal 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.

How should I prepare for surgery?

If you are taking aspirin or any other blood thinners you will need to inform your doctor as you may need to stop these. This decision is made on an individual basis and you should only do so if it is safe and you have been instructed by your GP, surgeon or anaesthetist. This will be discussed with you before surgery. All herbal medicines should be stopped at least 14 days before surgery. If you are on Warfarin you should have an INR test within 5 days of surgery and know the result of this.

Smoking impairs healing and if possible you should try to stop 6 to 8 weeks prior to surgery.

If you have high blood pressure ensure that this is well controlled as it will make you more likely to bleed and bruise.

- **Chronic or long term pain** - may occur very infrequently after oculoplastic operations.

Contact details

If you have any questions about any of the information contained in this leaflet please contact:

Lincoln County Hospital

Office hours: 01522 307180 then select option 4

Out of hours: Contact the on-call Ophthalmologist via switchboard on 01522 512512

What are the rare risks of the operation?

- **Damage to 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 procedure performed. Injury to deeper structures may be temporary or permanent.

The advantage of being treated by an oculoplastic surgeon is that she or he performs surgery in these areas routinely and recognises potential problems more easily during the surgery. These problems can then be treated during surgery.

- **Haematoma** – a sudden bleed around the eyeball, the eye is pushed forward, the vision often reduces and it is usually painful. This is very rare but a bleed can crush the optic nerve and cause loss of vision long term. This needs urgent treatment.
- **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).
- **Eyelash loss** – may occur if surgery is near to the lash roots. This may be temporary or permanent.
- **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 to 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.

You should bring a list of your current medications and any allergies with you.

You will not be able to drive yourself home after the procedure. Please arrange an alternative mode of transport or someone to help you.

What happens on the day of the operation?

You will usually need at least two operations. The first aims to remove the tumour, this is usually done under a local anaesthetic injection as a day case. The wound will be left open and a pad is used to shut the eye and protect the wound. You will go home the same day and come back over the next few days for repair of the wound.

The tissue removed is sent to a laboratory for careful examination. The doctors in the laboratory will assess the sample to determine whether the entire tumour has been removed. Sometimes, if the entire tumour has not been removed, you will need to have further surgery to remove more tissue prior to repair of the wound. This may be inconvenient, but is to give you the best chance of cure.

Once the tumour has been completely removed the eyelid is repaired. This may be under local anaesthetic, local anaesthetic with sedation or a general anaesthetic. The doctor will usually decide on the day of surgery how to repair your wound. This may involve a skin graft, a skin flap or sometimes closure of your eye for a few weeks. If this is done then a further operation will be necessary to open your eye up again. Again, after this operation you will have your eye padded shut.

What happens after the operation?

If you are in any discomfort take painkillers such as Paracetamol or Ibuprofen.

When the pad has been removed you may clean the area with boiled cooled water or sterile saline and clean cotton wool after you have washed your hands. You may be given an antibiotic drop or ointment and sometimes antibiotics by mouth.

If your wound begins to bleed, apply pressure to the area with a clean pad for 10 minutes. If the bleeding does not stop seek medical attention at your GP or nearest A&E or Ophthalmology Department.

Avoid eye makeup for at least a week.

Contact your GP or the Ophthalmology Department (open Monday to Friday 8.00am until 6.00pm) or A&E if you have severe pain, increasing swelling or redness or significant discharge. This could be a sign of infection.

Resolution of post-operative swelling and bruising can vary between patients. Bruising will usually resolve over 2 to 3 weeks. Swelling takes longer, most will resolve over 3 to 4 weeks.

Try to avoid strenuous activity for 2 weeks after surgery to help your wounds heal.

The scars fade to white lines over a number of months. Firm massage of the wound when it has healed; usually 2 to 3 weeks after surgery, can help reduce scarring and thickening. You can use a lubricant, such as Vaseline, for 3 to 6 months after surgery. Sunlight can impair the healing of your scar so it is therefore useful to wear sunglasses whilst you are healing in sunny conditions.

What are the risks of the operation?

- **Bruising and swelling** – this happens after the operation to everyone.
- **Blurred vision** – this is often due to the ointment used on your wounds.

- **Watering** – this is common and occurs due to irritation of the eyes.
- **Corneal abrasion** – a scratch to the front of the eye, this can be painful but it will normally heal very quickly.
- **Scarring** – wounds heal very well in the majority of people. However, abnormal scars may occur both within the eyelid and the deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different colour to surrounding skin. There is a small possibility of visible marks in the eyelid or small skin cysts from sutures. These may be temporary or permanent.
- **Asymmetry** – the human face and eyelid region are normally asymmetrical. There can be variation from one side to the other following surgery.
- **Further surgery** – occasionally it is necessary to have a further operation.
- **Loss of sensation** – any incision can cut through nerves, it is possible to have some numbness around the incision site. This usually resolves over a number of months; occasionally it may be permanent.
- **Infection** – this is rare if you follow the post-operative wound care instructions.
- **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.