



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

Squamous Cell Carcinoma Affecting the Eye

Ophthalmology Departments
Royle Eye Department, Pilgrim Hospital
01205 445626
Clinic 8, Lincoln County Hospital
01522 307180
www.ulh.nhs.uk

Aim of the leaflet

This leaflet has been written to help you understand more about squamous cell carcinomas of the skin. It tells you what they are, what causes them, what can be done about them and where you can find out more about them.

What is a squamous cell carcinoma (SCC)?

There are two main categories of skin cancer: melanomas and non-melanoma skin cancers. SCC is one of the non-melanoma skin cancers. It is the second most common type of skin cancer in the UK.

What causes a SCC?

The most common cause is too much exposure to ultra-violet light from the sun or from sun beds. This causes certain cells (keratinocytes) in one of the layers of the skin (the epidermis) to grow out of control into a tumour.

SCCs can occur on any part of your body, but are most common on areas that are exposed to the sun, such as your head and neck (including the lips and ears) and the backs of your hands.

SCCs can also crop up where the skin has been damaged by X-rays and also on old scars, ulcers, burns and persistent chronic wounds. They are not contagious.

Contact details

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

Royle Eye Department, Pilgrim Hospital 01205 445626

Clinic 8, Lincoln County Hospital 01522 307180

Top sun safety tips

- Protect the skin with clothing, including a hat, T shirt and UV protective sunglasses.
- Seek 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 0000

Website: www.macmillan.org.uk

Who is most likely to have a SCC?

SCCs mainly affect the following groups:

- Older people – even those who tend to avoid the sun - but younger ones who are out in the sun a lot are at risk too.
- Builders, farmers, surfers, sailors and people who often use sun-beds can develop squamous cell carcinomas when they are quite young.
- Those with a fair skin are more likely to get them than people with a dark skin.
- Anyone who has had a lot of ultraviolet light treatment for skin conditions such as psoriasis will also be at increased risk of getting a squamous cell carcinoma.

Those whose immune system has been suppressed by medication taken after an organ transplant, or by treatment for leukaemia or a lymphoma.

Are SCCs hereditary?

No, they are not; but some of the things that increase the risk of getting one, such as fair skin, a tendency to burn rather than tan and freckling do run in families.

What does a SCC look like?

A SCC usually appears as a scaly or crusty area of skin, with a red, inflamed base. Most small SCCs are not painful.

How will my SCC be diagnosed?

If your doctor thinks that the mark on your skin needs further investigation, you will be referred to a skin specialist who will decide whether or not it really is a SCC. To confirm the diagnosis, a small piece of the abnormal skin (a biopsy), or the whole area (an excision biopsy), will be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin.

Can a SCC be cured?

Yes, SCCs can be cured if they are detected early. But if they are left untreated for too long, a few may spread to other parts of the body and this can be serious.

How can a SCC be treated?

Generally the preferred method of treatment when the SCC 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.

Other types of surgery, which are used less often, include:

- The removal of lymph nodes – this is unusual but may be needed if there are concerns that the squamous cell carcinoma has spread.
- Radiotherapy - (treatment with X-rays) may be used if the SCC is large or in an awkward place. You may be offered this on its own or alongside surgery. Radiotherapy may also be used to relieve symptoms when a SCC has spread to other parts of the body.

- Chemotherapy - (treatment with drugs) is only used when a SCC has spread to other parts of the body.

What can I do?

Once you have had a SCC, 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 should also learn how to examine your lymph nodes; there is information available to do this.

Treatment will be much easier if your SCC is detected early. It follows that you should see your doctor if you have any marks on your skin which are:

- Growing
- Bleeding
- Changing in appearance in any way
- Never healing completely

You can also take some simple precautions to help prevent an SCC appearing: