

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.

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 0000. www.macmillan.org.uk

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

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Basal Cell Carcinoma Affecting the Eye

Ophthalmology Departments

Royle Eye Department, Pilgrim Hospital
01205 445626

Clinic 8, Lincoln County Hospital
01522 307180 (option 4)

www.ulh.nhs.uk

Aim of the leaflet

This leaflet is designed to give you information about having a Basal Cell Carcinoma near your eye and the care you will receive. 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 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 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 commonest cause is too much exposure to ultraviolet (UV) light from the sun or from sun beds. Basal cell carcinomas can occur anywhere on your body, but are most common on areas that are exposed to the sun, such as your face, head, neck and ears. It is also possible for a basal cell carcinoma to develop where burns, scars or ulcers have damaged the skin. Basal cell carcinomas are not infectious.

Basal cell carcinomas mainly affect fair skinned adults and are more common in men than women. Those with the highest risk of developing a basal cell carcinoma are:

- People with freckles or with pale skin and blonde or red hair.
- Those who have had a lot of exposure to the sun, such as people with outdoor hobbies or who work out of doors and people who have lived in sunny climates.

- People who use sun beds.
- People who have previously had a basal cell carcinoma.

Are basal cell carcinomas hereditary?

Apart from a rare familial condition called Gorlin's syndrome, basal cell carcinomas are not hereditary. However, some of the things that increase the risk of getting one (e.g. a fair skin, a tendency to burn rather than tan and freckling) do run in families.

What are the symptoms of basal cell carcinomas?

Most basal cell carcinomas are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some basal cell carcinomas are very superficial and look like a scaly red flat mark: others have a pearl-like rim surrounding a central crater. If left for years, the latter type can eventually erode the skin causing an ulcer – hence the name “rodent ulcer”. Other basal cell carcinomas are quite lumpy, with one or more shiny nodules crossed by small but easily seen blood vessels. Seldom, if ever, do they spread to other parts of the body.

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.

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.