1

Postoperative condition

A scar is left behind after eyelid surgery. Effort is made to make the scar as small as possible. A regular follow up is essential to ensure that the eyelid tissue remains healthy. If the tumor recurs, it should be identified and treated as soon as possible.

Eyelid Skin Cancer



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The skin of the eyelids and the adjoining areas of the face may develop cancer. Most commonly cancer involves the lower lid but it may be seen in the other parts like upper eye lid, corners of the eye, eyelid margins, eyebrow skin or adjacent areas on the face.

Persons likely to get skin cancer

Eyelid skin cancer is more common in the older age group. Fair skinned people develop skin cancer more frequently. Excessive exposure to sunlight is an important contributory factor of skin cancer.

Symptoms

- · Painless elevations or nodules on skin.
- Growing nodules or elevations.
- Nodules, elevations or moles which become painful.
- Distorted or missing eyelashes.
- Ulceration along with bleeding, crusting and/or distortion of the skin specially on pre-existing nodules, elevations or moles.

Types of eyelid skin cancer

Eyelid skin cancer is of the following types

- Basal cell carcinoma (most common)
- Squamous cell carcinoma
- · Meibomian cell carcinoma

All types of eyelid skin cancer spread very slowly to other parts of the body. So, if detected early enough, the excision of the involved skin of the eyelid effects a total cure. However, if the treatment is delayed or is





incomplete, there are chances of spread to other parts of the body.

Treatment

Excision of the eyelid cancer involves 2 principles, removal of the affected area and reconstruction. Removal involves cutting out the affected skin and at times this may mean that the whole eyelid has to be sacrificed. After removal of a cancerous growth a defect remains in the eyelid. Repair of this defect is known as reconstruction. The aim of reconstructive surgery is to reform an eyelid so that it functions properly and thus protects the eye, preserves vision and restores normal appearence to the eyelids.

Biopsy

Biopsy confirms the clinical suspicion of the growth being a cancer. If a tumor is large, a piece of it is taken and sent to the pathologist for identifying the type of cancer. Using this, information about the type of cancer and chances of its spread is known. The preferred treatment is then decided. If the tumor is small, it is dissected fully and sent to the pathologist.

Reconstructive surgery may require tissue grafting to compensate for the tissue loss due to cancer excision. This graft is taken from any of the following regions, eyelid of the same eye, eyelid of the other eye or facial skin.

Excision of the tumor and reconstruction of the eyelids are usually done in the same sitting. But in few cases a further surgery may be required after a few weeks, to give a final cosmetically acceptable appearance to the eyelids.