



Dr Julia Sen

MEDICAL . SURGICAL . AESTHETIC

Excision Biopsy & Reconstruction

Excisional biopsy and reconstruction is usually performed to remove a tumour and close the wound afterwards. This may involve rotating tissue from close by to close the gap (flap) or removing a piece of skin from somewhere further away and stitching it into the wound (graft). It is usually performed under local anaesthetic (you would be awake) and you will go home after the procedure.

Pre-operatively

Certain medications may need to be discontinued prior to the procedure. Foods and supplements such as ginger, garlic, ginseng, ginkgo biloba and vitamin E should be avoided for two weeks prior to surgery since they may have a similar effect.

On the day of surgery **no jewellery or make up** should be worn. You may eat and drink as normal prior to your arrival. Please arrange for someone to collect you after your surgery; it is inadvisable to drive yourself home.

Please feel free to ask any questions you may have at any point prior to the procedure.

Surgery

We will make you comfortable and your skin will be marked with a surgical marker pen. A drop of anaesthetic will be instilled into both eyes (even if only one side is going to be operated on). A local anaesthetic injection will be administered. This stings but works quickly and effectively. Your skin will be cleaned with an antiseptic solution and a sterile drape will be applied. Please feel free to talk to us during the procedure and if you experience any discomfort during the procedure please let us know, since the anaesthetic injection can be topped up to alleviate it. At the end of the procedure a dressing will be applied to the operated side which may cover the eye if it is close to the operated area.

Postoperative care

You will be provided with a contact telephone number in case of emergency or any concerns.

The dressing should be removed 24 hours post operatively (unless advised otherwise).

Simple painkillers such as paracetamol may be useful if there is any discomfort.

Ice packs (or bags of frozen peas) wrapped in a clean pillowcase or tea towel should be applied 5 times daily for the first 3 days.

Sleeping with several pillows in order to elevate the head overnight will help to reduce swelling.

Clean your face using a clean, damp flannel, cotton wool pads or baby wipe; avoid immersing your face in water.

Avoid vigorous exercise for 2 weeks (or anything which is likely to make you sweat).

The eye is likely to be watery and sticky for up to 3 months. This is normal and does not mean that there is an infection.



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Stitches

The stitches are usually all dissolvable; the fine stitches in the skin will fall away with the first few weeks. The deeper stitches are thicker and take longer to dissolve because they are supporting the deeper tissues to knit together, which takes longer than skin healing. They sometimes work their way through the skin, so don't worry if you see this, it is safe for you to remove them from the skin's surface with tweezers if you wish.

Massage

Once the skin stitches have disappeared you should commence massage to the operated area 4 times daily for about 5 minutes. This helps to restore movement of the tissues and to reduce the visibility of the scar. It is advisable to use a preparation with lubricant properties to prevent irritation of the skin. An agent with bioactive properties (such as Kelocote gel) is likely to give the best results in the shortest time but suitable alternatives include petroleum jelly (Vaseline) Bio Oil or coconut oil.

Results

When the result of the biopsy are available (usually around 2 weeks postoperatively) Dr Sen will contact you with the result by telephone.

Risks

Bruising and swelling

This is expected and may track outside the operated area, especially if you are taking medication which thins the blood.

Infection

This is a potential risk of any surgical intervention however it is uncommon and usually responds quickly to antibiotics.

Incomplete Excision

This happens in approximately 1 in 20 cases. Further excision would be necessary should this be the case.

Eyelid displacement

The scarring process may sometime drag the eyelid away from the eye, especially if the tumour was extensive or the postoperative scarring is aggressive. Attention to massage of the area following dissolution of the sutures is important to prevent this, however in a minority of cases if this is insufficient, further surgery may be advised.



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Watering eye

This is normal for up to 3 months postoperatively. It may continue if the tear ducts have been involved in the surgery or if the lower eyelid is displaced, preventing tears from draining normally. This can be addressed if it is a longer term problem and may require further surgery.

Recurrence

There is no technique guaranteed to cure the cancer in 100% of cases. It is extremely unlikely to recur if there has been excision if 1mm or more of clearance on histopathology has been reported. Dr Sen's audited recurrence rates are well under 1% (lower than the UK national average). The treatment is usually further surgical excision.

Need for further surgery

For the reasons cited above or in some cases simply to optimise the appearance of the area.