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Mr Tom Fearnley  
Consultant Ophthalmologist and  
Oculoplastic Surgeon  
The York Hospital, Wigginton Road,  
York, YO31 8HE or telephone  
01904 726758.

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York Teaching Hospital  
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# Excision of Basal Cell Carcinoma (BCC) and Reconstruction Surgery

Information for patients relatives and carers

## Department of Ophthalmology

① For more information contact:

Mr Tom Fearnley  
Consultant Ophthalmologist and  
Oculoplastic Surgeon  
Tel: 01904 726758

The York Hospital  
Wigginton Road, York, YO31 8HE

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Mr Tom Fearnley, Consultant  
Ophthalmologist and Oculoplastic Surgeon

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Ophthalmologist

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Your operation is done in two stages, usually 48 to 72 hours apart.

## The first operation is to remove the basal cell carcinoma (BCC)

This is usually done under a local anaesthetic and takes about 30 minutes. You may eat and drink as normal on the day of this operation.

You will go home with a pad over your eye. It may be difficult for you to put your glasses back on over this pad.

The pathologist will check the tissue that has been removed over the next 48 to 72 hours. This is to ensure that all the BCC has been completely removed prior to your surgeon undertaking the reconstruction.

## The second operation is to reconstruct the eyelid or tissue surrounding the eye.

A variety of techniques are used to reconstruct the eyelid depending on the size and position of the defect that remains following removal of the BCC.

Often loose skin in the surrounding area can be used to create flaps, or a skin graft can be harvested from elsewhere. This part of the surgery is performed either under General Anaesthesia or Local Anaesthesia with sedation and usually takes between one to two hours.

You will need to fast from midnight on the day of your surgery but at 6am you may have a cup of tea or coffee **without milk** or a glass of water.

After the operation your eye will be padded again for two to three days before you can remove the dressing at home. Occasionally your surgeon may request that the eye is padded for longer.

You will be given some antibiotic ointment to put around your line of stitches and into the eye. Patients are usually seen in clinic seven to 10 days after surgery to ensure the lid is healing well. Some skin sutures may be removed at this appointment.

If your surgery involves a skin graft being taken, the grafted skin may look a different colour than the rest of your face.

Common sites for harvesting skin grafts are: the upper eyelids, behind / in-front of the ear, over the collar bone, on the inside of the upper arm.

Large tumours in the lower lid may require a flap of tissue to be brought down from the upper lid during the reconstruction. This leads to the eyelids being closed for two to three weeks to allow the tissues heal. After this time the flap is divided in a **third operation** allowing the eyelids to open again. Your surgeon will let you know if this is likely to be required in advance of your reconstruction.

## What are the benefits of having this surgery?

The benefit of having this surgery is that your tumour will be removed and the eyelid will be reconstructed.

## What are the risks of having this surgery?

The risks of having this surgery are:

- Bleeding from the wound site following surgery.
- The eyelids will be bruised for several weeks following the operation and there will be scarring in the area.
- Very rarely the flaps or grafts used in the reconstruction process can fail and the wounds can break down. This may require more surgery or it may settle without further intervention
- The eyelid may not look entirely normal following surgery. The shape of the eyelid may be affected and there may be a loss of eyelashes. If the BCC was close to your tear duct this may have been damaged or removed in order to clear the tumour. This may result in the eye being watery.