



REMOVAL OF EYELID LESIONS

WHAT ARE EYE LID LESIONS?

Lumps in the eyelids (eyelid lesions) are very common and have a variety of causes, ranging from harmless (benign) cysts to cancerous (malignant cells) lesions. You may also need to have your lesion surgically removed for functional reasons (e.g. to improve your vision) or to identify the cause of the lesion.

HOW ARE LESIONS REMOVED?

Punch biopsy: a small blade is used to take a circular piece of tissue from the eyelid. The tissue removed is then examined to identify the nature and cause of the lesion. These biopsies are a type of incisional biopsy, where the whole extent of lesion is not removed, but only a small amount of the lesion is sampled.

Excisional biopsy: a small blade is used to remove the entire eyelid lesion and a portion of surrounding normal skin. The whole lesion that has been excised is examined to identify the underlying cause.

Mohs micrographic surgery (MMS): MMS is a special type of surgery used to remove cancerous cells in areas of the body where it is important to remove as little skin as possible (e.g. the eyelids). The surgery involves the removal of the skin lesion and a small area of surrounding skin. The removed tissue is examined under a microscope for cancerous cells. This process is repeated until the entire lesion has been removed. MMS reduces the amount of healthy tissue that is removed and post-surgery scarring while ensuring the complete removal of cancerous lesions.

Eyelid surgery to remove lesions is usually performed under local anaesthetic. This means you will be awake during the operation. However, you will be given an injection into the affected eyelid to numb the area before the surgery, and eyedrops to make you feel more comfortable. If it is decided that you require a general anaesthetic, you will be asleep for the entire operation.

Your wound may be left open to heal naturally. If you have stitches in place, these will be removed in approximately 1-2 weeks in the outpatient setting.

WHAT ARE THE POTENTIAL RISKS & COMPLICATIONS OF SURGERY?

The risks of surgery include:

Infection: this is very rare; occasionally the stitches may have an infective or inflammatory response, which settles with oral and topical antibiotics.

Scarring: this is normally hidden in the natural skin crease of the eyelid. Stitches may be visible for the first week, then, when they are removed, a faint scar is visible. The scar may seem a bit thickened & red for 6 to 12 weeks, becoming almost invisible after that period. Not every scar heals equally well. A thickened or reddened scar can be improved with silicone scar remodelling gel, but the treatment needs to be continued for months to have a good result. Scarring can, in turn, lead to abnormal lid positions that may need correction in the future.



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Bruising: this is minimised by following the instructions on the post operative information sheet.

Recurrence: Some lesions can recur despite adequate excision.

Lash loss: If the lesion being excised is close to the lash hair follicle, surgical excision may require removal of the eyelashes to ensure a low recurrence rate.

Dry eye: this is treated with artificial tear drops which you will be asked to continue for a month after surgery.

Theoretical risk to vision: any eyelid surgery carries the risk that an undiagnosed infection or bleed could damage the optic nerve. This is incredibly rare.