

Mr Anthony G Tyers

FRCS FRCSEd FRCOphth

New Hall Hospital Bodenham Salisbury Wiltshire SP5 4EY

Secretary tel: 01722 439680/422333 fax: 01722 410143

TREATMENT OF TUMOURS OF THE EYELIDS AND FACE

Q *What is a tumour?*

A A tumour is a solid swelling which gradually enlarges over months or years.

Q *What types of tumour can affect the eyelids and face?*

A Tumours are generally divided into “benign” and “malignant”.

Benign tumours are generally harmless. They grow slowly, they usually cause no damage and they do not spread anywhere else in the body. They are usually removed for cosmetic reasons or because they become inconvenient.

Malignant tumours often grow more quickly than benign tumours. They can cause damage to local structures as they grow and they may spread to other parts of the body.

Q *What are the common types of benign and malignant tumours?*

A There are many different types of benign tumour. They are usually small although a few may become quite large. Of the malignant tumours, more than 90% are “basal cell carcinoma”, also known as “rodent ulcer”. These tumours enlarge and may form ulcers. If untreated they can cause a lot of damage to the local areas of the face but they do not spread elsewhere in the body. Other malignant tumours are far less common than basal cell carcinomas. They also cause local damage but they may also spread to other parts of the body.

Q *What is meant by “biopsy”?*

A A biopsy refers to a small piece of the tumour which is removed usually under local anaesthesia in the clinic so that the exact type of tumour can be established by a pathologist. This information often helps to plan the treatment.

Q *What is the best treatment for tumours?*

A Benign tumours are usually removed by simple surgery which is commonly done under local anaesthesia as a day patient.

Malignant tumours are treated in a variety of different ways depending on the size and site in the face. Very small tumours may be treated with “cryotherapy” which involves freezing the tumour after a local anaesthetic has been given. This is usually done as an outpatient in the clinic and it is followed by a few days of swelling as the treatment takes effect. Larger tumours are usually treated with surgery. This may be under local anaesthesia if the surgery is simple but more complicated operations may require a general anaesthetic. The details of the surgery and what to expect will always be discussed fully before the operation. Some malignant tumours require radiotherapy or chemotherapy. This is usually for more complex situations which would be discussed with you fully before the treatment is started.

Q Will I look normal after the treatment?

A Every effort is made to restore the appearance of the face and eyes to normal. This is often possible although all treatments leave some after effects however slight. For example freezing treatments (cryotherapy) may leave a small, pale patch or loss of some lashes. Surgery always leaves scars although they are placed whenever possible so that they are not obvious. Immediately after surgery there is usually some swelling and bruising which may take two or three weeks to settle. Sometimes more than one operation is needed and this will be discussed fully before treatment begins. Occasionally it is not possible to achieve the normal appearance that both you and the surgeon would like. There may be many reasons for this – usually to do with the size and site of the tumour – and this would be discussed fully before the treatment is started.

Q Will the tumour come back?

A Benign tumours generally do not return although a few types do have a low risk of coming back. Malignant tumours treated for the first time have a less than 5% chance of coming back. Despite this, regular checks in the clinic are needed following removal of malignant tumours. If there is no sign of the tumour returning after five years no further follow up is needed. Clinic visits are arranged for every few weeks to start with but the gap between visits lengthens and eventually follow up is only once a year. If a tumour does reappear it can be treated again. However the risk that it will then return yet again increases to 10 or 15% so prompt treatment is needed and this is the reason for regular visits to the clinic to check that all is well.

*Further copies of this and other Information Sheets can be downloaded
from the website www.anthonityers.net*