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In association with Sapphire Eyecare Limited

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Surgical removal of eyelid lesions (C1210): Information leaflet and Consent form

There is a lesion on or around your eyelid which your surgeon advises, or you have decided requires removal for the following types of reasons:

- The lesion may be large and unsightly.
- The lesion may be infected.
- The lesion may be interfering with your vision.
- The lesion may be suspicious of a tumour/cancer (if the surgeon has any suspicion that the lesion is cancerous, she will discuss this with you before the operation).

The operation

The aim of the operation is usually to remove all or most of the lesion from your eyelid. Depending on the type of lesion your surgeon may advise:

1. A small biopsy – this is usually performed if there is uncertainty about what the lesion is and the biopsy is sent for microscopic examination.
2. An **excisional biopsy and immediate repair** of the defect - this is the usual procedure when the surgeon has assessed that the lesion is benign (safe). In this case the lesion will be removed and defect in the eyelid is allowed to heal or is stitched up.

The type of repair depends on the size and location of the eyelid defect:

1. Direct closure – the edges of the wound are brought together and stitched/sutured – this is the most likely technique.
2. Laissez faire - sometimes no repair will be performed, and the defect will be left to heal itself. This works best for defects around the inner corner of the eyelids.

These operations are usually performed under **local anaesthetic**, and you will be awake during the operation. You will firstly be given anaesthetic eye drops, followed by an injection of local anaesthetic into your eyelid. This may sting but only for about 30 seconds.

During the operation you will be asked to keep your head still, but you may talk. You may be aware of some pressure and pulling sensations during the operation, but you should not feel pain.

The operation to remove an eyelid lesion in this clinic normally takes less than 30 minutes.

After the operation

- After the operation your eye may be padded firmly closed. A pad may be left on until that evening, or for up to 24 hours (your surgeon will let you know), and you may remove it yourself at home.
- You will be given an ointment to place on the stitches or the wound base 2-3 times a day for 5-7 days.
- If possible, you should apply ice packs [or a pack of frozen peas or sweetcorn] intermittently for the first 24 hours after your operation – this will reduce swelling, bruising and discomfort.
- It is normal for the eyelid to feel bruised and a little uncomfortable for a week or two after surgery and a little bleeding is not uncommon.
- If you suffer discomfort, take a pain reliever such as paracetamol every 4-6 hours (but not aspirin).

Some possible complications during the operation

- Bleeding
- Technical failure – unable to complete the operation as planned
- Damage to the eye / eyesight – direct trauma, bleeding, infection
- Allergy to the medication / anaesthetic used

Some possible complications after the operation

- Bruising of the eye or eyelids - common
- Bleeding
- Infection
- Wound breakdown
- Recurrence of the original lesion
- Allergy to the medication
- Scarring
- Watering if the tear duct is involved
- Eyelid malposition – eyelid turning inwards or outwards or drooping
- Occasionally further surgery may be required – if there is wound breakdown, scarring, malposition, recurrence

Follow up

If you have stitches, they will either be dissolvable, or your General Practice Nurse will be asked to remove them, or you will be brought back for a clinic appointment.

In many cases, no follow up in the Ophthalmology clinic at the hospital is required.

If you have any questions or concerns, please ask your surgeon, or you may contact the Ophthalmology nurses or secretary at Circle Hospital on 0118 922 6888.

If you have an urgent ophthalmology problem, please contact Eye Casualty at Royal Berkshire Hospital, Reading on 0118 322 7162/3

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