



Operation Information

Excision of Eyelid & Ocular Tumor

Introduction

Eyelid and ocular tumors are the most common type of eye diseases and the tumor can be benign or malignant. There are several types of eyelid tumors. Nevus and papilloma are the most common. Malignant eyelid tumors include basal cell carcinoma, sebaceous carcinoma, squamous cell carcinoma and melanoma.

Depend on the client's circumstance, your doctor will recommend this operation to remove the tumor as indicated. Please discuss with your doctor for the better option plan and treatment.

Outcomes

The tumor from the inside of affected eyelid is removed. This procedure is effective in prevent further recurrence, infection and deterioration.

Procedures

1. The operation can be performed under local or general anaesthesia.
2. For large size of tumor, the eyelid muscle is relieved or another eyelid on the same side is harvested to reconstruct the surrounding areas.
3. Surrounding tissues, other side of the eyelid or other parts of the body may be used for skin grafting.
4. Wound is covered by pad.

Possible Risks and Complications

1. Wound infection and endophthalmitis
2. Wound dehiscence or poor healing
3. Scarring formation
4. Residual tumor
5. Recurrence, enlargement or spreading
6. Fails to reconstruct the eyelid, surrounding areas or face due to the big size of the tumor
7. Eyelid drooping, retraction or deformities of the eyelid and surrounding areas
8. Suture or eyelid scar may cause eye discomfort or corneal abrasion, etc.
9. Eyelid and eyeball adhesion lead to double vision
10. Pain or stress comes from the tumor or operation may have adverse health effects
11. Repeated surgery might be required

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug(NSAID) such as ibuprofen, naproxen and Chinese medication.
4. No food or drink six hours before operation. (For general anaesthesia only)
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses. Do not put creams, lotions, or makeup on the face or around the eyes.
6. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.

Wound Care

1. An eye pad will be applied in order to protect the eye. Please keep the wound clean and dry.
2. You are advised to wear a plastic eye shield to prevent rubbing of the operated eye or bumping into any objects especially during sleep.
3. You are advised to wear clothing with buttons instead of pullovers to avoid contact with the affected eye(s) and causing infection.
4. Do not rub the operated eye.

Diet

1. A normal diet may be resumed as instructed after recovery from anaesthesia.

Activities

1. Hair washing should be avoided for the first week
2. Showering is allowed however avoid getting water in the eye for two weeks.
3. Heavy lifting or doing any activities that strain the body should be avoided.

Advice on Discharge

1. For malignant tumor, electrotherapy, chemotherapy, subsequent visit and appropriate referral, such as internal medicine, general surgery or oncology etc., may be required.
2. Good hygiene, especially eye and hand hygiene can reduce the risk of infection.
3. No eye makeup and avoid to wear contact lens as follow doctor's advice.
4. It is advised to leave some lighting when you go to toilet at night to avoid falls.
5. Getting water, soap or shampoo into the operated eye should be avoided.
6. Strenuous activity or heavy lifting should be avoided until the doctor allows you to resume normal activities.
7. Immediately consult your doctor or return to hospital for professional attention in the event of acute blurred vision, excessive bleeding from the operated eye, redness, swelling, increasing pain, or excessive discharge from the operation site, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

