



Benign eyelid lesions

Benign lesions are lumps or bumps such as moles, cysts or skin tags, which are mostly benign (harmless). This leaflet aims to answer some of the frequently asked questions our patients have. If there is anything you do not understand or you have further questions after reading this leaflet, please do not hesitate to speak to a member of the team treating you.

Why does my lesion need to be removed?

Although most lesions do not cause problems, you may want to have them removed for functional or diagnostic reasons. Surgery is recommended to remove skin lesions that show any signs of turning cancerous.

What type of biopsy can be done?

- A **shave biopsy** will remove the protruding part of the lesion, leaving the skin relatively flat after the procedure.
- A **punch biopsy** is done with a one to eight millimeters sized circular blade. This blade is attached to a pencil-like handle

and is rotated down removing a small cylindrical core of tissue.

- An **incisional biopsy** is performed in the same way as a punch biopsy but removes part of the lesion rather than the whole lesion. This is mostly for diagnostic purposes before the actual procedure.
- If the incision made includes the entire lesion it is defined as an **excisional biopsy**.

Sometimes, the affected skin as well as part of the normal skin is removed and later examined to identify the exact area affected by the lesion and its underlying cause.

What happens when I come to hospital?

When you are first referred to Moorfields, you will see a member of the oculoplastic team in the outpatient clinic.

After we have discussed your biopsy options and you have decided to have the operation, you will need to have a pre-assessment before surgery. This is



usually done over the phone with a nurse at a pre-booked appointment. You will be advised to stop taking any medicines containing aspirin, Clopidogrel or ibuprofen two weeks before the operation and warfarin three days before. **If you have been prescribed these or any anti-coagulants (drugs to thin the blood), please discuss with your GP** or your anti-coagulation clinic before stopping to confirm it is safe to do so.

What kind of anaesthetic is necessary?

This procedure is usually performed as a day case under local anaesthetic. This means you will be awake during the operation, but will have an injection into your eyelid to numb the area beforehand. You will also be given eye drops to make you feel more comfortable.

On the day of surgery

You are allowed to eat and drink and take your tablets as normal apart from any anticoagulants such as aspirin, Clopidogrel and Warfarin.

Who will perform the operation?

An experienced eyelid surgeon will carry out the operation or will supervise a specialist doctor.

Does the operation have any risks?

Bruising or swelling can occur around the operation site, but is likely to settle in one to two weeks. Bleeding and infection, which are potential risks with any surgery, are uncommon. There

may be scarring which is minimised by placing the incision in a natural wrinkle line. Damage to the eyeball, nerves in the eye and other surrounding structures can occur, although this is very rare.

Should I drive to hospital for the operation?

You should not drive to this appointment because a pad is placed over the eye at the end of the procedure, meaning that you will not have full vision. It is advisable to bring a friend or family member with you to help you get home after the operation.

How long will I be in hospital for?

The operation takes around 30 minutes. You should expect to spend half a day in hospital, but will be free to go home an hour or so after the procedure.

AFTERCARE

Discharge medication

Chloramphenicol ointment should be applied directly in the operated eye and on the wound three or four times a day, (during waking hours) for seven to ten days.

When can I remove the pad?

The pad is usually removed the day after the operation. Before removing the pad, please wash your hands then remove your eye pad and discard it. Bathe the eye gently with gauze and normal saline provided to you by the nurse prior to your discharge from hospital. Put some of your eye ointment





(approximately one centimetre) on a clean finger-tip or directly on the wound and gently apply to the area where the stitches are. Also apply the ointment into the eye(s) that have been operated on. Please carry on using any other eye drops you were prescribed before the surgery, unless the surgeon advised you to stop them.

If you experience any problems such as increasing pain, worsening vision or bleeding following your operation, please call your local eye clinic or the Moorfields Direct telephone helpline (details can be found below). At all other times please contact your GP, or visit our 24-hour specialist A&E department at City Road.

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City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct telephone helpline
Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

