Plastic Surgery
Wexham Park Hospital

Skin Cancers – Non melanoma

What is a skin cancer?

'Cancer' is caused by an uncontrolled division of cells in a part of the body. There are several types of skin cancer.

Skin cancer that forms in melanocytes (skin cells that make pigment) is called melanoma.

Skin cancer that forms in the lower part of the epidermis (the outer layer of the skin) is called basal cell carcinoma.

Skin cancer that forms in squamous cells (flat cells that form the surface of the skin) is called squamous cell carcinoma.

Most skin cancers form in older people on parts of the body exposed to the sun or in people who have weakened immune systems, although they can occur in young patients particularly those with a predisposing genetic risk.

What are the commonest types of skin cancer?

The two most common types of non-melanoma skin cancer are listed below.

- **Basal cell carcinoma** - Basal cell carcinomas (BCC) appear commonly on the head and neck, but may occur elsewhere on the body. They are the most common type of cancer anywhere in the body. Generally these cancers **do not spread** elsewhere in the body and, although extremely rare occurrences of this have been reported in the literature, having a basal cell carcinoma should not affect life expectancy at all. Their other name is a 'rodent ulcer' emphasising the fact that they tend to invade tissues locally, rather than spread around the body.
- **Squamous cell carcinoma** – Squamous cell carcinomas (SCC) are a form of skin cancer that may spread to the lymph glands of the body. They most commonly occur on the back of the hands, the face and the scalp. They are crusty lesions that may bleed or have a central ulcer. Occasionally they may have a horn-like growth coming out of their centre.

What does the treatment involve?

The type of treatment you will receive will depend on the type, location and progression of your skin cancer. The different treatment options are outlined below.

- **Surgical excision and biopsy**

Surgical excision involves cutting out the cancerous tissue, as well as some surrounding healthy tissue (this is done to try to ensure that no cancerous cells remain in your skin). Following excision, it may not be possible to close the wound, in which case a skin graft or flap may be necessary. A skin graft involves taking skin from another part of the body

(usually the neck or behind or in front of the ear) and stitching it over the wound (the site from where the skin is taken heals on its own, if the graft is thin or it may be closed with stitches if a 'full thickness graft' is taken). A flap involves using the laxity of the skin around the wound to move skin over to cover the defect produced by the excision of the cancer.

The biopsy is sent to the pathologist, who examines the specimen under a microscope to determine whether it is indeed a skin cancer. If it is, the pathologist can determine what type and whether it has been completely removed.

- **Shave biopsy**

If it looks like the lesion on your skin is benign (non-cancerous) your surgeon may choose this surgical technique, which involves removing the outermost layers of skin. It is unlikely that you will need stitches. Once again the pathologist will examine the specimen under a microscope. If it turns out to be cancerous you will then proceed to have surgical excision (see above).

- **Punch biopsy**

If the skin lesion is large and surgery to remove it is likely to be extensive (e.g. require a graft or flap) the surgeon may choose to take one or more small punch biopsies from around the lesion in the first instance. The pathologist will then confirm whether or not the lesion is cancerous. If it is not then you have avoided the need for extensive surgery, but if it is cancerous, you will proceed to have surgical excision. The wounds from the punch biopsies may require 1 or 2 stitches or may heal on their own.

- **Other treatments**

Other treatment methods do exist - radiotherapy (x-ray treatment) in specific cases has good success rates; ultraviolet light treatment (known as photodynamic therapy or PDT) may be used; as may freezing treatment (cryotherapy) and curettage (scraping). The main disadvantage to all of these options is a lack of definitive diagnosis as samples are not sent to a laboratory.

What are the benefits of treatment?

95% of BCCs/SCCs will be completely cured with surgery. If you are in the 5% of people who have not had their skin cancer completely excised, you may require further surgery or another treatment such as radiotherapy. Alternatively, we may choose to monitor you carefully. We will, of course, discuss your individual circumstances with you.

What are the risks?

With any operation involving making a cut in the skin, there is a risk of infection and scarring. In addition, there is a small risk of recurrence of the lesion.

If the BCC/SCC is shown to be 'completely excised' on the laboratory report it is very unlikely to come back. If it does, it is most likely to recur within 5-years of your original surgery. Once you have had 1 skin cancer, you are at a higher risk of developing others, so

it is important to seek medical advice if you think you have another suspicious skin lump. If your BCC/SCC grows back in the future, we would plan to remove it surgically again. This time we would take a wider area of normal-looking skin from around the edge to maximise the chance of a complete cure.

At your follow-up appointment, your results will be discussed with you, which will include your risks of developing a recurrence.

How long will I be in hospital?

Skin cancers are almost invariably removed as day case surgeries under a local anaesthetic. If the lesion is very large you may need a general anaesthetic and, very rarely, you may need to stay in hospital overnight.

What happens before the operation?

The surgeon will come and speak to you before the operation to take you through a consent form and mark your skin where the lesion is. This is a good opportunity to ask any questions you may have concerning the procedure.

What happens after the operation?

The nurses looking after you will let you know when you are ready to go home. If you had stitches it is likely these will be removed 1-2 weeks after the operation. We will see you in clinic after around 3 weeks and give you the results of your biopsy.

How much pain can I expect?

You may experience some pain after the procedure once the local anaesthetic has worn off. In most cases a simple analgesia will ease the pain.

When should I seek help?

If you notice any excessive bleeding or signs of infection, such as redness of the wound/discharge, then please see your GP or attend A&E.

Other sources of information

- **Skin cancer nurse specialist,** Heatherwood & Wexham Park NHS Trust, Tel. 01753 633127
- **Patient UK website:** www.patient.co.uk
- **Macmillan Cancer Support** - Provide information and support to anyone affected by cancer. Tel: 0808 800 1234. Web-site: www.macmillan.org.uk
- **Cancer Research UK** - provides facts about cancer including treatment choices. Web-site: www.cancerhelp.org.uk
- **British Association of Dermatologists:** Web-site: www.bad.org.uk

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