

Ophthalmology - Excision of Lesion of Eyelid NEC - Extirpation of Lesion of Eyelid

Introduction

The COVID pandemic has had a significant impact on the NHS' ability to provide routine elective services. We recognise that patients are waiting longer than we would like and that it is not always possible to say when treatment will take place. This document provides our patients with information on how you can support yourself while waiting for treatment at the hospital. The guidance has been written by the clinicians who are responsible for your care.

If you are on the waiting list for excision of a lesion of the eyelid, this could range from a small benign eyelid lesion, requiring a minor operation procedure in clinic, to a malignant lesion requiring a larger reconstruction operation in main theatres.

This will have been discussed with you in clinic by a doctor / surgeon.

Guidance for Patients

Minor operations performed in eye clinic:

These operations are usually short in duration, and performed under local anaesthetic. You will be wearing a pad after the operation and can expect a small amount of bruising after the operation which is gradually settle in a few days.

After the operation, your surgeon / the minor ops nurse will give you instructions on if you need to take eye ointment, and if you will need to be seen in the outpatient clinic for results / post operative check.

Operations performed in main theatre:

Most operations are performed as day cases, and can range from being under local anaesthetic to sedation or General anaesthetic, depending on the complexity of your operation, and the duration of surgery / your fitness for anaesthesia.

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The type of operation is quite variable and may or may not include a reconstructive element to the procedure if the lesion that needs to be removed is large. Before going onto the waiting list for surgery, your surgeon will have discussed this procedure with you in clinic, as each operation differs from patient to patient.

Generally speaking eyelid lesion surgery has the main risks of infection, bleeding, recurrence of the lesion or scarring, but serious complications are rare.

After your operation, your eye will be padded, and your surgeon / the nursing staff will give you instructions on when to remove your pad and start taking your post op eye drops / ointment.

You will also be given instructions on when to come back to the eye clinic for results / review.

What should I do if my health is deteriorating?

We would greatly appreciate being contacted in advance of your surgery if you experience any changes to your ocular (eye) or general health. This can include any changes to prescribed, or over-the-counter medication that you are taking. This is because certain medical conditions and medications can affect your eyelid surgery. Informing us of any changes in advance will reduce the likelihood of you being cancelled on the day of surgery. For example blood thinning drugs may need to be stopped prior to your surgery, and our preassessment team would need to know about these medications.

Ocular examples would include: A red or painful eye (which may be the one listed for surgery, or indeed the other eye), any discharge coming out from either eye, sudden reduction of vision in either eye, or any other ocular concerns.

Systemic examples would include: A new stroke or heart attack, new infection anywhere in the body, new heart murmur or irregular beating of the heart, any falls or fractures, new medication prescribed by a GP or specialist (or over-the-counter medication) or any other systemic concerns.

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Contact Us

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