

Ophthalmology department

# Eyelid tumours

## Information for patients, relatives and carers

### Introduction

This leaflet has been designed to give you information about **eyelid tumours** and answer some of the questions that you or those who care for you may have. It is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any questions about the information below, please contact us.

### What is a tumour?

A tumour is a new growth of tissue that can be:

- benign (non-cancerous)
- pre-malignant (non-cancerous but with the potential to become cancerous);
- malignant (cancerous and with the ability to grow and spread to other parts of the body)

### What causes tumours?

In most cases the exact cause of a tumour is unknown, but the following factors can play a role:

- the environment; the best example is exposure to sunlight which increases the risk of eyelid skin tumours, particularly in people with fair skin
- the immune system (which also protects against infections); if the immune system breaks down and does not 'attack' abnormal cells a tumour can develop. For this reason, patients on strong drugs which suppress the immune system are at greater risk of developing tumours
- genetics; most tumours have a genetic component, although only exceptionally rarely are tumours inherited from a parent

### What are the symptoms?

A very wide variety of benign, pre-malignant, and malignant tumours can occur around the eyelids. The symptoms vary according to the location and nature of the tumour.

Eyelid tumours are generally visible and can sometimes cause local swelling and loss of the eyelashes, and/or a red or uncomfortable eye. Those on the inner surface of the eyelids, or within the eye socket (the orbit), may not be so obvious.

They may present in different ways, with symptoms including pain, swelling, blurred vision, double vision, or displacement of the eye (either forward and/or to one side).

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## Are there different types of eyelid tumours?

Tumours of the eyelids include cancerous and non-cancerous types. Basal cell carcinoma is the most common cancerous type which is slow growing and tends not to spread.

A biopsy may be necessary to diagnose the type of tumour you have but, in many cases, certain cancerous tumours can be treated without performing a biopsy first.

When a tumour is close to the eyelids, due to the complex anatomical nature of the eyelids, a biopsy is often preferred before beginning any treatment.

Your clinician will discuss your tumour, its type and treatment options with you.

## Can tumours pose a risk to the eye and vision?

Yes. Your doctor will explain more about this based on your particular diagnosis.

## Is there a risk of a tumour spreading to the other eye?

Although some tumours can return on either of the eyelids, they do not 'spread' to the other side of the face (unless left untreated).

## Treatment

The management of eyelid tumours depends on many factors such as your age, general health, the nature of the tumour and whether there could be local or peripheral spread of the tumour.

Eyelid tumours are generally managed with complete removal and reconstructive surgery. The reconstructive surgery is usually performed the day after the tumour has been removed or within a few days, depending on the local hospital arrangements and the time it takes for a histopathologist to confirm that the tumour has been completely removed.

Reconstruction methods include:

- allowing the wound to heal naturally, often with good results
- direct closure of the defect
- using a combination of local tissue flaps, skin grafts and / or other grafts (such as ear cartilage or a hard palate graft)

Some tumours can be managed with local freezing (cryotherapy), irradiation, or medical treatments which stimulate the immune system to destroy abnormal tumour cells.

Some eyelid tumours, such as basal cell carcinomas and squamous cell carcinomas, can be removed using a specialised surgery called Mohs micrographic procedure. This is where the tumour is removed layer by layer, which includes a small margin of healthy skin.

The layers are examined immediately under a microscope, until all the tumour is removed. The advantage of this procedure is that it ensures the tumour is fully removed on the day of surgery and as little healthy skin around the tumour is removed.

Patients with certain cancerous tumours also need a general oncological review to make sure the cancer has not spread, which may include surgery to investigate the lymph nodes in the neck.

## Follow-up

Due to the risk of an eyelid tumour returning, patients are usually reviewed in clinic regularly for up to three years after treatment.

## Where can I find more information about Mohs micrographic surgery?

<https://www.skinhealthinfo.org.uk/wp-content/uploads/2018/11/Mohs-Surgery-updated-Apr-2016-lay-reviewed-Apr-20162.pdf>

<https://dermnetnz.org/topics/mohs-micrographic-surgery>

## Who can I contact for more information?

- Emergency Department at Western Eye Hospital – 020 3312 3245
- Outpatients at Western Eye Hospital – 020 3312 3236
- Outpatients at Charing Cross Hospital – 020 3311 1109/ 1233/ 0137
- Alex cross ward at the Western Eye Hospital – 0202 3312 3327

## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:  
Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

**Email:** [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

**Telephone:** 020 3312 1337 / 1349

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:  
[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

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