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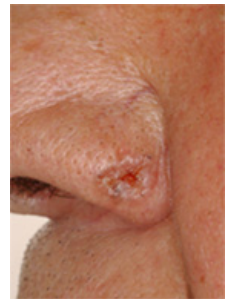
Skin Cancer Removal

Skin cancers usually belong to one of the 3 types described below:

Basal Cell Carcinoma

These are slow-growing tumours that bleed and scab. They grow over a period of 3 months to a year and have a rolled. These do not spread and can be cut out surgically. These continue to grow in the same place if not treated. Early Basal cell carcinomas may not need surgery. These do not need further treatment if removed completely. Basal cell carcinomas usually occur on the face, scalp, shoulders, back and legs.

Surgical excision usually confers a cure for this condition. The surgical specimen is normally sent to the laboratory for analysis. Should the analysis show that adequate normal skin has not been cut out around the tumour, a further small excision may be necessary. In most basal cell carcinomas no further intervention is necessary. Large basal cell carcinomas may need the use of flaps or skin grafts to cover the area.



Squamous Cell Carcinoma

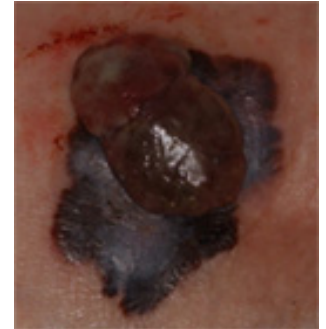
Squamous cell carcinomas are also slow-growing skin tumours that usually occur in the sun exposed areas of the face, shoulders, scalp, back and hands. They also occur on the legs. These are more invasive tumours and occasionally have a propensity to spread. These are usually cut out with wider margins of normal skin. They may need skin grafts or flaps to cover them. You may need scans and regular follow up to check for glands in the groin, armpit or neck following excision of a squamous cell carcinoma. Mr Khandwala will discuss any ongoing treatment with you and advise you about its necessity. Occasionally squamous carcinomas grow inside the mouth or on the tongue. The treatment of these tumours differs.



Malignant Melanoma

These are usually pigmented tumours and can occur anywhere on the body. An excellent cure rate can be achieved by early excision. The prognosis is entirely dependant on the histology report which explains the stage of the tumour.

Lesions are often excised with small margins of normal skin. A further wider excision is usually necessary if the laboratory report shows a malignant melanoma. A second excision may need flap cover or a skin graft. Follow up is usually required for five years. A Lymph node dissection (removal of lymph glands) may become necessary.



Skin Grafts

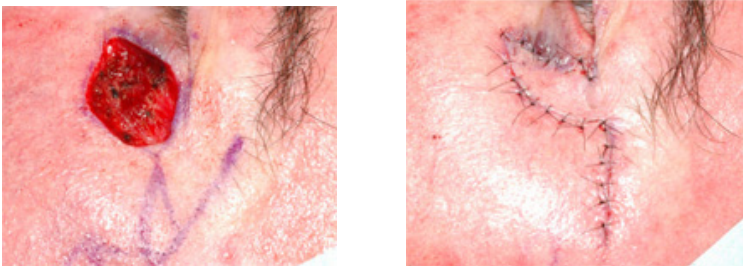
Skin grafts can be taken as split thickness skin grafts. This is a very thin part of the top layer of your skin (epidermis with a very small area of dermis). The area where this is taken from (donor site) heals by itself. The skin graft is laid on the area where the skin tumour has been cut out from and develops a blood supply from the area it is attached to. Split thickness skin grafts normally will go red, lumpy, hard and change colour before they settle down. The area is usually depressed in the centre and gradually fills out. These grafts take about nine months to a year to mature. A mature graft will often look much better than the initial result. One therefore needs to be patient with these grafts. Both graft and donor site need moisturiser and massage when healed. Mr Khandwala will advise you about the aftercare.

Full Thickness Grafts – smaller grafts taken for small areas on the face and could be taken from the behind the ear, in front of the ear or the neck area. The site the graft has been taken from (donor site) is usually sutured or stitched. The aftercare of this donor site is therefore minimal and the pain is minimised. These grafts are carefully stitched on to the area where the tumour has been removed. These skin grafts can sometimes give a better cosmetic appearance but can only be used in small areas as they need to acquire a blood supply from the new area. If you have a full thickness graft, Mr Khandwala will often suture a dressing on. This dressing will need to be removed by his nursing staff a week later.

Skin Flaps

Often patients will have spare skin in the area where a tumour has been cut out. This spare skin can

be utilised to cover the defect. The scars are usually placed to give the best cosmetic result. These scars and flaps will initially look unnatural, raised and swollen. They will also go red, lumpy and hard before they settle down. They usually settle down in about 6-9 months.



Aftercare after Treatment for Skin Lesions and Tumours

You will normally have some paper strips or a small dressing over the suture site. If the sutured area starts bleeding, please apply some pressure on it for about 20 minutes. This will stop any bleeding. Feel free to wash the area 24 hours after surgery. You may then dab this dry. If you have paper strips over the suture line, you may use a gentle setting on a hairdryer to dry these paper strips. Mr Khandwala will advise you on the time for removal of sutures. If dissolving sutures have been used, you will be advised to remove the dressing in 4 or 5 days time, wash, dry and start massaging the scar in about 2 weeks. Please do not massage any scars prior to 2 weeks following surgery. You may be advised to use an ointment or paper strips after the stitches have been removed. Please do not hesitate to contact Mr Khandwala's office should you have any doubts or problems.