

△ GENERAL INFORMATION

Basal cell cancer is a new, uncontrolled growth of the skin. Fortunately, it usually grows slowly and almost never spreads (*metastasizes*) to different areas of the body. Basal cell cancer is seen most commonly in areas of the head and neck that have had chronic exposure to the sun. If treated early and properly, there's a very high chance for cure.

COMMON SIGNS AND SYMPTOMS

- The lesion usually is slightly raised, red to brown, and has smooth borders. Some lesions are ulcerated in their center. Occasionally, the lesion may bleed.

DIAGNOSIS

- Usually, the diagnosis can be made by taking a detailed history and doing a thorough physical examination.
- A small piece of the lesion is taken (called a *biopsy*) for examination in the laboratory.
- Sometimes, if the examination makes the diagnosis virtually certain, the entire lesion may be removed without a biopsy.

PREOPERATIVE PREPARATION

- Do not eat or drink anything for 8 hours before the operation.
- Shower (and shave) as usual that morning.
- You may be given medicine to make you feel drowsy before you are brought to the operating room.

□ OPERATION

- The lesion and the skin around it will be painted with an antiseptic solution and the area draped with sterile towels.
- The area around the lesion will be made numb with an anesthetic injected by a thin, short needle.
- The incision will be made along the skin creases so that it will show as little as possible afterward.
- During the operation, you may feel some tugging but no pain.
- After the cancer is removed, it sometimes is sent to the pathology laboratory. There the pathologist examines the margins to check that they are "clear"

of the cancer. If this check is done, expect a 15- to 30-minute wait while you are on the operating table.

- A cosmetic closure will be made using fine suture material. Narrow strips of special tape will be applied across the incision to help reduce the tension on it.

POSTOPERATIVE CARE

- You will be taken to a recovery room. When your blood pressure, pulse, and breathing are stable and you are completely alert, you should be able to go home that same day with a responsible adult.
- Pain can be controlled with over-the-counter medicine.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.

⊕ HOME CARE

- Resume your usual activities.
- Unless instructed otherwise, you may shower as you wish with any dressings on or off.
 - There may be narrow strips of tape across the incision. It's all right if they get wet.
 - After you dry yourself, replace any dressings with clean, dry ones.
- Unless instructed otherwise, take care of the incision at a convenient time once a day as follows:
 - Remove the dressings.
 - If there are narrow strips of tape across the incision, do not pull them off. They will be removed at the doctor's office.
 - Touch the entire area of the incision with cotton swabs dipped in hydrogen peroxide.
 - Touch the incision again using ordinary rubbing alcohol.
 - You may be instructed to cover the incision with an antibiotic ointment.
 - Replace the dressings with clean, dry ones.

📞 CALL OUR OFFICE IF

- There is bleeding from the incision.
- The incision becomes red and swollen, or if there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.