

△ GENERAL INFORMATION

This is a cancerous growth of the outer layer of the skin. It is seen most commonly in older persons who have a fair complexion and have been exposed to the sun over a long period of time. The areas most frequently affected are the scalp, neck, top of the ear, lower lip, and back of the arms and hands.

COMMON SIGNS AND SYMPTOMS

- The lesion usually begins as a small bump on the skin that is firm and red to red-brown or tan in color.
- There may be crusting on its surface. Later, a shallow ulcer may form in the center of the lesion.
- Occasionally the lesion may bleed.

DIAGNOSIS

- Although squamous cell cancer has a characteristic appearance, it still can be mistaken for other benign or malignant lesions. The only certain way to make the diagnosis is by examining a piece of it under the microscope. Two options are available:
 - **Excision Biopsy.** If the lesion is small enough, it is practical to excise all of it. If it is a cancer, this will constitute both the diagnosis and the treatment.
 - **Incision Biopsy.** For a larger lesion, a small piece of the lesion is removed for laboratory examination.
- With either of these techniques, the area around the lesion is swabbed with an antiseptic solution and surrounded with sterile towels. A very thin, short needle is used to inject an anesthetic around the lesion to make the area numb. The tissue is then obtained for diagnosis.

○ TREATMENT

These cancers will enlarge and possibly spread to other areas of the body if they are not removed. There are several ways to do this.

Surgery. The area containing the lesion is swabbed with an antiseptic solution and surrounded with sterile towels. A very fine short needle is used to inject an anesthetic that will make the area numb.

- A cosmetic incision will be made and the entire lesion removed in one piece along with some normal tissue around it.
- The incision will be closed in a cosmetic fashion.
- The *advantage* of this method of treatment is that all the borders and deep margins can be examined to be certain they are free of cancer.
- The *disadvantage* is that it requires an operation.

Electrodissection. This method is best used for small lesions that appear superficial. The area is prepared as above. The surface of the lesion is scraped or shaved off and the base burned with a special type of needle that transmits an electrical current.

- The *advantage* of this method is that the procedure can be done in the office with minimal equipment.
- The *disadvantages* are as follows:

- The specimen is not removed, so the edges and deep margins cannot be examined under the microscope to be absolutely certain they are clear.
- A scab forms over the burned area that must be taken care of until it heals over.
- This procedure should be done only by someone who is very experienced in electrosurgery.

Chemosurgery. This method is best in the following situations:

- The cancer is one that has come back.
- The patient cannot afford to lose any more normal tissue than is absolutely necessary.
- The borders of the cancer are not clear, so when the lesion is examined it is difficult for the surgeon to know where to cut to get all of the cancer, but not too much normal tissue.
- The surrounding tissue has been damaged by previous irradiation and will not heal well if it is cut or stitched.
- The cancer is very close to, or actually in, the bone and cartilage.

This technique is used by specialists in dermatologic (skin) surgery. It is done as follows: A small area of the tumor is painted with a special solution that “pickles” this specific part of the tumor on the spot. The pickled area is removed and examined under the microscope. If any borders of this removed piece are positive for cancer, the tissue in this positive border area is treated in the same way by “pickling” and removing some of it. This is done as many times as necessary over a period of time in separate sessions until all of the removed pieces have negative borders.

- The *advantages* to this method are as follows:
 - It can be used for a cancer that is in a location in which it would be very difficult to remove properly any other way.
 - Very little normal tissue is removed.
- The *disadvantages* of this method are as follows:
 - It often requires a number of small operations.
 - Pain cannot be easily or completely controlled.
 - This technique should be used for the lesions described above and not for lesions that can easily be cut out and the skin brought together again.

X-ray therapy. This technique is useful when it would be difficult to cut out the cancer and bring the edges together without producing a noticeable deformity. This technique should not be used for lesions that can be removed easily and in areas in which the incision can be stitched together easily again.

After careful consideration of all factors, the recommendation is that you have an operation to remove your skin tumor. This is almost always an outpatient procedure.

PREOPERATIVE PREPARATION

- Do not eat or drink anything for 4 hours before the operation.

□ **OPERATION**

- The operation will be done as already described.
- During the operation, you may feel some tugging but no pain.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. 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.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.

⊕ **HOME CARE**

- Resume your usual activities.
- Take medicine as prescribed for your pain.

- Unless instructed otherwise, you may shower if you wish with the dressing on or off. After you dry the other parts of your body, take care of the incision as instructed for your specific situation.
- Do not drive if you are taking medicines that may decrease your alertness.

📞 **CALL OUR OFFICE IF**

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