

## SKIN CANCER

### WHAT IS SKIN CANCER REMOVAL?

A skin cancer diagnosis often means you will need to have surgery to remove cancerous or other lesions, to stop the spread of the cancer and to preserve your appearance.

Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) may be malignant, but these seldom spread to other parts of the body, so your treatment will be simpler and will usually involve a relatively simple surgical removal of the lesion. A malignant melanoma, however, is more likely to spread, and often needs more complex treatments which can include surgery, radiation therapy, immunotherapy, and chemotherapy.

Surgeons use a range of specialised techniques to remove cancerous lesions with minimal scarring, and can perform reconstructive surgery that will help reduce any disfigurement.

### WHAT CAN YOU EXPECT?

Skin cancer removal for the sake of your health is the most important goal of surgery, but the procedure can cause disfigurement, and while reconstruction will help, there will be some visible scars, and possibly differences in colour or texture in the treated area. You may need further treatment such as radiation therapy, and will need to have follow-up consultations to ensure that any new lesions are detected as early as possible.

## SOME FREQUENTLY ASKED QUESTIONS ABOUT SKIN CANCER REMOVAL

### What is the procedure for Skin Cancer Removal?

If the skin cancer lesion is small the surgeon can remove it by a simple excision, and then close the wound. However, if there are cancerous cells under the skin that cover a much larger region the surgeon may, during the procedure, send frozen sections which a pathologist will examine, to ensure that all of the cancerous cells have been removed.

Another specialized technique is Mohs surgery, a procedure that uses multiple frozen sections to find a clear margin between the cancerous and the healthy cells. If the surgeon can find clear margins, he or she can reconstruct the wound, but if there are no clear margins, more tissue is removed until all cancer cells are eliminated.

Reconstruction is necessary when the area affected is larger or likely to result in disfigurement. This can be achieved with a local flap, also called adjacent tissue rearrangement, which is repositioned over the wound, using techniques that minimize or hide scarring. There are several flap reconstruction techniques for the face and body. An alternative to flap surgery is skin grafting, a procedure in which skin is transferred from one area of the body to the wound site.

### How should I prepare for Skin Cancer Removal surgery?

Before your surgery you may be asked to stop smoking for 2 – 4 weeks prior to the procedure. Nicotine retards the healing process, and quitting for as long as possible before surgery helps improve blood flow.

You will also have to have a blood test before surgery is performed.

You should stop taking certain medication, like aspirin and some anti-inflammatory drugs. Avoid recreational drugs, and disclose to your surgeon any other medication you're taking, since you may need to adjust these.

Be sure to arrange for transport to and from the clinic, since you will not be able to drive yourself after the procedure.

### Where will my surgery be performed?

The surgery will be performed in one of our fully equipped operating theatres.

### What anaesthetic will be used for skin cancer removal

The procedure can be performed under local anaesthetic, intravenous sedation or general anaesthesia.

### How do I recover from Skin Cancer Removal?

Your recovery time will depend on the type of surgery you have had, but in most cases recovery will take two to four weeks.

When the skin cancer removal (and any reconstruction) has been completed there will be bandages or dressings over the treated area and your surgeon will advise you on how to care for it at home. You may also have stitches, and your surgeon will tell you when they will need to be removed.

You will probably experience some soreness at the site, and over-the-counter or prescription medication will help.

You should wait 24 to 48 hours before taking a shower. Keep the wound dry, and do not take a bath until your surgeon tells you it is okay. In order to recover well, avoid any vigorous activity or exercise while healing, and take care not to put any excessive force or pressure on the incision or on skin graft areas. If you have had a skin graft, the healing period will be longer.

### What can I expect after my Skin Cancer Removal?

As far as the size of the scar is concerned, you may have a scar that is longer than you expected, since a small lesion may have extensions, or "roots" that are not visible from the surface. The wound from a basal cell or squamous cell cancer removal may be at least twice as large as the lesion on the skin. But remember that any scarring from the stitches should gradually fade.

If you have had Mohs surgery, you can look forward to a good chance of recovery. Mohs is one of the most effective forms of treatment for certain types of skin cancer, with the highest cure rate of all treatments for basal cell and squamous cell cancers, exceeding 99% for new skin cancers and 95% for recurrent skin cancers.

If you have had a skin cancer, you have a greater risk of getting another one, so follow-up appointments are important and you should regularly check your skin for any changes. Protect your skin from the sun, use high-factor sunblock when outdoors, and don't let your skin burn. Avoid sun exposure between 11am and 3pm. When you do go outdoors, wear a hat and close-weave cotton clothing.

### When can I return to normal activities?

If you have stitches, your surgeon will let you know when you can resume your normal activities. If you have had a skin graft, avoid any physical activity or exertion that could stretch the skin for at least 3 weeks. Your surgeon will advise you on when you can resume activities such as driving and going back to work.

### What are the risks involved in Breast Reconstruction?

As with any surgery, there are some risks, which include bleeding, infection as well as the general risks associated with anaesthesia.

Other complications and risks may include: allergies to some blood products or materials that are used or injected; slow healing; changes in skin sensation; nerve, muscle or blood vessel damage; the need for further surgery, and a possible recurrence or spread of the cancer. With skin grafts, there may be rejection of the graft, which will require further surgery to close the wound.

## QUESTIONS OR CONCERNS?

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