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## ***Skin Cancer Surgery of the Head & Neck***

Skin cancer is the most common type of tumour in Australia and it is increasing in incidence. Skin cancer is the uncontrollable growth of neoplastic cells and in some cases, if not treated, will spread or metastasise.

Common types of skin cancers are Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC) and Malignant Melanoma (MM). BCC is the most common and least aggressive and MM is less common but very aggressive.

Some of the causes of skin cancer are: sun exposure, sunlamps, sunbeds, solarium, Arsenic, radiation therapy, burns, ulcers, immunosuppression, albinism, syndromic eggs. (Xeroderma pigmentosum, Nevoid BCC syndrome)

The following groups have the least melanin and are at greatest risk for developing BCCs:

- fair complexion
- light hair
- blue/green eyes
- inability to tan
- history of multiple or severe sunburns
- Celtic ancestry
- Lifetime risks of skin cancer
- Males: 33-39%
- Females: 23-28%

### **Diagnosis of Skin Cancer**

The diagnosis can be obtained clinically by your doctor if the feature is typical, or by a punch or incisional biopsy for definite diagnosis. For suspected melanomas an excisional biopsy is usually performed and, depending on the type and depth, further wider margin surgery may be required.

### **Prevention of Skin Cancer**

- Sun protection - wear a broad-brimmed hat, UV-protective sunglasses, long sleeved shirt and pants
- Use sunscreen (SPF >30) and apply before swimming or exercise and repeat every 2-3 hours. Stay under shade.
- Monitor suspicious spots or moles. Check for spots or moles that are new, grow rapidly, itch, bleed or change colour.
- See your doctor if you have any ulcers that do not heal.

## **Non-Surgical Treatments**

Early non melanotic skin cancer (BCC and SCC) and precancerous lesions such as Solar Keratosis can be treated by the following:

- Cryotherapy (Liquid Nitrogen) - easy but a biopsy is not taken. Effective for solar keratosis and small superficial BCC and SCC in situ.
- Curettage with diathermy - the tumour is scraped and the defect is cauterised. This usually leaves a small contracted white scar.
- Laser ablation - for superficial cancers
- Radiotherapy - for patients who are unfit for surgery or have skin cancers in critical areas
- Chemotherapy - Topical Cream (Efudex, Aldara, Interferon) - usually needs to be applied daily for a few weeks.
- Photodynamic Therapy - a drug is used that is uptake by cancer cells, which is then activated by light (phototherapy). The activated drug then kills the cancer cells. This is still not widely used.

## **Surgical Treatment**

Surgical treatment is most commonly used by surgeons and predominantly for invasive cancer. The extent of surgery depends on the type of cancer, size, site, depth and spread (metastasis).

Options include

- Excision - elliptical / simple, full thickness, wedge. Re-suturing the edges together closes the defect.
- Skin graft - split or full thickness - if the defect cannot be closed and local flap is not the best option.
- Skin flap - the defect is repaired by moving tissue nearby (local flap) or from another region (regional flap). This is commonly very effective in the face.
- Free flap - for large defect where local flap or skin graft is not available or inadequate.

## **Anaesthesia**

Simple cases can be treated under local anaesthesia and more complex cases are performed under sedation or general anaesthetic.

Dr Pham will discuss with you the best treatment option for your skin cancer.

## **PREOPERATIVE (Before surgery) INSTRUCTIONS**

- Please cease Aspirin, Aspirin-containing products, Plavix and non-steroidal anti-inflammatories (such as Ibuprofen) for 10 days prior to and two weeks following your surgery. If you are on any medications that affect bleeding (such as Warfarin) please notify Dr Pham.
- Smoking tobacco and alcohol increase anaesthetic and surgical risks. Please cease them for three to four weeks prior to and four weeks following surgery. They cause delayed wound healing, skin necrosis and other complications.
- Please notify us of all your routine medications and significant health history. You can remain on your daily medications, except for blood thinners unless instructed otherwise.
- Arnica, a natural herb that significantly decreases bruising, can be taken before and after surgery along with Vitamin C (ascorbic acid), which helps promote healing.
- If you are having a morning procedure you must not eat or drink after midnight the evening before. If you are having an afternoon procedure you must not eat or drink after 6.00am on the morning of surgery. You may, however, take your normal medications and brush your teeth.
- Please shower and remove any make-up and nail polish before arriving for your procedure.
- Unless you are remaining in hospital someone will need to drive you home after surgery and stay with you that evening.

- If you have any concerns please call the **office (08) 9380 4488**. Remember, we are all here to give you the best possible care.

## **POSTOPERATIVE (After Surgery) INSTRUCTIONS**

During surgery, dressings will be placed on the wounds. Immediately after surgery, you will be transferred to the recovery room for monitoring. Once awake and when it is safe to do so, you will be transferred to your room or discharge home. Most skin cancer operations are day cases but occasionally overnight stays are advised.

Wound swelling, bruising, tightness and pain are to be expected, especially in the first 2-4 days. You can shower normally after 1 day. Keep dressing tapes on for 3-4 days and remove then if the dressing starts to peel off or damp. Vaseline or antibiotic ointment as prescribed should be smear over the wound 4 times a day for 6 weeks. The wound is usually reviewed after 5-7 days. Most sutures are dissolvable and the remaining ones are removed at the first postoperative review after 1 week.

Some patients may have mood swings; feel depressed, anxious or elated after the procedure. These feelings usually resolve but if they persist then please inform Dr Pham.

### **Medications**

Dr Pham will prescribe pain relief to be used as directed. Usually Paracetamol +/- Codeine, Tramadol or Oxycodone is sufficient. Most patients complain of discomfort rather than pain. Do not take additional pain relievers other than what Dr Pham suggests or prescribes and start any antibiotics when you get home.

### **Diet**

You should take plenty of fluids and eat nourishing food as tolerated. You may feel nauseous for the first 24 hours.

### **Activity**

You should rest for the entire day after surgery. Sleep on your back with the head of your bed elevated or use two to three pillows for one week after surgery. Always protect your wounds from sun exposure. You can resume most light daily activities after a few days. You should avoid heavy lifting, exercise and activities such as running for 3-4 weeks after surgery. You can shower the next day. You can drive on the same day or 1-2 days depending on the surgery and type of anaesthesia used.

Most people can resume work after a few days or earlier, but occasionally longer if patients prefer more privacy. Most swelling and bruising will subside after 2 -4 weeks.

### **Scars Management.**

Scars usually remain red and raised for 6-12 weeks. They will gradually fade and flatten. You can massage the scars with two fingers and should use moisturiser such as Vaseline, Bio-Oil or Vitamin E cream and sunscreen. Avoid direct sunlight for at least 6 months.

Final results following skin cancer procedures/reconstruction may take up to 3-6 months following surgery. You will need regular skin checks (every 3-6 months) either by your General Practitioner or Dermatologist or with Dr Pham.

Please Inform Dr Pham's office or the hospital where the procedure was performed if you have the following:

- High fever, chills or a temperature of more than 38 degrees
- Heavy bleeding from the wounds
- Severe pain or tenderness
- Significant redness, or discharge around the incision

If you have any concerns, please contact Dr Pham's office on **9380 4488**. Remember, we are all here to give you the best possible care.

## **Risks of Surgery**

Modern surgery is safe but does have risks. Complications can occur despite the highest standards and world's best practice principles used by Dr Pham.

It is not possible to list all the risks but you should be informed of the common side effects and benefits so that you can make an informed consent. Dr Pham will discuss these in greater detail at consultation. You should write down any particular questions or specific concerns.

### **The potential risks are**

- General risk of surgery
- Wound infection or breakdown - may require antibiotics
- Bruising and swelling
- Bleeding, blood clots or seroma
- Chest infection
- Sore throat from the breathing tube
- Heart problems, blood clots (lower legs or lungs) or breathing difficulties due to anaesthesia and surgery in some patients
- Scars that become raised (hypertrophic or keloid)

### **Specific Risks**

- Swelling and numbness
- Painful or unattractive scarring including keloid and hypertrophic scars
- Loss of skin graft or flap
- Subjective dissatisfaction with the final outcome
- Allergic reaction to sutures, tape adhesives and others
- Incomplete excision - may require further surgery
- Recurrence of cancer after 6 months or more