

# Skin cancers

## What types of skin cancer are there, and are they treatable?

There are several different types of skin cancer including squamous cell carcinoma and basal cell carcinoma (also known as a 'rodent ulcer').

For all types of skin cancer, the earlier you receive medical attention, the easier they are to treat successfully.

All types of skin cancer are on the increase - we are not sure why this is but it might be linked to exposure to the sun.

Many types of skin cancer (except melanoma -see below) spread quite slowly compared with many cancers and mostly locally. If they are removed before they have spread, you have a good prognosis.

## What are malignant skin cancers?

Malignant skin lesions are skin cancers.

There are several types of skin cancer, which typically behave in different ways.

Most skin cancers spread slowly over a number of years but some can spread more rapidly to involve lymph glands in the local area or more distant areas.

All cancers can cause great damage and illness if they are not treated.

The type of skin cancer that you might have will be explained to you by your doctor or specialist, who will explain what this might mean to you and discuss the treatment options with you.

## What treatments are available for skin cancer?

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To be able to discuss with you the treatment options that are available, it is important that your doctor or specialist surgeon knows what kind of skin cancer you have. To arrive at this diagnosis, you might need to have a biopsy.

## What is a biopsy for skin cancer?

A biopsy is a sample of a lesion, which can be examined under a microscope. Your doctor or specialist surgeon will explain how this will be done.

## What are the aims of treatment for skin cancer?

The aim of treatment for skin cancer is to give you the best outcome in terms of survival and quality of life. The types of treatment offered to you will depend on the type of cancer, where it is, how long it has been growing (how big it is), whether it has spread and how fit you are generally. Treatment can include:

- Removing the skin cancer surgically, which can be carried out under a local or general anaesthetic
- Removing a margin of tissue around the skin cancer
- Removing some or all of the lymph nodes that drain the area: to check for or prevent local and more distant spread
- If there has been surgical removal, the area will need to be closed up, to ensure that essential functions are maintained and to prevent infection
- If the area to be removed is large or affects important tissues, some reconstructive surgery might be carried out at the same time
- Sometimes, reconstruction takes place at later operations.
- For some types of skin cancer you might have radiotherapy or chemotherapy alone or after the surgery. This is called adjuvant (helping) treatment; at Addenbrooke's this will be carefully planned by a team of surgeons and oncologists.

## How can gaps left after surgical treatment for skin cancer be filled?

It is important for function and the best cosmetic result that we close up and restore the gaps left after the removal of skin cancers. This can be achieved in a number of ways, depending on where and how big the gap is and whether it is just in the skin layer or in deeper tissues. They include:

- Simple joining of the edges of the skin.
- This is possible if the skin will stretch across without affecting function or causing too much of a scar. We will always try to follow the direction that the skin creases so that scars will fall into or lie parallel with skin creases.
- Transferring or rotating pieces of tissue (including skin and sometimes muscle and blood vessels) next to the gap.

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- Surgeons call these flaps. These will be sewn up around the edges to leave a narrow scar around the area.
  - Using skin or taken from a distant site, called skin grafts.
  - Different thicknesses of skin graft are used depending on the site of the gap. This will be explained by your specialist surgeon.
  - If the area to be removed involves underlying bone, we sometimes need to replace bone, which can be taken from a distant site.

These are called bone grafts. Sometimes blood vessels of the bone graft are joined with those near to the gap. A microscope is used to tie sutures that are finer than the thickness of a hair. Your specialist surgeon will explain the details

## **If I have had a skin graft, how will it feel after the operation?**

If you have had a simple skin graft after the operation for skin cancer, we place a cotton wool pack over the graft, which ensures that the healing is undisturbed. The pack is removed after ten to fourteen days.

We will also give you some antibiotics (as tablets and cream) to prevent infection.

## **If I have had an operation for skin cancer, how should I care for the wound after surgery?**

Unless you have had a skin graft, it is unlikely that you will have a dressing on the wound.

It is important that you keep the wound clean to prevent infection and you will be shown how to look after it and where and when to apply any antibiotic cream (usually 3 to 4 times daily).

If you have had skin sutures that need to be removed, these will usually be removed at your first follow-up appointment, which is usually after 5 - 7 days.

## **How long will it take the scar to heal after an operation for skin cancer?**

After an operation for skin cancer, the scar will take some time to heal, which will depend on what you have had done and also on how fast you tend to heal.

Do remember that scars generally look worse before they get better. Scars heal in various phases:

- **Red phase.** This can last up to three months after surgery. The wound can look red and raised and feel tight. It might itch. These are all signs of the body working hard to mend the wound.
- **Pink phase:** This can last for several months after the red phase.

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Using gentle massage and a moisturising cream can soften the scar and aid healing.

- **White phase:** This is the final phase when the scar is fading.

It is usually complete after 12 months after the surgery. It is when the scar has fully matured to leave a pale, flat and soft scar.

## How can I prevent problems with the scar and further skin cancers occurring?

Your doctor and specialist surgeon might have told you that your type of skin cancer can be caused by exposure to the sun. If this is the case, your skin is likely to be more susceptible to sunlight - especially the area that is healing or newly healed. It is important that you protect your skin from sunburn and sun exposure. You can do this by 'Slip, Slap, Slop':

- SLIP: Slip on a shirt
- SLAP: Slap on a hat
- SLOP: Slop on some sun cream