



# Surgical Procedures: Surgery and Staging for Non-Melanoma Skin Cancer

When there are cancer cells in your skin, it is called skin cancer. Skin cancer starts in the outer layer of the skin (epidermis). There are two main types of skin cancer: non-melanoma and melanoma.

This article focuses on non-melanoma skin cancers. The most common types of non-melanoma skin cancer are basal cell carcinoma and squamous cell carcinoma. These cancers don't often metastasize (spread) to other parts of the body.

## What is staging and how is it done?

Staging is a way to find out if and where the cancer has spread in your body. Your provider will have you get a few tests to figure out the stage of your cancer. For non-melanoma skin cancer, these tests may be:

**Physical Exam:** This is an exam to look at your body and to talk about past health issues. A thorough skin exam will be done.

**Biopsy:** A [biopsy](#) takes cells from the cancer or some tissue from your body to see what type of cancer it is and how it behaves. A doctor called a pathologist looks at the sample under a microscope. There are many types of biopsies used to remove pieces of tissue:

- **Shave biopsy:** A sterile razor is used to shave the tissue.
- **Punch biopsy:** A tool called a punch or trephine removes a round piece of tissue.
- **Incisional biopsy:** A scalpel is used to remove some tissue from the area.
- **Excisional biopsy:** A scalpel is used to remove the whole area of tissue.
- **Lymph node biopsy:** Lymph nodes are removed to see if the cancer has spread to them.

**Imaging:** Radiology tests look inside your body to see if the cancer has spread:

- [CAT scan \(CT scan\)](#).
- [Positron emission tomography scan \(PET scan\)](#).
- [Magnetic resonance imaging \(MRI\)](#).

Staging looks at the size of the tumor and where it is, and if it has spread to other organs. Non-melanoma staging depends on possible "high-risk" features (or if the lesion is on the eyelid). Stages of non-melanoma skin cancers are described as stage 0 (carcinoma-in-situ) through stage IV (4) disease. Treatment options depend on the stage of your cancer.

## Surgical Procedures for Non-Melanoma Skin Cancer

Surgery is often used to treat skin cancer. The procedure you have depends on many things, such as the size and location of the cancer. Your care team will talk to you about your specific procedure.

Surgical procedures used to treat skin cancers may be:

**Mohs micrographic surgery:** The cancer is removed in layers and looked at right away under a microscope

to see if there is cancer in that layer. The surgeon will stop removing layers once cancer cells are no longer seen.

**Simple excision:** The tissue/tumor is removed along with some nearby normal-appearing skin.

**Shave excision:** A scalpel/blade shaves off part of the area that needs to be looked at under a microscope.

**Electrodesiccation and curettage:** The tumor is removed with a special spoon-shaped tool. An electrode cauterizes (burns) the area, stopping bleeding and killing any cancer cells that may be left.

**Cryosurgery:** Abnormal cells are frozen and destroyed.

**Laser surgery:** A laser beam is used to remove abnormal tissue.

**Dermabrasion:** The surface layer of skin is rubbed away with a special tool.

In some cases, skin grafting may be used to close the wound. When this is needed, skin from another part of the body may be used. Some patients may need or want reconstructive or plastic surgery.

## What are the risks of non-melanoma skin cancer surgery?

As with any surgery, there are risks and possible side effects. These can be:

- Infection.
- Bleeding.
- Scarring.
- Pain.
- Change in how the skin in the area looks and works.
- Skin graft rejection (your body doesn't accept the new skin), if a skin graft is needed.
- Nerve damage.
- Cancer recurrence (the cancer coming back).
- Cancer cells may be left in your skin.
- Change in how you look.

Call your care team if you have:

- Fever or chills (your care team will tell you at what temperature you should call them).
- Redness, swelling, pain, bleeding, or drainage at the incision (where the surgeon cut).
- A new opening of your incision or stitches.
- Any new or worsening pain.

## What is recovery like?

Recovery from surgery depends on the procedure you have had. Your care team will talk to you about caring for your incision at home. They will talk with you the medications you may be taking, such as those for pain and blood clot prevention, and any other conditions.

## How can I care for myself?

You may need a family member or friend to help you with your daily tasks until you are feeling better. It may take some time before your team tells you that you can go back to your normal activity.

Be sure to take your prescribed medications as directed to prevent pain, infection and/or constipation. Call your team with any new or worsening symptoms.

There are ways to manage constipation after your surgery. You can change your diet, drink more fluids, and take over-the-counter medications. Talk with your care team before taking any medications for constipation.

*This article contains general information. Please be sure to talk to your care team about your specific plan and recovery.*

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