AN INFORMATION SHEET
XANTHELASMA

Xanthelasma is the name given to the yellow fatty deposit in the eyelids. (The plural is xanthelasmata.) Xanthelasma is not cancerous but can be associated with the condition of excess fat in the blood "hypercholesterolaemia". This can be associated with heart disease and so someone with a xanthelasma should have their cholesterol level checked. (Ask your general practitioner about it.) It is usually easy to remove xanthelasma.

If the xanthelasma is very thin and superficial it may be possible to apply a chemical to it which causes it to dissolve and as the skin peels off so the xanthelasma comes away at the same time. This is something which can be done in an out patient clinic with no special preparation. The outer layer of the skin is painted with Trichloracetic acid. The skin goes white for half an hour or so and then pinks up and then starts to crust. Sometimes it simply hardens and then after 4 or 5 days this outer layer of skin peels away containing the yellow xanthelasma. If, however, the xanthelasma is very thick this form of treatment won't work. Nevertheless, it may be worth trying because it is such a simple treatment and so cost effective.

Unfortunately the majority of xanthelasmata appear as small thick lumps which become progressively larger and wider and thicker. They do this over months or years and they become an embarrassment. By this stage they have to be cut out.

There is usually enough loose skin to make it possible to remove the xanthelasmata without making the skin too tight. The scars from this are usually very acceptable because in the end they look like simple little wrinkles. Xanthelasmata seem to be random in size and position and we don't know why they appear in the eyelid rather than elsewhere on the body. They usually appear first at the inner end of either the upper or the lower eyelids. Sometimes there is only a single patch and it looks like a small cyst but more often there are two or three patches. They seem to grow at varying rates, sometimes they remain unchanged for years but others double in size in a matter of months.

It would be useful to be able to prevent them altogether but no-one has discovered a way of doing this. When the surgeon cuts out the yellow patch it is usual to remove

only the patch itself with a minimal margin of normal skin around it. To take more skin doesn't seem to be worthwhile. No-one has shown that one can prevent the recurrence by taking out more normal looking skin in the area of an existing xanthelasma.

Recurrence of xanthelasmata is, unfortunately, quite common even though the cholesterol level may have been brought under very good control. The speed of recurrence is extraordinarily variable. I have seen it occur in months in some people but after 10-15 years in other people. I do not know what the official risk of recurrence is but I would estimate it to be in the region of 20-30%.

The recurrence may be a signal to get the cholesterol level re-checked.

THE OPERATION

The operation is usually simple and relatively painless. It is done usually under local anaesthetic as an out patient but in an operating theatre. The person turns up to the hospital about half an hour before the appointed operation time, completes the paperwork and then waits in the day ward until called to the operating theatre. After the consent has been found, the surgeon makes sure that the xanthelasmata to be removed have been identified (please bring a mirror if you can remember) and the surgeon will invite you then to lie down and will inject the skin underneath the xanthelasma with a tiny amount of local anaesthetic. This will cause momentarily stinging but is very easily tolerated by 99% of people. A small number of people are extremely frightened by the prospect of an injection anywhere near the eye and if you are one of these people discuss it carefully with the surgeon first.

The patient lies down with their head on the pillow and the operation proceeds within a few minutes after enough time has been allowed for the local anaesthetic to work. The surgeon usually stitches the skin together with tiny stitches and sometimes uses non-dissolvable and sometimes dissolvable stitches.

The operation usually takes between 5 and 20 minutes per yellow patch, depending upon the size of the patch and the number of stitches to be used.

Sometimes it is worth having a small wound dressing over the stitches for 24 hours after the operation, particularly if the wounds tend to ooze or bleed but many people need only a tiny smear of ointment or Vaseline. If a dressing has been used it is removed after 24 hours and then some Chloramphenicol eye ointment is smeared along the line of the stitches once or twice day thereafter until the stitches have been

removed. The stitches usually stay in for 4 or 5 days and are best taken out by the surgeon or someone else with keen eyesight and a steady hand. The use of magnifying spectacles makes this much easier. If dissolvable stitches have been used there is officially no need to remove the stitches but in fact unless they have been placed underneath the skin it may still be worth removing them if they are on the outside because they may otherwise leave visible marks.

After stitches have been removed the wound may remain quite delicate and easily disrupted by firm rubbing of the eyes and so it is best not to rub the eyelids for 3 or 4 days after the stitches have been removed.

The wounds look red to purple at first but then tend to fade gradually over two months. After two months the scars may tighten and thicken and cause slight puckering of the skin and this can be a bit worrying for the patient because the scar may look more obvious then than before. The scar will then start to soften again and smooth out so that two months later it will be soft again and far less noticeable. Most surgeons don't make specific arrangements to see their patients beyond 3 months, unless it is obvious that there will be difficulties but it is left to the patient to return see the surgeon if problems arise or if new patches of xanthelasmata appear.

COMPLICATIONS

Complications from this operation are rare and seldom serious. The commonest are "dehiscence", bruising and bleeding, infection, soreness and scarring.

DEHISCENCE MEANS THAT THE WOUND OPENS UP BEFORE IT HAS HEALED PROPERLY.

This can happen if the wound has been closed under great tension or if the person rubs their eyelid unconsciously and they break open the wound accidentally. Fortunately, it is not a terribly serious matter and it is usually acceptable to leave the wound to heal by itself without further replacement stitches. However, if the patient is very worried about it, it may be worth trying to tape the wound together or to put in new stitches. Obviously if the wound is bleeding then re-stitching may be necessary. This might mean having to go back to the operating theatre but not necessarily. It usually doesn't cost the patient any extra because this type of

operation is usually covered either by the insurance or by a fixed cost arrangement, which guarantees the cost of any treatment for complications.

BLEEDING AND BRUISING ARE COMMON PLACE.

Bleeding nearly always stops within a few minutes and this can be helped by a wisp of cotton wool on the wound and/or slight pressure or a cold compress on the bleeding point.

Bruising may be apparent by the end of the operation or may arise several hours later. It comes about by the bursting of tiny capillaries in the skin sometimes just from the injection alone or sometimes from the cutting of the skin and sometimes from the stitching. There is not much that the surgeon can do to prevent bruising. Some people are much worse bruisers than others. If you are a known bruiser and believe in the use of Arnica then certainly there is no harm in trying Arnica and if you are going to use it it may well be best to start taking it a day or so before the operation. Some people find Witch Hazel very useful after the operation.

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