KEY POINTS

- Most eyelid tumors of the canine eyelid are benign while those of the cat are more locally aggressive and may be malignant.
- Up to one-third of the eyelid may be removed and a primary closure performed.
- Most failures/complications associated with surgery of the eyelids and conjunctiva are the result of poor suture selection and poor suture placement. Correct suture selection and placement will do more to prevent self-trauma than an e-collar.
- Magnification is essential to accurately repair and re-position adnexal tissue.
- Pre-operative NSAID’s will improve post-operative comfort and outcome.
- Following adnexal surgery, warm, moist compress of the sutures, keeping them free of debris will greatly improve outcome.

The first point to remember is the eyelids have only one purpose, to serve the cornea. Surgical management of an eyelid tumor is indicated if it is irritating the cornea, impairing eyelid function, enlarging in size, bleeding or otherwise irritating the animal. If eyelid surgery is performed, it is essential to ensure anatomic restoration and preservation of function following surgery to maintain corneal health.

The rule of thumb is that up to one-third of the eyelid margin may be removed and a primary closure performed. This is only true if the tumor originates at the 6 or 12 o’clock position where closure occurs equally from both nasal and temporal. Tumors originating from a more nasal or temporal position must involve less than one-third of the eyelid margin if a primary closure is planned. In addition, primary closure may be more difficult in the cat and certain breeds of dogs (terrier, miniature schnauzers) as the eyelid skin is less moveable and the eyelids are “tighter” to the globe.

When possible, conjunctiva should be preserved. This is especially true for larger resections where an advancement graft is planned. In many instances skin can be mobilized and advanced, but it is more difficult to replace conjunctival tissue required to line the skin flap. Care must be taken medially to avoid damaging the nasolacrimal (NL) puncta and duct. If the tumor involves the NL apparatus, silicone tubing can be placed in the NL duct and left in situ for 4-6 weeks allowing the tissues to heal and the duct to remain patent.

The two most common mistakes made when reconstructing an eyelid are to select suture that is too large and a failure to accurately restore the eyelid margin. In general, 6-0 or small suture is indicated for eyelid reconstruction regardless of the species. When a 2-layer closure is indicated, 6-0 to 7-0 polygalactin may be used for the deep layer. It is essential to ensure that all suture is buried and cannot contact the cornea. The skin closure always begins at the eyelid margin. A cruciate or figure-eight pattern is preferred to reconstruct the eyelid margin and 6-0 monofilament, non-absorbable suture is preferred. Magnification is indicated for all eyelid surgery. In general, a good set of surgical loupes with 2.3-4X magnification will work well. Jewelers loupes are not an acceptable means of magnification.

In addition to excision, cryosurgery, radiation therapy, chemotherapy and other therapeutic modalities may be considered depending on tumor location and type.