
Curette and Cautery of BCC – Pros and Cons

For **small BCCs under 10 mm**, limited to:

- Superficial BCC and nodular BCCs

1. General Advantages of Curette and Cautery

Quick and simple treatment

- Usually done in a single visit – much faster than a surgical excision
- No stitches

Good cure rate in carefully selected BCCs

- Works best for **small, well-defined superficial BCCs**
 - Can also be suitable for **small, well-defined nodular BCCs**
 - Cure rate depends heavily on choosing the right lesion and good surgical technique
 - Australian GP guidance describes curette and cautery as appropriate for **carefully selected low-risk lesions**. ([RACGP](#)) – target cure rate **90-95%**
 - New research on improving success rate further by combining non-surgical techniques
- nodular BCC? ✓
superficial BCC?

No stitches

- The wound is left to heal like a graze
- Can be helpful on areas where stitched wounds may pull apart
- **Much quicker to get back to usual activities**

Complications are less likely (infection) and less severe (bleeding and infection)

Lower cost

- Usually cheaper than excision

Useful for patients with multiple small BCCs

- Can be less onerous than repeated excisions
 - Especially useful when patients develop multiple low-risk lesions over time
-

2. General Disadvantages of Curette and Cautery

Clearance rate is lower than excision – even perfect technique

- Poor technique or poor lesion selection will lead to higher recurrence rates.
- This is the main trade-off compared with surgery.

Not suitable for all BCCs

Not suitable for:

- Aggressive BCC subtypes or recurrent BCCs.
- BCCs where margin certainty is especially important

Scar is still expected

- Usually, a round scar rather than a line
- Often pale, flat or slightly indented

Healing can take time

- Scab can take several weeks to fall off, especially on the lower legs and trunk

Skin can tear

- Older, sun-damaged skin can tear during curettage
-

3. Site-Specific Considerations

Face

Considerations

- Face lesions have a higher reoccurrence rate
 - Recurrence on the face can be more troublesome to treat later
 - Round pale scar may be visible may be more obvious than a well-hidden excision scar
-

Torso: chest, back, abdomen

Considerations

- Allows return to physical activity much quicker
- Chest and upper back can form thicker scars

Limbs

Considerations

- Allows return to physical activity much quicker (except swimming as takes longer to form a scab)
- Lower legs heal more slowly
- Higher risk of delayed healing or infection
- Dressings may be needed for longer

4. Demographic Considerations

Mature patients 55+

Considerations

- Often useful when have multiple skin cancers and feel like you are feeling like you live at your skin cancer doctor's surgery
- Less time lying on an uncomfortable surgical bed getting cramps
- Blood thinners may increase bleeding or oozing

Younger patients 20–55

Considerations

- Usually heal faster
- Can reduce the number of surgical scars over a lifetime

Limitations

- Scar appearance may matter more
 - Chest, shoulder and upper back scars may become thick or noticeable
 - If getting BCCs young, they may need many treatments over time, so avoiding unnecessary excisions can be useful — but only when lesion selection is safe
-

5. Work and Recovery

Location	Shower*	Dressings	Light Activity	Heavy Activity
Face	2 days	1 - 7 days	1–2 days	2 - 3 days
Neck	2-3 days	3–14 days	1–2 days	2 – 3 days
Torso	2-4 days	3 – 14+ days	1–2 days	2 - 3 days
Arm	2-3 days	3 – 14 days	1–2 days	2 -3 days
Leg	2–5 days	3 – 14+ days	1–2 days	3 - 5 + days

*If covered by a waterproof dressing, patients may be able to shower earlier.
