

Melanoma

Information for your surgery

While on treatment

This handout is to help you learn about the surgery you need for melanoma.

What is melanoma?

Melanoma is a cancer of the cells which produce the colour of your skin. Melanoma begins on the skin's surface where it is easy to see and treat. If given time to grow, it can grow down deeper into the skin and spread.

Melanoma is curable when found early, but can cause death if allowed to progress and spread. The goal is to find the melanoma early when it is still on the surface of the skin.

Surgery for melanoma

During surgery, the melanoma or growth is removed along with some normal looking skin around it. This is usually done under a general anesthetic.

Removal of the normal looking skin is known as taking margins. How much skin is removed depends on the size of the melanoma and how deep it is in your skin. Usually about 1 to 2 cm of skin is removed from around the melanoma or previous biopsy scar. This is done to be sure that no melanoma is left behind, and to decrease the chance of it coming back.

Sometimes a skin graft is needed to cover the area. This depends on where on your body the melanoma is removed. A skin graft is when skin is taken from one part of your body and used to cover another part.

During surgery sentinel lymph nodes may be checked to see if the melanoma has spread.

What is sentinel lymph node surgery?

Deeper melanomas can spread through the blood and lymph nodes. Lymph nodes are like filters and drains – they help clean your body's tissues. Chains of lymph nodes are found throughout the body and drain fluid. Different lymph nodes serve different parts of the body.

Sentinel lymph node surgery is done to find and test the first lymph node into which the melanoma may drain. It is also called sentinel node mapping. If the lymph node contains melanoma it is positive. Or, if the lymph node does not have any melanoma it is negative. This is important to know for planning your treatment.

Injections for the surgery

Injections of 2 substances are needed:

- Radiocolloid, (radioactive material) which has very little amounts of radioactivity.
- Blue dye (allergic reaction is 1%, or 1 out of 100 patients). The dye turns the skin area blue which will usually fade away.

In the Nuclear Medicine Department a small amount of Radiocolloid is injected near the melanoma or biopsy site before surgery. The blue dye is then injected in the Operating Room while you are under anesthesia.

The lymph nodes that pick up these substances first are the ones that are draining the melanoma and may contain cancer cells.

The surgeon may need to do 2 or 3 incisions (cuts). This depends on the locations of the lymph nodes. The surgeon removes the lymph nodes. The lymph nodes are sent to the lab to be examined under a microscope for cancer.

Note: The dye can cause your urine to be blue-green. It is usually washed out of your system in about 12 hours.

What are the risks of sentinel lymph node surgery?

- Numbness and tingling can occur around the incisions, which can last a few months.
- Infection and bleeding are not common.
- Fluid build-up is common.
- Lymphedema, which is chronic swelling. This occurs in less than 5%, or 5 out of 100 patients.

Care after surgery

- ✓ Keep the area clean. If it gets wet, pat dry. The stitches will dissolve.
- ✓ If possible, raise the area to help decrease the swelling.
- ✓ Call the surgeon if you notice:
 - increasing redness, tenderness and swelling around the surgery area
 - you have a fever of 38°C or 100°F

Follow-up

Your appointment with the surgeon is in 2 weeks. At this time other appointments with the oncologist (doctor who specializes in cancer) will be arranged.

Further tests, surgery and treatments depends on the results of the sentinel lymph node surgery. You may hear the term staging. Staging means how much of the cancer is in your body. Knowing the stage of the melanoma helps the doctors plan your treatment.

More information

The Canadian Cancer Society www.cancer.ca

Visit our Patient and Family Resource Centre, which is in the lobby of the Cancer Centre, or contact:

Phone: 905-387-9495, ext. 65109

E-mail: jccpfrcentre@hhsc.ca

Website: www.jcc.hhsc.ca/



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