

# Melanoma Surgery

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## Radical (Complete) Lymph Node Removal: Axilla (Armpit) and Inguinal (Groin)

**Information for individuals  
with melanoma and their families**

To our patients and their families:

We encourage you to use this book as a guide to learning about melanoma.

You are the most important part of your team and can expect high quality, evidence-based treatment and compassionate care from your cancer specialists.

Together we will provide you with information and support, so that you can make informed decisions and take active part in your care. Please feel free to talk with us about your health and any concerns that you may have. We welcome your questions at any time.

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## Timeline for Patients Having a Wide Local Excision and Radical Lymph Node Dissection

**1 to 4 weeks**  
after you sign consent for surgery

**1 to 2 weeks before your surgery**  
It is mandatory to attend a pre-op clinic  
appointment to review medications and consult  
with the anesthesiologist.

Your surgeon's office will call you with:

1. Your surgery date
2. Your Pre-anesthesia Assessment appointment date and time (Mandatory visit)
3. The date and time of any other appointments you need

Your surgeon's office phone number:

\_\_\_\_\_

Pre-anesthesia Assessment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

St. Joseph's Pre-op Clinic – 100 West 5<sup>th</sup> Street, Hamilton, (905) 522-1155

HHS West End Clinic – 690 Main Street West, Hamilton, (905) 521-2100

\_\_\_\_\_

**The day of your surgery**



**Surgery**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Check-in location for your surgical procedure:**

**Hamilton General Hospital (HGH)**

**Juravinski Hospital (JH)**

**St. Joseph's Hospital (SJH)**

One week after surgery  
if you had a skin graft

2-4 weeks following your surgery  
if you did NOT have a skin graft

**\*Pathology results will not be available at this appointment**

Surgeon: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Hamilton General Hospital (HGH)

Juravinski Cancer Centre (JCC)

St. Joseph's Hospital (SJH) Surgical  
Outpatient Clinic Fontebonne Building Level  
1

**\*Pathology results may be reviewed at this appointment**

Surgeon: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Hamilton General Hospital (HGH)

Juravinski Cancer Centre (JCC)

St. Joseph's Hospital (SJH) Surgical  
Outpatient Clinic Fontebonne Building  
Level 1

**Survivorship Planning and Follow-up**



**Follow-up surgeon appointment**

**Discharge to family doctor**

**Referral to radiation oncologist**

**Referral to medical oncologist**

**Discharge or referral to dermatologist**

**Surveillance investigations**

**Referral to lymphedema class**

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## Section One: Surgery for melanoma

### Types of surgery

There are different methods of surgery for various types of cancer. Each type of cancer has its own way of growing or spreading which helps your health care team determine which type of surgery is best for you.

To surgically remove cancer from the body, a surgeon must remove not only the original tumour but also any cancer cells that may have travelled in the body. This may include nearby lymph nodes.

Cancer cells are very small and typically not visible until they have grown to a few million cells even under the best imaging. This means, even after the surgery, there is a small chance that cancer cells are left behind. There is always a small risk that these cells may grow again.

There are different surgical options depending on the depth and features of the melanoma, your overall health, and your preference. Typically, you will be given options for a surgery in combination with a lymph node surgery.

## Types of surgery

### Skin surgery (at the site where the original biopsy was completed):

- **Wide Local Excision (WLE)**

Your surgeon will mark 1 to 2 centimeters of normal skin (margin) around the melanoma or scar; this will be removed as your wide local excision. This “margin” of normal skin is necessary to reduce the risk of the melanoma coming back. The skin and underlying fatty tissue all the way down to the fascia, the layer overlying the muscle, is removed. No muscle is removed with surgery.

If your melanoma is located underneath the fingernail or toenail, a partial amputation is usually required for this margin.

The skin will be stitched back together after the melanoma is removed. Some stitches dissolve and do not need to be removed. Others will be taken out about 3 weeks after the surgery.

Your wide local excision surgery may also include other procedures such as a *sentinel node biopsy* and/or a *skin flap* or *skin graft*.

#### **Possible risks with this surgery include:**

- infection
- bleeding
- pain/numbness at the incision
- changes in skin appearance/scar
- seroma (fluid collection under the incision)
- dehiscence (incision can open up)
- may need further surgery to ensure all of the cancer cells are removed
- recurrence of melanoma (it can come back)

### **Reconstructive surgery:**

You may require some reconstructive surgery at the time of your wide local excision and sentinel lymph node biopsy.

Simple reconstruction uses skin next to the melanoma site to close the skin defect.

More advanced reconstructive options use other means to close the skin defect. In some cases, a skin graft – taking skin from another area of your body and transplanting it to close the wide local excision defect – is required.

Before your procedure, your surgeon will discuss with you which reconstructive surgery you may require for your melanoma surgery.

### **Lymph node surgery:**

The lymphatic system removes cells related to infection or cancer. Lymph nodes are small bean-shaped structures that are part of the body's immune system. The body has hundreds of lymph nodes, clustered throughout in groups. Each lymph node "basin" drains the extremity or organs in its vicinity.

Once melanoma affects the skin, it is possible for it to spread to the lymphatic system.

When there is no evidence of lymph node involvement, sentinel lymph node biopsy is performed. This procedure looks for microscopic cancer in lymph nodes.

If the lymph nodes have been found to be involved by melanoma, your surgeon may recommend removal of the nodes in that lymph node basin. This surgery can remove known cancer in your body and prevent further growth, pain, infection or other complications.

### **Radical Axillary (Armpit) Lymph Node Dissection:**

This dissection may be recommended if lymph nodes in either armpit are known to contain melanoma. It can be related to a melanoma that started on the skin on the upper body or its origin may not be known.

In the axilla, there are three groups of lymph nodes (I, II, III). Usually, all three levels of lymph nodes are removed because microscopic amounts may not be visible at the time of surgery.

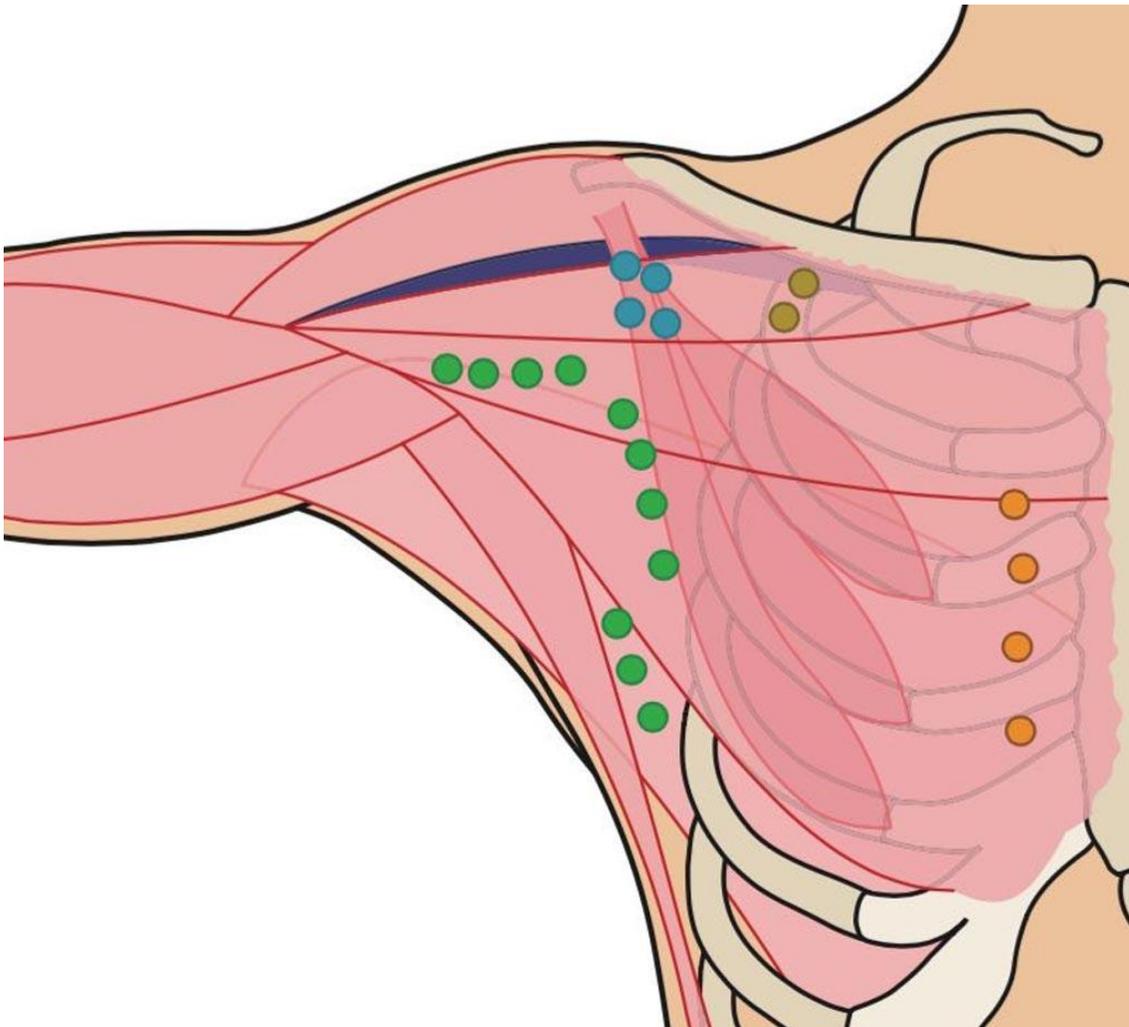


Image source: gograph.com

### **Radical Inguinal/Pelvic (Groin) Lymph Node Dissection:**

This procedure, also called inguinal or pelvic lymph node dissection, can be related to a melanoma that started on the skin on the lower body. In some cases, a primary site is not known.

In the groin, there are shallow groin lymph nodes (located between the skin and the abdominal wall) and deep groin lymph nodes (located underneath or deep in the abdominal wall muscles). Your surgeon will advise you if the shallow lymph nodes alone need to be removed, or if both the shallow and deep lymph nodes need to be removed because there is a chance that microscopic amounts may not be visible at the time of surgery.

Complete removal of the lymph node tissue can leave structures exposed and at risk of damage. To prevent this, your surgeon may detach part of a muscle in the groin to cover the affected nerves and blood vessels. Post-operative muscle weakness is not expected.

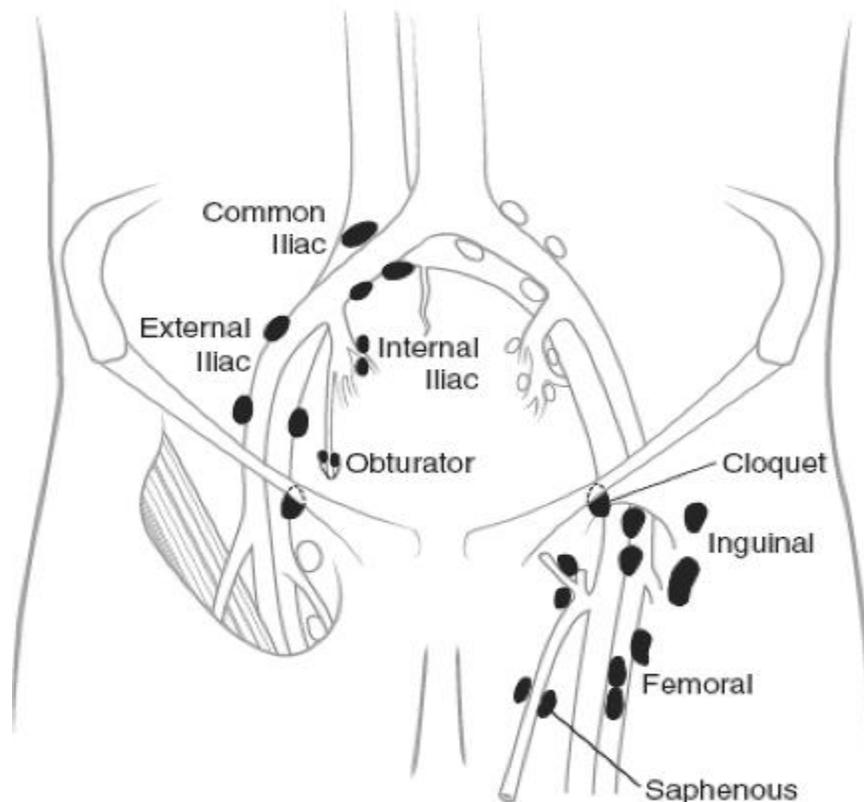


Image source: basicmedicalkey.com

After lymph nodes are removed, it is normal for fluid to produce and fill the site so surgery includes the insertion of a drain. This collects fluid, removes it from the surgical site and promotes healing. The drain may stay in place for 2-6 weeks. Fluid amounts can change from day to day but decrease with time. Management of your drain is in the Drain Care Section of this manual.

**Possible risks with axilla and groin lymph node dissection surgery include:**

- infection (higher risk in groin lymph node surgery)
- bleeding
- numbness of the armpit or thigh
- tingling of the arm or leg
- scar formation
- dehiscence (incision can open up)
- lymphedema (swollen arm or leg) that can be mild or serious, requiring looser clothing or shoes, depending on patient. The risk of developing lymphedema is estimated to be 20-60 %
- blood clots in the deep veins of the leg

## Section Two: Getting ready for surgery

### Jewelry

- Take off all jewelry (including wedding bands) and all body piercings before you come to the hospital. If you cannot remove rings, they will be cut off.

### Make-up

- Take off all make-up and remove all nail polish from your fingers and toes, as your oxygen level during surgery will be measured through your fingernails or toenails.
- **DO NOT** use perfume, cologne, scented creams, body lotion, and deodorant or hair products on the day of your surgery.

### Bathing

- You may shower and wash your hair on the morning of your surgery
- **DO NOT** shave the area where you will have surgery such as your armpit.
- **DO NOT** use body lotion, hair products, talcum powder, baby powder or deodorant on the day of your surgery.

## Food and drink

- **DO NOT** eat any food after 12 midnight on the night before your surgery, except the clear liquids instructed by your anesthesiologist at your pre-op appointment.
- **DO NOT** drink milk, orange juice, any juice with pulp, or alcohol after midnight.
- Up to 2 hours before surgery, you may drink up to 300 milliliters/10 ounces of clear fluids such as water, clear juices (apple juice, cranberry juice, or Gatorade) or coffee/tea **WITHOUT** milk, cream or whitener.

## Medications

- **DO NOT** take any medication with acetylsalicylic acid or ASA (Aspirin); or blood thinners (Warfarin, Coumadin, Apixaban, Dabigatran, Rivaroxaban, etc.) 5 to 7 days before your surgery.
- **DO NOT** take any herbal remedies or homeopathic medicines (prescribed or over-the-counter) for 14 days before your surgery. They can cause bleeding problems during your surgery.

## Day of surgery:

Please arrive as instructed. The 2 hours before surgery are required to prepare you for your procedure. Arriving late may result in your surgery being cancelled.

## Section Three: After surgery

### Follow-up care

#### Incisions

The incisions may be swollen, bruised and painful. The incision may feel lumpy like a ridge – this is normal. With the reconstruction your surgeon has performed, it is normal to have some fullness at both ends of the wound. You will have sutures (stiches) that are covered by bandages or tape. Take the pain medication that your surgeon prescribed, if you require it.

#### Pain

It is not normal to have severe pain. Pain may vary depending on your physical activities. Each week following surgery, you will experience less pain than the week before. , You will likely have had local anesthetic (numbing medication) injected by your surgeon at the surgical site(s) to decrease your pain level. . This medication will wear off within a few hours after your surgery. At this time, you will need to consider taking the pain tablets you have been prescribed.

To manage your pain, we suggest that you:

- Take your prescribed pain medication as recommended by your surgeon
- **Do not** wait until the pain is severe before taking the pain medication
- Take your pain medication 30 minutes before planned exercise and at bedtime
- Slightly elevate the arm or leg (corresponding to where your wide excision and sentinel lymph node biopsy site is located) to help decrease tight surgical areas around the wound and help with circulation and swelling.



**Do not drive while taking narcotics for pain control.**

### **Wound care**

Before you leave the hospital, you will be told how to take care of your incision site(s). You may have two layers of dressing on your incision. The white inner layers directly on the skin over your incision are called steri-strips. The second (outer) layer of dressing is a large bandage. Take the second layer (large bandage) off 2 days after surgery.



First layer of dressings on the incision are called steri-strips.

These may naturally fall off on their own in 1-2 weeks.

You can shower with steri-strips on, but make sure to dab them dry with a clean towel afterwards.

Second layer of dressing can come off 2 days after your surgery.

You can start showering after this layer comes off and pat steri-strips dry.

Stitches are typically underneath the skin and dissolve on their own.

- You may have non-dissolving stitches in your incision; these are typically black or blue. A bandage or gauze type dressing is placed

over top of the stitches. This dressing can be removed 2 days after your surgery.

- Two (2) days after your surgery, remove the outer dressing, leaving the steri-strips on. You may then shower. After showering, pat the steri-strips dry. **Do not** apply creams, powders, ointments, deodorants or perfumes, until your follow up with the surgeon.
- Do not take herbal remedies by mouth or use any topical ointments/creams on your incision without speaking with your surgeon.
- Avoid tub baths, hot tubs and pools until your wound(s) has/have healed fully or until cleared by your surgeon.
- **It is normal to have some swelling and bruising at/around the site(s).**
- **Temporary swelling in the extremity is common.** Elevate your arm or leg above your heart for 45 minutes three (3) times a day to help promote circulation.

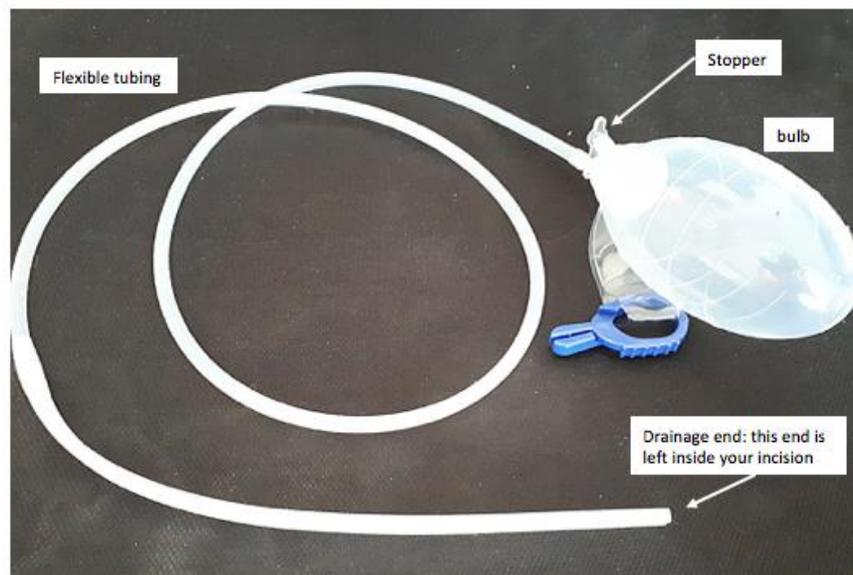
## Drain Care

Your surgeon will send a referral to community care nurse/home care nursing agency to assist you with caring for your surgical drain and other incisions. You will receive a call from the nursing agency once you leave the hospital.

You will receive instructions to attend a community wound clinic and you will be seen while your drain is in place. The drain will likely be removed by the nurse based on instructions provided by your surgeon and the amount of drainage.

The fluid in your drain will first appear bloody, then pink and then clear yellow. The amount will generally decrease over time. On days you are more active you may notice more fluid.

A typical surgical drain is pictured below. A portion of the cord will be placed under the skin in your incision. The reservoir (oval part with measurements) will collect the fluid. A stitch will hold the drain to the area where it exits your skin. A gauze dressing will usually be placed over top of this site.



**Instructions for drain care:**

- You will be taught how to empty your drain:
  - every time it is near full
  - does not hold suction
  - or at least 3-4 times per day (every 6-8 hours).
- You should empty the drain right before you go to sleep and when you first wake up in the morning. The home care nurse will assist you but you and/or your family member or caregiver should also know how to empty the drain.
- How to empty your drain:
  - Clean your hands.
  - Remove the plug from the drain bulb and empty the fluid from the reservoir bulb into the measuring cup. Record this measurement on the chart in this section.
  - Squeeze the air out of the bulb, and then put the plug back on to maintain suction.
  - Empty the fluid in the measuring cup into the toilet and flush.
  - Pick one time of day (for example, within one hour of waking) to start each new day in your drain output log.
- You should “milk” or “strip” your drain every 1-2 hours while awake. This process involves clearing the clot or tissue from the drain by squeezing; passing the clot into the bulb so the fluid will continue to drain.
- Your drain will be removed by the home care nurse or your surgeon. This usually happens when the output amount is less than 25 milliliters in 24 hours for 2 consecutive days.





## Self-care after your surgery

### Diet

- There is no specific diet after surgery, but it is always good to eat a well-balanced diet and include lots of fruit and vegetables.
- Drink plenty of fluids.

### Showering

- You should sponge bathe for the first 5 days following surgery. After this point, you can shower. Cover the drain insertion site with a waterproof dressing and change it after your shower. Do not scrub or rub any of your incisions and do not go into a pool or hot tub for 5 days following **drain removal**.
- If you plan to shower with your drain in place, secure it to a lanyard around your neck. Make sure it will not hang as the drain may accidentally be pulled out.

### Activity

It is normal to feel tired after your surgery. Plan for regular periods of rest. We suggest that 4 to 6 weeks after your surgery you:

- Do not do strenuous activity or heavy lifting greater than 15 lbs. until you see your doctor
- Do not participate in contact sports
- Go for walks (you can start right after surgery)
- Shower before exercising to help loosen muscles
- Use the exercise guide in this booklet to keep mobile



**Do not drive until you are pain free and you get normal range of motion back to your arm or leg.**

## **Lymphedema**

Swelling of the arm(s) and/or leg(s) is caused by the removal of lymph nodes and inability of the lymphatic system to drain lymph fluid effectively. You may have numbness, discomfort, tightness and sometimes infection.

### **Prevention of lymphedema**

- Exercise regularly but speak with your doctor first before starting/resuming exercise program like weights.
- Gradually increase activity of affected arm or leg.
- Maintain ideal body weight; overweight patients are more likely to develop lymphedema.
- Wear loose fitting clothing and jewelry.
- Do not carry heavy bags or purses on the affected side.
- Avoid skin injury on the side of the surgery. Wear protective equipment such as gloves while gardening and slippers/shoes when walking outdoors. If an infection occurs, seek medical attention earlier, as lymph node surgery decreases the ability of that extremity to clear an infection.
- Wear sunscreen at all times to avoid sunburns and skin breakdown.
- Avoid lying on the affected side for long periods of time.

## **Exercises after lymph node surgery**

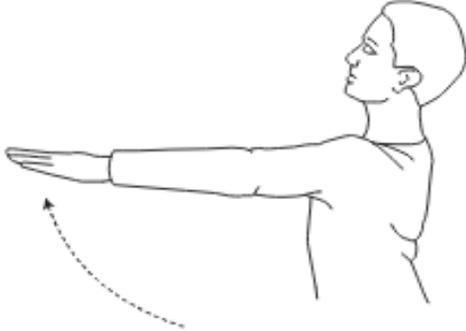
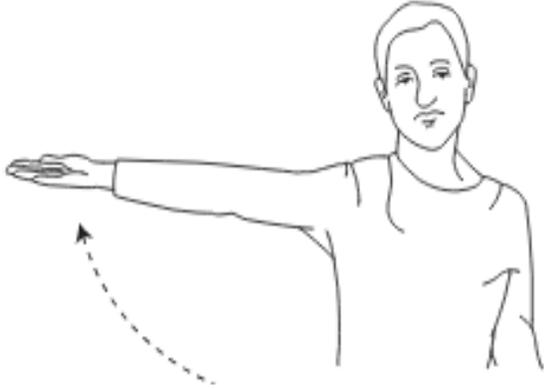
Lymph node surgery may limit the strength and movement of your arm, shoulder, or leg. You may feel stiff and weak in this area and the skin may feel tight, but exercises can be helpful. Your balance may also be affected causing stiffness in your head and neck.

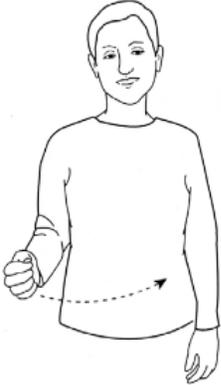
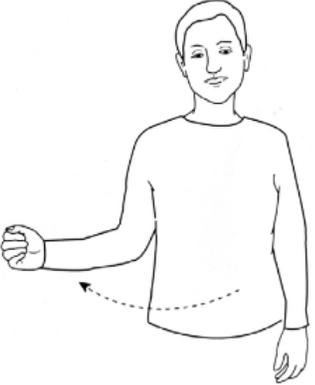
All exercises should be done slowly and with control. Pain is not the goal, only light stretching.

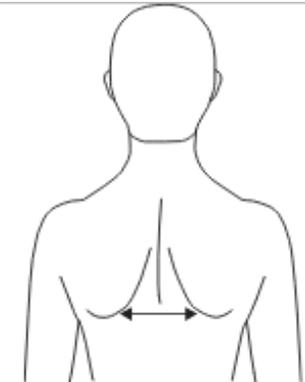
Doing these exercises after surgery:

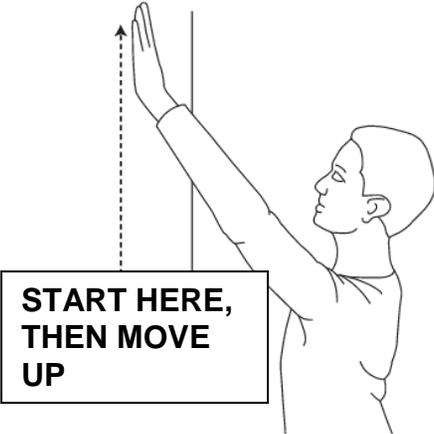
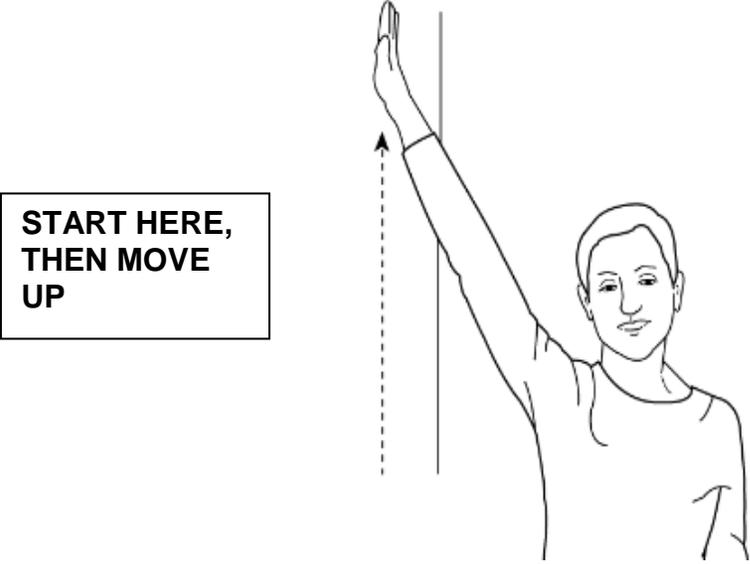
- will help bring back the movement and strength of your arm and shoulder
- will decrease the stiffness and increase the movement of your head and neck
- may avoid, control or decrease pain
- may avoid, control or decrease swelling
- will make it easier to prepare for radiation therapy, if needed

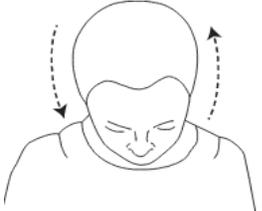
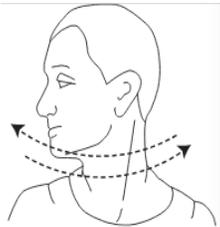
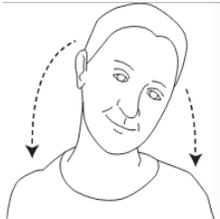
Exercises following Lymph Node Surgery: Your surgeon will check the boxes next to the exercises recommended for you.

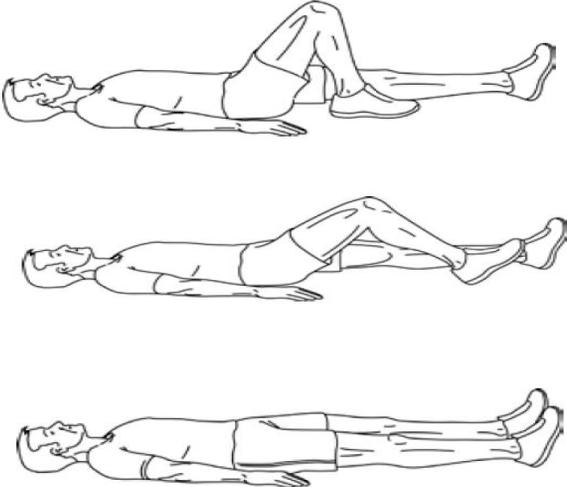
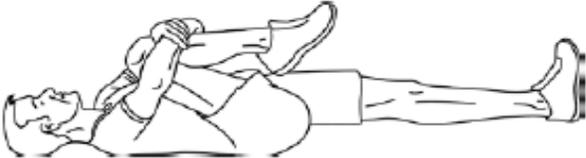
To Do:	Exercise Name	Description	
<input data-bbox="117 334 212 423" type="checkbox"/>	<b>Shoulder Flexion</b>	<ul style="list-style-type: none"> <li>- Lift arm of the affected side(s) straight up in front of you. Stop at 90°. There should be no pain.</li> <li>- Do up to 10 times</li> <li>- Do the exercise 2 to 3 times a day</li> <li>- Increase past 90° slowly each day</li> </ul>	
<input data-bbox="117 862 212 951" type="checkbox"/>	<b>Shoulder Abduction</b>	<ul style="list-style-type: none"> <li>- Lift arm of the affected side(s) straight out to the side. Stop at 90°. There should be no pain.</li> <li>- Do up to 10 times</li> <li>- Do the exercise 2 to 3 times a day</li> </ul>	

	<p><b>Shoulder Rotation</b></p>	<ul style="list-style-type: none"> <li>- Do up to 10 times</li> <li>- Do the exercise 3 times a day</li> </ul> <p><b>A</b> Start with your elbow of the affected side(s) beside your body, your arm bent at 90° so that your forearm is level with the ground</p> <p><b>B</b> Slowly bring your hand in towards your belly, keeping your elbow tucked by your side</p> <p><b>C</b> With your elbow tucked by your side, move your hand away from your body as far as you can comfortably go. Stop if you feel pain.</p>	<div style="display: flex; justify-content: space-around; text-align: center;"> <div data-bbox="1228 251 1449 730"> <p><b>A</b></p>  </div> <div data-bbox="1480 251 1680 730"> <p><b>B</b></p>  </div> <div data-bbox="1711 251 2026 730"> <p><b>C</b></p>  </div> </div>
	<p><b>Hand Pump and Squeeze</b></p>	<ul style="list-style-type: none"> <li>- Make and release a fist or hold a soft ball/sock in your hand of the affected side(s)</li> <li>- Squeeze and relax</li> <li>- Do up to 20 times</li> <li>- Do the exercise 2 to 3 times a day</li> </ul>	

<input type="checkbox"/>	<b>Shoulder blade squeezes</b>	<ul style="list-style-type: none"><li>- While standing or sitting upright, pull your shoulders back and down with your arms at your sides</li><li>- Squeeze your shoulder blades together, hold for 5 seconds</li><li>- Do this 15 to 20 times</li><li>- Do this exercise 3 times a day</li></ul>	
<input type="checkbox"/>	<b>Chest stretch</b>	<ul style="list-style-type: none"><li>- Lie at the edge of your bed</li><li>- Raise your arm of the affected side(s) up straight in front of you towards the ceiling in line with your shoulder</li><li>- Carefully let it fall out to the side (over the side of the bed, away from your body) until you feel a stretch between your breast and shoulder</li><li>- Hold for 30 seconds</li><li>- Do up to 3 to 5 times, 2 times a day</li></ul>	

	<p><b>Wall climbing (front)</b></p>	<ul style="list-style-type: none"> <li>- Place your fingertips of the affected side(s) on the wall about waist level</li> <li>- Slowly slide your fingertips up the wall as far as you can</li> <li>- You can place a towel between your fingertips and the wall so that they slide up the wall easily</li> <li>- Climb the wall 5 times, holding for 15 to 30 seconds at the top</li> <li>- Do this 3 times a day</li> </ul>	
	<p><b>Wall climbing (side)</b></p>	<ul style="list-style-type: none"> <li>- Stand beside the wall just less than your arm's length away</li> <li>- Place your fingertips of the affected side(s) on the wall about waist level</li> <li>- Slowly start to walk up the wall as far as you can</li> <li>- You can place a towel between your fingertips and the wall so that it slides up the wall easily</li> <li>- Climb the wall 5 times, holding for 15 to 30 seconds at the top</li> <li>- Do this 3 times a day</li> <li>- Do this exercise until you can stand right beside the wall</li> </ul>	

	<b>Neck Rotation</b>	<p>Sitting or standing upright:</p> <p><b>A</b> Bend your neck forward, chin to chest. Bring your head back to neutral position.</p> <p><b>B</b> Turn head to one side then to the other side.</p> <p><b>C</b> Look straight ahead. Bend your ear toward your shoulder.</p> <ul style="list-style-type: none"><li>- Do each exercise up to 10 times</li><li>- Do the exercises 3 times / day</li></ul>	<p><b>A</b></p>  <p><b>B</b></p>  <p><b>C</b></p> 
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To Do:	Exercise Name	Description	
<input data-bbox="121 285 214 370" type="checkbox"/>	<b>Heel Slide</b>	<ul style="list-style-type: none"> <li>- Lie down on your back</li> <li>- Slide the heel of your foot as close to your buttock as possible, then slowly slide your foot back down</li> <li>- Slide other leg in same manner</li> <li>- Repeat 5 times with both legs</li> </ul>	
<input data-bbox="121 878 214 963" type="checkbox"/>	<b>Knee Hugs</b>	<ul style="list-style-type: none"> <li>- Lie down on your back</li> <li>- Bend and hug your knee close to your chest</li> <li>- Hold for 3 seconds</li> <li>- Bring foot back to floor</li> <li>- Do the other knee in the same manner</li> <li>- Repeat 5 times with both legs</li> </ul>	

<input type="checkbox"/>	<b>Knee Bends</b>	<ul style="list-style-type: none"><li>- Sit in a chair</li><li>- Straighten leg so it is parallel to the ground</li><li>- Pull your toes up, tighten thigh muscles and straighten knee</li><li>- Make 5 large circles with foot clockwise</li><li>- Make 5 large circles with foot counterclockwise</li><li>- Repeat 5 times with each leg</li></ul>	
<input type="checkbox"/>	<b>Ankle Pumps</b>	<ul style="list-style-type: none"><li>- Bending the ankles, point toes away from your body</li><li>- Bending the ankles, point toes up toward the ceiling</li><li>- Repeat 10 times</li></ul>	

## **When to call the surgeon**

Call your surgeon if:

- you notice a rapid increase in swelling or bruising the first 24 hours after surgery
- you have a temperature 38°C (100°F) or higher
- you notice pus or drainage from the incision
- your pain increases or is not relieved by medication
- you notice an increase in swelling, warmth or redness around your incision(s)

## **When you should see the surgeon again**

You will see the surgeon about 3 weeks after surgery. Before you leave the hospital, you will be given the date and time of your appointment. If you are not given the actual date and time, you will be instructed to call your surgeon's office for the appointment.

At this visit, your incision will be checked and the stitches may be removed.

## **Coping after surgery**

A diagnosis of melanoma can be difficult. Coping with the treatments, side effects, managing your emotions and adjusting to the changes in body image can be very overwhelming.

These feelings are normal. It is important that you look for emotional support from a family member, close friend or support person. Give yourself time to adjust to your new body image.

You may want to speak with a social worker or dietician at the cancer centre for help.







## Resources

For more information: <https://www.hamiltonhealthsciences.ca/wp-content/uploads/2020/03/Welcome-to-the-Juravinski-Cancer-Centre-1.pdf>

Community Resource	Phone Number	Website
Cancer and Work		<a href="https://www.cancerandwork.ca/">https://www.cancerandwork.ca/</a> 
Canadian Cancer Society Cancer Information Service – An information specialist will answer your questions by email or phone.	1-888-939-3333 TTY 1-866-786-3934 Email: <a href="mailto:info@cis.cancer.ca">info@cis.cancer.ca</a>	<a href="http://www.cancer.ca">www.cancer.ca</a> 
Cancer Care Ontario	416-971-9800	<a href="http://www.cancercare.on.ca/">www.cancercare.on.ca/</a> 
Canadian Partnership Against Cancer		<a href="https://www.partnershipagainstcancer.ca">https://www.partnershipagainstcancer.ca</a> 
Canwell Program Hamilton YMCA (Cancer Exercise)	905-667-1515	<a href="https://www.ymcahbb.ca/Programs/LiveWell/CanWell-LiveWell-(1)?location=5f8d05a1-6a9e-4f60-b826-9930d667435d">https://www.ymcahbb.ca/Programs/LiveWell/CanWell-LiveWell-(1)?location=5f8d05a1-6a9e-4f60-b826-9930d667435d</a> 

## Melanoma Surgery

MacWarriors (Cancer Exercise)	905-525-9140 ext. 27541	<a href="http://www.pace.mcmaster.ca">www.pace.mcmaster.ca</a> 
Melanoma Network of Canada	1-877-560-8035	<a href="http://www.melanomanetwork.ca">www.melanomanetwork.ca</a> 
Telehealth Ontario (Smoking Cessation)	1-866-797-0000 TTY 1-866-797-0007	<a href="https://www.smokershelpline.ca/home">https://www.smokershelpline.ca/ home</a> 
Wellwood	905-667-8870	<a href="http://www.wellwood.ca">www.wellwood.ca</a> 
Wellspring	1-888-707-1277	<a href="http://www.wellspring.ca">www.wellspring.ca</a> 