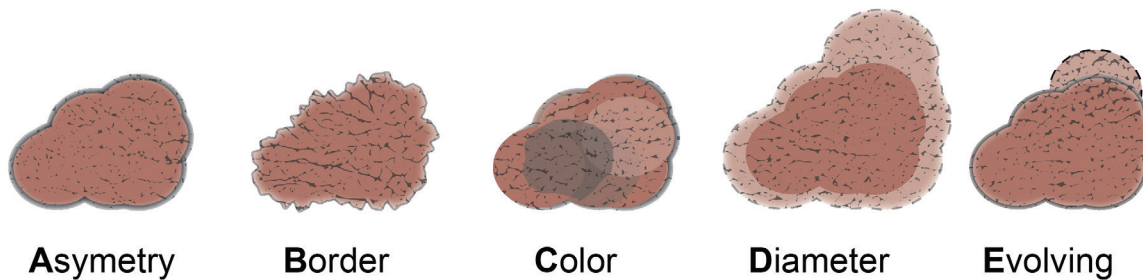


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What is Melanoma?

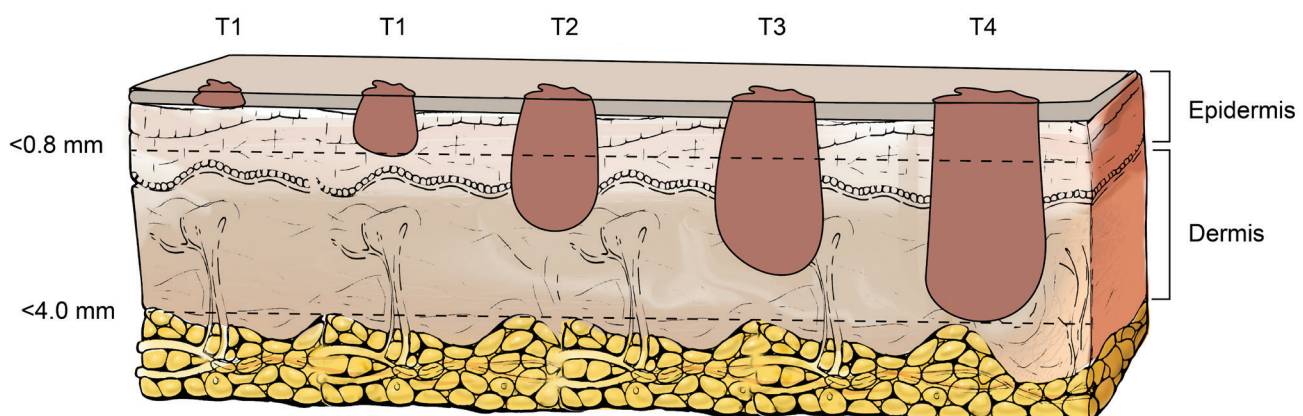
Melanoma is a type of skin cancer that starts in your skin cells that produce pigment called melanocytes. When melanocytes are damaged and multiply, a mass of cancerous cells can form.

Melanoma is the most serious type of skin cancer because it can spread to other parts of your body. Melanoma is known to spread to lymph nodes. Melanoma can occur anywhere on your body. Melanoma is most often identified when patients or providers notice a change in existing moles or new spots on the skin, different in appearance to other spots on the skin.

Diagnosis

Melanoma is diagnosed with a skin biopsy. The pathologist will look at the skin sample under a microscope to determine if melanoma is present, as well as the size, depth, shape and other features of the melanoma. The depth, or Breslow thickness, is the best predictor of whether the melanoma will spread.

Your team might recommend additional imaging for further staging of your melanoma. Not every patient with melanoma will require further imaging.



Treatment

Your healthcare team will carefully review your history, biopsy result and physical exam (including examination of your lymph nodes) and then recommend a treatment plan. In most patients with melanoma, surgery is a recommended part of treatment.

Surgery for Melanoma

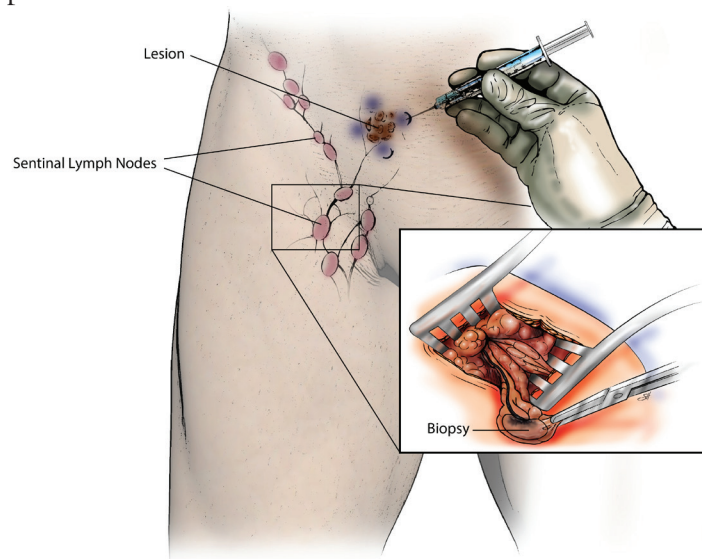
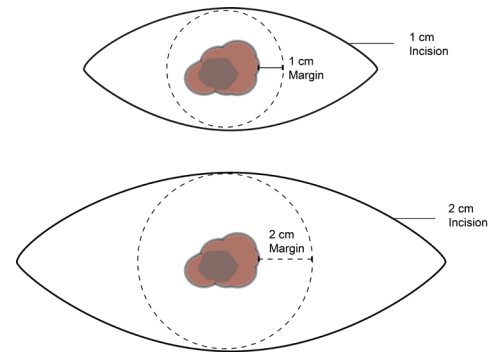
The surgery for melanoma includes a wide excision, which means removing the known melanoma with a surrounding perimeter of normal skin. The surrounding area of normal skin is measured in centimeters, based on the depth of the melanoma. The excision is typically cut in an elliptical shape to allow for optimal healing.

For deeper melanomas, a procedure called a sentinel lymph node biopsy is recommended. This is the most sensitive test for the spread of melanoma. A lymph node is a small structure that acts as a filter for harmful cells throughout your body. A sentinel lymph node is the first place where the melanoma will spread.

Before your wide excision, a treatment team member will inject a radioactive substance into your skin near the tumor site. This substance will drain into the sentinel nodes. An imaging study, called lymphoscintigraphy, will be performed in the radiology department prior to surgery to identify the region of the body with the sentinel node.

At the time of surgery, your surgeon will use a device to identify the sentinel nodes. A small incision will be made to remove the sentinel nodes. This is typically between two and six lymph nodes.

The wide excision combined with sentinel node biopsy is typically an outpatient surgery, which means that you will go home on the same day as your procedure.



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During Surgery

- You will be given anesthesia, so you will be asleep and pain free.
- You will receive fluids and medicines during the surgery through an intravenous line (IV).
- A tube will be placed down your throat to help you breathe during the surgery. This will usually be removed before you wake up.
- Your surgeon will remove the melanoma. If discussed pre-operatively, a sentinel lymph node biopsy will be performed.
- Your incision(s) will be closed with stitches under your skin, which will dissolve in about a month.
- The wound will be covered with surgical glue. Sometimes a gauze dressing will also be placed over the wound.

After Surgery

Recovery – What to Expect

Most patients who undergo surgery for melanoma will be able to go home the day of surgery after they wake up. You will need a driver to take you home.

Pain

Expect to have pain at the incision sites for a few days all the way up to a few weeks. The pain should get progressively better and not worse. Your surgery team may give you a prescription pain medication for this pain. You should wean off the strong pain medication to using over-the-counter pain medications such as acetaminophen (Tylenol) or ibuprofen (Motrin) as soon as you are able. Follow the dosing instructions indicated on the label of these medications.

You may also notice pain in your throat from the breathing tube. This should improve within a few days.

Incision Site

Swelling near the incision site is typically temporary and will improve after a few weeks. If it does not improve, notify your surgical team.

It is okay to shower and get the incisions wet 48 hours after your surgery. Do not soak your incision(s) in any water, such as bathtubs, swimming pools or lakes for four to six weeks after surgery.

Your surgical glue will eventually flake off on its own. If you have stitches that require removal, this will be performed by your surgical team during your post-operative visit.

Work

Most patients can return to work after three to five days, depending on pain and job duties.

Please wait to do any heavy lifting over 10 pounds for four to six weeks as this can increase tension on your incisions. If you regularly do heavy lifting at work, please discuss with your employer ahead of time to see what accommodations will be available to you.

If you need FMLA paperwork completed or a return-to-work letter, please notify your surgical team. Please allow one week for completion of these documents.

Additional Treatment After Surgery

The surgical specimens will be sent to pathology for review. Additional treatment might be recommended based on the pathology report from surgery. If melanoma is found in the sentinel lymph nodes, it is considered sentinel node positive, and immunotherapy might be recommended.

Surveillance

You will be seen in the surgery clinic two weeks after your surgery to assess your incisions and discuss your surgical pathology. Depending on your final stage, additional treatment and observation recommendations will be discussed with you. Regardless of your stage, your care team will recommend ongoing visits with your dermatologist for skin and lymph node checks multiple times per year.



For non-urgent concerns, MyChart is a great way to get in touch with your surgery team by sending secure messages. You may also attach photos if you have concerns about your incision site. If you do not have St. Luke's MyChart, call the office and the staff will assist you in setting it up.

If you have an urgent surgical concern after hours, please call the office number. The answering service will connect you with the on-call surgeon.



Call your doctor right away if you have any of the following symptoms:

- Worsening pain at the incision
- Fever of 100.4° F or higher
- Drainage or bleeding from the incision (more than a few drops)
- Signs of infection around the incision (redness, drainage, warmth, pain)
- Incision that opens up or pulls apart
- Persistent nausea, vomiting, or diarrhea

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