

Information for
patients & families

Surgery for Melanoma



Treatment — Surgery

Introduction

This resource will tell you what to expect during surgery to remove melanoma. Melanoma surgery takes 1–2 hours and is done as an outpatient procedure.

After a skin biopsy has diagnosed a melanoma, a wide local excision and sentinel lymph node biopsy may be performed. The wide local excision may be done at the same time, or before the sentinel lymph node biopsy.



What is a wide local excision?

A wide local excision is a procedure that removes the melanoma lesion as well as an area of healthy skin surrounding the melanoma lesion. This area of healthy skin and tissue is called the surgical margin.

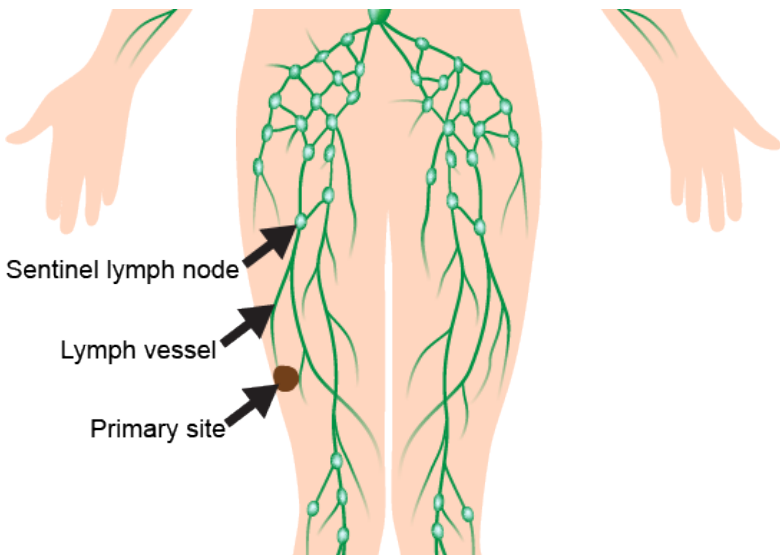
The size of the surgical margin depends on the thickness of the tumor. It is common to remove a wide margin of healthy tissue to ensure removal of all cancer cells in the skin.

What is a sentinel lymph node?

Lymph nodes are small rounded glands that are part of the lymphatic system. The lymphatic system is made up of a network of lymphatic vessels that drain fluid and cells to the lymph nodes. Lymph nodes act as filters that trap bacteria, viruses and cancer cells.

Groups of lymph nodes are found in the neck, armpits, chest, abdomen and groins.

- The sentinel lymph node is the first lymph node that drains the area of the melanoma “primary site”. If the cancer cells were to spread from the primary site, they would likely spread to the sentinel lymph node first.
- If the sentinel lymph node has any cancer cells, other lymph nodes in the same area may be affected.
- There may be more than 1 sentinel lymph node.



Example of a melanoma primary site and a sentinel lymph node

What is a sentinel lymph node biopsy?

A sentinel lymph node biopsy is a procedure in which 1 or more of the sentinel lymph nodes are removed and examined under a microscope to see if cancer cells are present. The goal is to find the first lymph node(s) and to test if there are cancer cells in it.

- A negative sentinel lymph node biopsy means the cancer has **not spread** to the lymph nodes.
- A positive sentinel lymph node biopsy means that cancer is present in the sentinel lymph node(s) and may have spread to other lymph nodes in the same area.
- This information helps to determine the extent of the disease within the body and develop a treatment plan.



What happens during a sentinel lymph node biopsy?

The sentinel lymph node biopsy is a 2-part procedure which consists of:

- Lymph node mapping
- Surgery

Lymph node mapping is a procedure that identifies or ‘maps’ the sentinel node or nodes.

Lymph node mapping takes place the day before surgery or the morning of the surgery, in the Nuclear Medicine Department.

During the lymph node mapping procedure:

- EMLA cream, (see page 7) numbs the skin prior to the injections to increase comfort during the procedure.
- The radiologist injects a safe level of a radioactive substance around the cancerous area. The sentinel lymph node(s) trap the radioactive substance.
- A few hours after the injection, the technologist takes pictures to see the location of the sentinel node(s) and marks this area on your skin with ink. This appointment takes 30–60 minutes to do.

After lymph node mapping is done, you will go to the operating room and will usually be put under general anesthesia.

- During the surgery, the surgeon identifies and removes the sentinel lymph node(s).
- The sentinel lymph node is then examined under a microscope to see if cancer cells are present. It usually takes 9 days for the final pathology report to be completed.
- Your surgeon will discuss the pathology results and treatment plan at your next clinic visit.

What are the possible side effects?

The most common side effect of a sentinel lymph node biopsy is temporary discomfort and bruising at the site.

Other less common side effects of the procedure can include:

- infection
- bleeding
- fluid build-up at the biopsy site
- skin numbness at the biopsy site
- problems with general anesthesia (if used)
- swelling of the extremity closest to the biopsy site.

What happens after surgery?

There are at least 2 incision sites, 1 incision at the wide local excision site and the other incision where the sentinel lymph node(s) were removed.

- The incisions are secured with tape strips, called steri-strips. These strips will fall off when the incision is healed or can be removed after 14 days.
- Care of the incision sites includes keeping the area dry for the first 24 hours. You may then gently wash with mild soap and pat the area dry. The incision should be kept clean and dry at all times to promote healing.
- Stitches may be dissolvable or may have to be removed. If they need removal this should only be done with the approval of the surgeon.

If you have any questions or concerns, contact your surgeon's office.

When is my surgery?

You will be contacted by your surgeon's office with the date and time of the sentinel lymph node biopsy.

How do I use EMLA cream?

EMLA cream may be used before the injections for the lymphatic mapping. EMLA cream is a topical anesthetic that causes numbness of the skin in the area that it is applied. It decreases the discomfort of the injections. **Do not** use EMLA cream if you have had an allergic reaction to local anesthetic or a history of Methemoglobinemia.

Purchase EMLA cream without a prescription at any pharmacy. Read and follow the instructions.

- Apply EMLA cream 1 hour before your appointment.
- Apply a thick layer (like icing on a cake) over the cancerous area and the skin around it, about 7.5cm by 7.5cm (3 inch by 3 inch).
- **Do not** rub the cream into the skin.
- Cover the area with the dressing provided in the EMLA package, or cover with plastic kitchen wrap.
- **Do not** get EMLA cream in your eyes.

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