



Patient Information Sheet: Melanoma

What is melanoma?

Melanoma is a type of skin cancer that develops from the cells that produce melanin, the pigment that gives skin its colour. Melanoma can also occur in other parts of the body, such as the eyes, mouth, or genitals. Melanoma is the most serious form of skin cancer, as it can grow and spread quickly to other organs if not treated early.

Melanoma accounts for about 1% of all skin cancers, but causes most of the deaths from skin cancer.

Melanoma can affect people of any age, gender, or skin colour, but is more common in people with fair skin, light hair, and blue or green eyes.

Melanoma can arise from a normal-looking mole or a new or changing spot on the skin.

What are the risk factors for melanoma?

Some factors that increase the risk of developing melanoma are:

Exposure to ultraviolet (UV) radiation from the sun or artificial sources, such as tanning beds or lamps.

A history of sunburns, especially in childhood or adolescence.

A large number of moles or unusual moles on the skin.

A personal or family history of melanoma or other skin cancers.

A weakened immune system due to certain diseases or medications.

What are the symptoms and signs of melanoma?

Melanoma can appear as a new or changing spot on the skin, or as a change in an existing mole. The spot or mole may vary in size, shape, colour, or texture. It may be flat or raised, smooth or rough, or have irregular borders or edges. It may itch, bleed, or ulcerate. The most common places for melanoma to occur are the back, legs, arms, and face, but it can occur anywhere on the body.

To help detect melanoma early, it is important to examine your skin regularly and look for any changes or abnormalities.

A useful way to remember the signs of melanoma is to use the ABCDE rule:

A: Asymmetry. One half of the spot or mole does not match the other half.

B: Border. The edges of the spot or mole are irregular, jagged, or blurred.

C: Colour. The spot or mole has more than one colour, or has an uneven distribution of colour.

D: Diameter. The spot or mole is larger than 6 millimetres (about the size of a pencil eraser) or is growing in size.

E: Evolving. The spot or mole is changing in any way, such as shape, color, size, or sensation.



How is melanoma diagnosed and treated?

If you notice any suspicious spot or mole on your skin, you should see your doctor as soon as possible. Your doctor will examine your skin and ask you about your medical history and risk factors. If your doctor suspects that you have melanoma, they will perform a biopsy, which is a procedure to remove a small sample of tissue from the spot or mole and send it to a laboratory for analysis. The biopsy will confirm whether the spot or mole is benign (non-cancerous) or malignant (cancerous), and will also provide information on the type, thickness, and stage of the melanoma.

The treatment of melanoma depends on the stage of the disease, the location and size of the tumour, and your overall health and preferences.

The main treatment for melanoma is surgery, which involves removing the tumour and some of the surrounding normal skin. Sometimes, nearby lymph nodes (small glands that filter lymph fluid) are also removed to check if the cancer has spread.

Other treatments for melanoma may include immunotherapy, targeted therapy, chemotherapy, or radiation therapy. These treatments work by killing or stopping the growth of cancer cells, or by boosting your immune system to fight the cancer.

Your doctor will discuss with you the best treatment options for your situation, and the possible benefits and side effects of each treatment.



Patient Consent Form for Skin Lesion Excision and Closure

Introduction

This consent form is designed to provide you with information about the excision of skin lesions, including keratinocyte skin cancers and melanomas, and the closure of the resulting defect.

Keratinocyte skin cancers, which include basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), are the most common types of skin cancer. If left untreated, BCCs may be locally destructive and SCCs do have the potential to spread.

Melanomas are a more dangerous type of skin cancer originating from melanocytes, the cells responsible for producing melanin, the pigment that gives skin its colour. Typically, the excisions for melanoma are larger making the resulting defects more difficult to close.

How Is Skin Lesion Excision Performed?

Skin lesion excision involves the surgical removal of a lesion along with a margin of surrounding healthy tissue to ensure complete removal. The procedure may be performed under local anaesthetic +/- sedation anaesthetic or under a general anaesthetic.

Closure Options

Primary Closure: The wound edges are stitched together directly after the lesion is removed.

Local Skin Flap: Nearby skin is partially detached and moved to cover the wound, maintaining blood supply.

Skin Graft: A piece of skin is taken from another part of the body and placed over the wound. This results in having two wounds which need to heal.

Delayed Closure: The wound is left open for a period to before being closed later using one of the above methods.

Healing by Secondary Intention: The wound is left open to heal over time. This may take many months depending on the size of the wound, and has a variable functional and cosmetic outcome.

What are the benefits?

- Complete removal of potentially cancerous or pre-cancerous lesions.
- Reduction in the risk of the lesion spreading or growing.

What are the risks?

General Risks:

- Infection.
- Bleeding.
- Scarring and poor cosmesis.
- Pain and discomfort.
- Incomplete excision of the cancer.

Risks in sensitive areas:

- Some areas of the body have significant nerves close to the skin, which may be damaged causing numbness, altered sensation/pain or even muscle paralysis.

Primary Closure Risks:

- Abnormal scarring.

Local Skin Flap Risks:



- Partial or complete flap failure.

Skin Graft Risks:

- Graft failure.
- Mismatch of skin colour and texture.

Delayed Closure Risks:

- Prolonged healing time.
- Increased risk of infection during the waiting period.

Alternatives to Surgery

- Topical therapies such as cryotherapy, creams or photodynamic therapy. Typically, these are only effective for very early cancers.
- Watchful waiting.

What to expect before, during, and after the procedure

Before the procedure:

- Pre-operative optimisation is important to good outcomes - smoking cessation and good diabetes control in particular.
- If sedation or general anaesthesia are to be given, there will be a period of fasting on the day of surgery before the procedure.
- Discuss any medications you are taking with your surgeon and anaesthetist, as some may need to be paused.

During the procedure:

- Which anaesthesia you receive will depend on the pre-procedural discussions with your surgeon and anaesthetist.

- Typically the operation takes about 30-60 minutes, although it may be longer if the lesion is complex.

After the procedure:

- You typically discharge the same day, if you've had sedation or general anaesthesia you will be monitored for a period until this wears off.
- Keep wounds/dressings clean and dry, and dressings remain on for 5-7 days.
- Attend your planned follow-up appointment including for suture removal if required. If you have concerns prior to this, contact our surgeon, see your GP or present to the Emergency Department.

Questions

Please write any questions you may have regarding the procedure below:

Consent

I understand the information provided above regarding the skin lesion excision and closure procedure, its benefits, risks, and alternatives. I have had the opportunity to ask questions and have received satisfactory answers. I hereby give my consent to undergo the skin lesion excision and closure.

Patient Name: _____

Patient Signature: _____

Date: _____

Surgeon Name: _____

Surgeon Signature: _____

Date: _____