

Diagnosing Melanoma Skin Cancer - A Quick Guide



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This is a brief summary of the information on Diagnosing melanoma skin cancer from our website. You will find more detailed information on the website.

In this information there are sections on

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Melanoma tests

If you have a mole, or abnormal area on the skin, that you think may be a melanoma, you will need to go to your GP. If there is any reason to think the mole may be becoming cancerous, you will need to have the area removed and looked at under a microscope. This is called an excision biopsy.

UK guidelines for GPs say that if you have a skin change that could be a melanoma, your GP should refer you to a specialist clinic or hospital to have the mole removed. Your appointment at the clinic should be within 2 weeks. At the clinic your doctor may use a dermatoscope to closely examine the abnormal area on your skin. A dermatoscope magnifies the area so that

the doctor can see it better. The staff will photograph the abnormal area.

Having your mole removed

First you have an injection of local anaesthetic into the area where the mole is. The doctor then cuts out the whole mole and 2 mm of tissue all around. They send it off to the laboratory. You then have a few stitches put in. If the mole contained any cancerous cells you may need to have more tests. If it didn't, you will not need any more treatment.

If your mole contained cancerous or precancerous cells, a pathologist will carefully check the biopsy tissue in the laboratory. Your doctor will ask you to go back into hospital for an operation to remove more tissue from around the area of the melanoma.

Having more tissue removed

This operation is called a wide local excision. The surgeon removes more tissue from around the area of the melanoma, usually down to the level of the muscle. This is to remove any cells that may have been left in the area after the initial operation. You usually have this surgery under local anaesthetic. But in some circumstances your doctor may suggest a general anaesthetic. The operation is much



the same as having the initial melanoma removed

Further tests for melanoma

If you are found to have melanoma, your doctor will check how deep the melanoma is. If you have early stage melanoma that is only in the surface layers of the skin, the melanoma is very unlikely to have spread and you are likely not to need any further tests.

If your melanoma is more than 1mm deep into the skin or if you have swollen lymph nodes in the area, your surgeon may recommend that you have an ultrasound scan and a biopsy of the lymph nodes. This can show whether there are melanoma cells in the lymph nodes. Or your surgeon may suggest a sentinel lymph node biopsy.

Sentinel node biopsy

Your doctor injects a dye close to the area of the melanoma and watches to find the first lymph nodes that the dye reaches. These are the sentinel nodes. Your doctor will remove the nodes and send them off to the lab. If they contain cancer cells, you will need another operation to remove the other lymph nodes in the area.

Other tests

If your melanoma has spread into nearby areas of skin or into nearby lymph nodes, you will have a CT scan to see if the melanoma has spread any further. If the melanoma is found to have spread you may have other scans or blood tests.

After the tests

Your test results are bound to take a little time, even if only a day or two. You will probably feel very anxious time during this time. It may help to talk to a close friend or relative about how you feel. Or you may

want to contact a cancer support group to talk to someone who has been through a similar experience

Questions for your doctor on diagnosing melanoma

- I have a strange-looking mole - should I go to hospital to have it removed?
- Should a border of healthy tissue be removed from around the mole?
- What happens if I don't have the mole removed?
- Who will take my stitches out?
- When will my stitches be taken out?
- How long will it take to get my results?
- How will I get my results?
- What appointments will I need after the mole is removed?
- Who should I contact if I feel I need to see a specialist before my next appointment?
- What is the chance of my melanoma coming back?
- How thick is my melanoma?
- Is the melanoma ulcerated and what does this mean for me?
- Is there regression and what does that mean for me?
- How likely is it that it will come back?
- Am I likely to need any more surgery - when will I have this?
- Will I need a skin graft?
- Will I need any other tests or investigations?
- Will the tests show whether I have melanoma anywhere else?
- Should I have a sentinel node biopsy?
- Can the tests be done as an outpatient?
- Are any of the tests painful or do they have side effects?
- Do I need any special preparation for any of the tests?



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- Will I need time off work?
 - Are any of my family and children more at risk of melanoma now I have it?
 - Would it benefit me to have all my moles removed?
 - Do I have a high risk of getting another melanoma?

More information

For more information about melanoma skin cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in May 2012. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2012. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).