

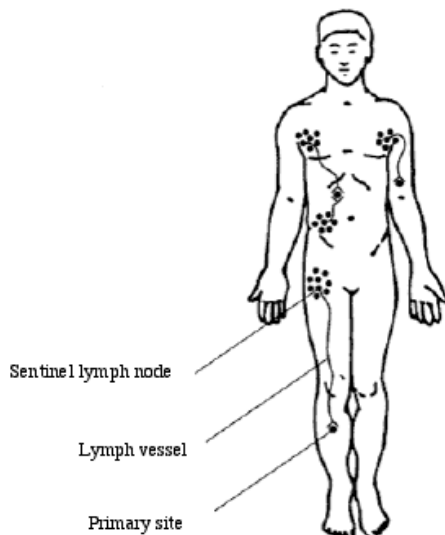
Surgery for Melanoma

The following information will tell you what to expect during surgery to remove melanoma. After a skin biopsy has determined the diagnosis of 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. The surgery usually takes one to two hours and is an outpatient procedure.

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/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?



Example of melanoma and 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 primary melanoma 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 one sentinel lymph node.

What is a Sentinel Lymph Node Biopsy?

- A sentinel lymph node biopsy is a procedure in which one or more of the sentinel lymph nodes are removed and examined under a microscope to determine whether cancer cells are present. The goal is to locate this first 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 is helpful to determine the extent of the disease within the body and develop a treatment plan.

What happens during a Sentinel Lymph Node Biopsy procedure?

- The Sentinel Lymph Node Biopsy is a two part procedure which consists of Lymph Node Mapping followed by Surgery.
- Lymph node mapping is a procedure that identifies or 'maps' the sentinel node or nodes.
- Lymph node mapping occurs either the day before surgery or the morning of the surgery, in the Nuclear Medicine Department.
- 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. EMLA cream, described below, numbs the skin prior to the injections to increase comfort during the procedure.
- A few hours after the injection, the technologist takes pictures to obtain the location of the sentinel node(s) and marks this area on your skin with ink. This usually takes 30 to 60 minutes.
- After the lymphatic mapping, 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 node(s).
- The sentinel node is then examined under a microscope to determine if cancer cells are present. It usually takes at least nine 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 of the Sentinel Lymph Node Biopsy?

- The possible side effects of the Sentinel Lymph Node Biopsy include temporary discomfort and bruising at the site.
- Other less common side effects of the procedure include infection, bleeding, fluid build-up at the biopsy site, skin numbness at the biopsy site, problems with general anesthesia (if used) and swelling of the extremity closest to the biopsy site.

What are the instructions for using 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.
- You should not use EMLA cream if you have had an allergic reaction to local anesthetic in the past or history of Methemoglobinemia.
- EMLA cream may be purchased at any pharmacy. A prescription is not required. Ask the pharmacist to assist you as it is located behind the counter. Please read and follow the package instructions carefully.
- Apply EMLA cream at least one hour before your appointment.
- Apply a thick layer of EMLA cream (like icing on a cake) over the cancerous area and the skin around it, approximately 7.5 cm by 7.5 cm (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 plastic kitchen wrap.
- It is important not to get the cream in your eyes.

What happens after surgery?

- There are at least two incision sites, one 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 patting 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 please 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.

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

