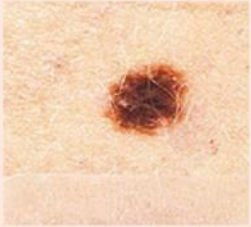
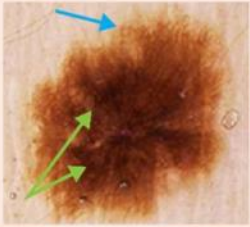

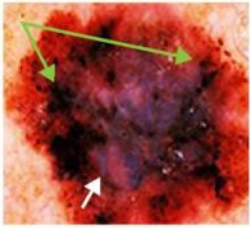


Melanoma

What is melanoma?

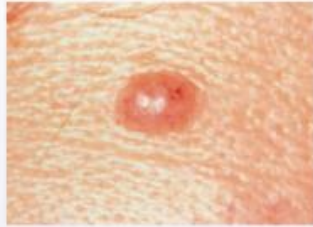
Melanoma is a type of **skin cancer** that starts in pigment-producing cells (melanocytes). It is less common than basal cell carcinoma (BCC) or squamous cell carcinoma (SCC), but it can be **more serious because it has a higher chance of spreading** if not treated early.

The good news: **early detection and treatment are highly effective**, which is why skin checks and prompt evaluation of changing moles are so important.

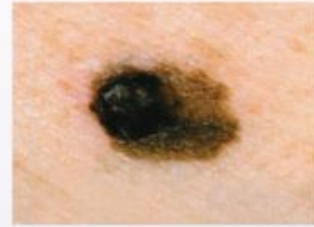
CONDITION	CLINICAL IMAGE	DERMOSCOPIC IMAGE	DERMOSCOPIC FEATURES
A) Benign melanocytic nevus			<ul style="list-style-type: none"> • Symmetric colour and structure • Regular pigment network (green arrow) • Absence of blue color • Fading of pigment toward periphery (blue arrow)
B) Malignant melanoma			<ul style="list-style-type: none"> • Asymmetric colour or structure • Irregular thickened pigment network (green arrows) • Blue colour (white arrow)

ASYMMETRY

Normal



Abnormal



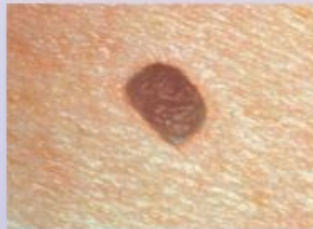
BORDER



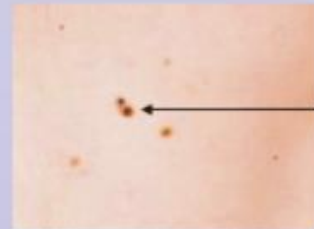
COLOR



DIAMETER



EVOLVING



What does melanoma look like?

Melanoma can look like a changing mole or a new “different” spot. Dermatologists often teach the **ABCDE rule**:

- **A – Asymmetry:** one half doesn’t match the other
- **B – Border:** irregular, notched, or blurred edges
- **C – Color:** multiple colors or uneven color (tan, brown, black, red, white, blue)
- **D – Diameter:** often larger than 6 mm (but can be smaller)
- **E – Evolving:** changing in size, shape, color, or symptoms (itching, bleeding)

Another helpful concept is the “**ugly duckling**” **sign**: a spot that looks noticeably different from your other moles.

Who is at higher risk?

Melanoma can occur in any skin type. Risk is higher if you:

- Have a personal or family history of melanoma
 - Have many moles or atypical/dysplastic nevi
 - Have a history of intense sun exposure or blistering sunburns
 - Use (or used) tanning beds
 - Have a weakened immune system
-

How is melanoma diagnosed?

Diagnosis typically includes:

1. **Skin exam** (often with **dermoscopy** to see patterns not visible to the naked eye)
2. **Skin biopsy** to confirm the diagnosis under the microscope

If melanoma is confirmed, your dermatologist will discuss next steps, which may include additional procedures or referrals depending on depth and risk features.

Treatment overview

Treatment depends on the melanoma's depth and whether it has spread. Many melanomas are treated with:

- **Wide local excision** (surgery to remove the melanoma with a safety margin of normal skin)
- In some cases, **sentinel lymph node biopsy** may be recommended to check if melanoma has spread to nearby lymph nodes (based on risk factors and pathology)

If melanoma is more advanced, additional treatments may include systemic therapies (such as immunotherapy or targeted therapy) coordinated with oncology.

Pre-Op Instructions (Before Melanoma Surgery)

These instructions are general and may be adjusted for your specific plan (excision, excision + sentinel node biopsy, etc.).

1–7 days before

- Tell us if you take **blood thinners** (including aspirin, warfarin, clopidogrel, apixaban, rivaroxaban) or have a bleeding disorder.
Do not stop prescribed blood thinners unless your prescribing clinician instructs you.
- Tell us about:
 - Medication/adhesive/antiseptic allergies
 - History of keloids or poor wound healing
 - Prior reactions to local anesthetics
- Arrange time off if your procedure site will limit activity.

Day of procedure

- Follow your specific instructions about eating/drinking (especially if sedation or lymph node mapping is planned).
 - Wear comfortable clothing that allows access to the site.
 - Avoid lotions, oils, or makeup over the surgical area.
-

Post-Op Instructions (After Melanoma Excision)

Your team will provide specific wound care directions. Typical guidance includes:

Wound care

- Keep the bandage on and dry for the first **24 hours** (unless instructed otherwise).
- Then daily:
 1. Gently wash with mild soap and water
 2. Pat dry
 3. Apply a thin layer of ointment if instructed
 4. Cover with a clean bandage
- Avoid soaking (pools, hot tubs, baths) until cleared—especially if you have stitches.

Activity

- Limit heavy lifting and strenuous exercise as advised (often several days to 2 weeks depending on location and closure).
- If the surgery is on the back, shoulders, arms, legs, or near joints, you may need extra activity restrictions to prevent pulling on stitches.

Bleeding

If bleeding occurs:

1. Apply firm pressure for **15 minutes** without checking
2. Repeat once if needed
3. If bleeding continues after 30 minutes of pressure, contact the office

Call the office urgently if you notice

- Increasing redness, warmth, swelling, pus, fever
 - Worsening pain after the first day
 - Bleeding that won't stop with pressure
 - Red streaking from the wound
-

Follow-up and prevention

After melanoma treatment, follow-up visits are important for:

- Monitoring your skin for new or changing lesions

- Checking the surgical site and scar
- Establishing an ongoing screening schedule

Daily sun protection and regular full-body skin exams remain essential.

Melanoma FAQ

Is melanoma curable?

Many melanomas are **highly treatable when found early**. Treatment success depends on factors such as depth and whether it has spread.

How do you confirm melanoma?

Melanoma is confirmed by a **skin biopsy**, reviewed under the microscope.

Does melanoma always look black or very dark?

No. Some melanomas can be lighter brown, pink, red, or even skin-colored. Any **changing** or **different-looking** lesion should be evaluated.

What is the ABCDE rule?

It's a guide to warning signs in moles: **Asymmetry, Border, Color, Diameter, Evolving**.

Will I need lymph node testing?

Not everyone. A **sentinel lymph node biopsy** is considered in certain cases based on the biopsy report and risk factors. Your dermatologist will explain if it applies to you.

Will I have a scar after melanoma surgery?

Any excision can leave a scar. Careful closure and good wound care help healing, and sun protection helps scars fade more evenly.

Can melanoma come back?

It can. That's why follow-up skin exams and monitoring are important after treatment.

What should I watch for at home?

Contact us if you notice:

- A new or changing mole
 - A spot that bleeds, crusts, or doesn't heal
 - A lesion that looks different from your other moles (“ugly duckling”)
-

Call to action

If you notice a changing mole or a new spot that looks different, don't wait.

👉 Schedule a skin exam and evaluation.