

# Diagnosing Melanoma Skin Cancer

## A Quick Guide

### Contents

This is a brief summary of 'Diagnosing melanoma skin cancer' from our website. You will find more detailed information on there. In this information there are sections on

- Melanoma tests
- Further tests for melanoma
- What to ask your doctor

You can view this information in a larger print on our website.

### 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 (stage 1A), the melanoma is very unlikely to have spread. You will not need to have further tests.

You may need further tests if your melanoma is more than 1mm deep into the skin (stage 1B or stage 2) or you have stage 3 or stage 4 melanoma.

### Checking the lymph nodes

If your melanoma is more than 1mm deep (stage 1B or stage 2) your doctor may offer you further tests to check if the melanoma is in nearby lymph nodes. They may suggest a sentinel node biopsy. Or an ultrasound scan and sample of cells from the lymph nodes (biopsy).

During a 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.

An ultrasound scan uses sound waves to look for changes in lymph glands. The doctor may take a sample of cells by putting a thin needle into the lymph node and drawing out some cells.

### Other tests

If you have stage 3 melanoma you will have a CT scan to see if the melanoma has spread any further. You may also have a CT scan if your melanoma is deeper than 4mm and you did not have a sentinel node biopsy. 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. You will probably feel very anxious while you wait. 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.

### What to ask your doctor about diagnosing melanoma

- I have a strange looking mole, should I go to hospital to have it removed?
- What happens if I don't have the mole removed?
- How do you know you've taken enough tissue away to stop the mole coming back?
- When do I have the stitches out and who will do it?
- When will I get my results and who will give them to me?
- How often will I come back and see you after I have the mole removed?
- Who should I contact if I'm worried 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 that mean for me?
- I was told there was a lot of inflammation around the melanoma when it was taken out - what does that mean for me?
- Am I likely to need any more surgery and when will I have it?
- 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 lymph node biopsy?
- Can I have the tests as an outpatient?
- Do I have to do anything to prepare for any of the tests?
- Are any of the tests painful or do they have after effects?
- Will I need to take time off work?
- Now that I've had one, do I have a high risk of getting another melanoma?
- Would it help if I had all my moles removed?

## Notes

**For more information**, visit our website <http://www.cruk.org/about-cancer>

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 trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

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

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