PATIENT & CAREGIVER EDUCATION

Surgical Treatment for Melanoma of the Head and Neck

This information explains melanoma of the head and neck. It also explains the surgical treatment for it.

Melanoma is a type of skin cancer. It starts in the melanocytes (meh-LAN-oh-sites), which are the cells that give your skin its color.

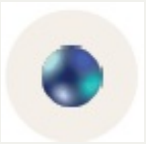
Risk factors for melanoma

We don’t know exactly what causes melanoma, but we do know some of the risk factors for it. These include:

- Spending a lot of time in the sun.
- Having sunburns when you were a child.
- Using tanning lamps and booths.
- Having moles.
- Having fair skin.
- Having blond or red hair.
- Having family members with melanoma

Warning signs of melanoma

ABCDEs of melanoma

	**ASYMMETRY.** Spots don't look the same on all sides.
	**BORDER.** The borders (outside edges) of the spot are uneven.
	**COLOR.** The spot is more than 1 color.
	**DIAMETER.** The length from 1 side of the spot to the other is more than 6 millimeters, or the size of a pencil eraser.
	**EVOLUTION.** The spot changes in size, shape, or color.

Talk to your healthcare provider about any moles or spots on your skin that look or feel different.

Diagnosis of melanoma

Your healthcare provider will look at the mole or spot you are concerned about. If they see some of the warning signs of melanoma, they will do a biopsy. A biopsy is when your healthcare provider takes a small sample of tissue from the area. They send the sample to a lab to check it for cancer.

There are 2 types of biopsies your healthcare provider may

do:

- **An incisional biopsy**. This is when your healthcare provider takes a sample of tissue by making a small cut in your skin.
- **A punch biopsy**. A punch biopsy is done when your healthcare provider needs a sample from a deeper layer of your skin. They use a special circular tool to take a small sample of tissue.

Both types of biopsies are usually done in your healthcare provider's office.

If your biopsy results show cancer cells, you may need an imaging scan. An imaging scan takes pictures of the inside of your body. This is done to see if melanoma has spread to other areas of your body. Some examples of imaging scans include an x-ray, a computed tomography (CT) scan, and magnetic resonance imaging (MRI).

If you have cancer cells in your lymph nodes, you may need lymphatic mapping with a sentinel lymph node biopsy. See the "Surgical Removal of Melanomas" section for more information.

Fine needle aspiration

If your healthcare provider can feel the lymph node(s), they may do a fine needle aspiration. This can be done in your healthcare provider's office. During a fine needle aspiration, a needle is placed into your lymph node. Tissue or fluid is taken out. This fluid or tissue is examined for cancer cells. If there are cancer cells, the lymph nodes around your tumor will be removed. This will take place during your surgery. You may need to have surgery even if cancer cells are not there. This is because the needle withdraws (takes out) tissue or fluid only from the area where it was place.

Types of melanoma

There are many types of melanoma that affect the head and neck. The most common type is superficial spreading melanoma. This type of melanoma grows along the top layer of your skin for some time before growing deeper under your skin. About 40% to 60% of melanoma tumors are this type. They can grow anywhere on your body. Your healthcare provider will talk with you about the type of melanoma you have.

Treatment

Your healthcare provider will talk with you about different treatment options. This resource describes surgical treatment of melanomas, but all treatment options are based on:

- How thick your tumor is.
- Whether it is in your lymph nodes.
- If it has metastasized (spread) to other parts of your body such as your lungs or liver.

Surgical removal of melanomas

Melanoma in situ (also called superficial melanoma) is melanoma that is only in the outermost layer of the skin. It is commonly treated with a procedure called a wide local excision.

During a wide local excision, your healthcare provider removes the melanoma and a margin of healthy tissue around it. Removing this extra tissue helps make sure all the cancer cells are removed.

A wide local excision may be done using local anesthesia (medicine that makes you numb). It may also be done using general anesthesia (medicine that makes you sleepy). If you are having surgery, your nurse will give you the resource *Getting Ready for Surgery*

(www.mskcc.org/pe/getting-ready-surgery) to help you get ready for it.

Your tissue will be sent to a pathologist to figure out the type of tumor you have. A pathologist is a doctor who looks at body tissue under a microscope to diagnose disease. Your surgical site will be closed with sutures (stitches) which are removed about a week after your surgery or with sutures that dissolve on their own. You may also have reconstruction, depending on how big the wound is. See the "Reconstruction of your wound site" section for more information.

Lymphatic mapping and sentinel node biopsy

You may need to have a sentinel lymph node biopsy during your surgery. This is done to see if there is any cancer in your lymph nodes. A sentinel node is the first lymph node(s) to which melanoma is most likely to spread from a primary tumor.

Lymphatic mapping is the first step in a sentinel node biopsy. During lymphatic mapping, a dye is injected into your body that travels to the lymph nodes nearby. This will help your surgeon find the sentinel node during your surgery.

Lymphatic mapping takes place in the Molecular Imaging and Therapy Service (MITS), sometimes called Nuclear

Medicine, before your wide excision surgery. If you are having lymphatic mapping, your nurse will give you a resource called *About Your Lymphatic Mapping Procedure* (www.mskcc.org/pe/lymphatic-mapping).

Your healthcare provider will remove the sentinel node with a sentinel lymph node biopsy. This will take place at the same time as your wide excision surgery. Your sentinel node biopsy will be sent to a pathologist to see if there is melanoma in it. For more information, your nurse will give you a resource called *About Your Sentinel Lymph Node Biopsy* (www.mskcc.org/pe/sentinel-node-biopsy)

- Your surgeon may decide that you will need a neck dissection surgery instead of a sentinel lymph node biopsy. If this is the case, your surgeon will talk with you about this. For more information, your nurse will give you a resource called *About Your Neck Dissection Surgery* (www.mskcc.org/pe/neck-dissection-surgery)

Reconstruction of your wound site

After the melanoma is removed, you may need to have reconstruction on your wound site. Reconstruction is surgery that is done to repair an area of your body changed by surgery. The type of reconstruction you need will depend on the size and location of your wound. Your surgeon will talk with you before your surgery. You may

have both a head and neck surgeon and a plastic surgeon as part of your surgical team.

Types of reconstruction

- In a skin graft, your surgeon removes a thin layer of skin from one part of your body. This is called the donor site. Your surgeon will use the skin from the donor site to close the surgical site that needs to be covered. This is called the recipient site. Common donor sites are the upper thigh and neck. If you are having a skin graft, your healthcare provider will give you a resource called *About Your Split-Thickness Skin Graft* (www.mskcc.org/pe/split-thickness).
- In a local flap, your surgeon takes tissue from one part of your body (donor site) and moves it to the surgical site that needs to be covered (reconstruction site). The tissue that is used stays attached to the body, bringing its own blood supply. The other end of the flap is separated from the original site. This end is turned to cover the surgical site. If you are having local flap reconstruction, you healthcare provider will give you a resource called *About Your Closure or Reconstruction Using a Local Flap* (www.mskcc.org/pe/closure-reconstruction-flap).

After your surgery

Your healthcare provider will talk with you about what to expect after your surgery. Your surgeon will talk with you about your final pathology report at your post-surgery appointment. They will let you know if you need more treatment and give you other follow-up information. If you've had a neck dissection, your nurse will review what to expect during your recovery with you. For more information, read *About Your Neck Dissection Surgery* (www.mskcc.org/pe/neck-dissection-surgery)

Support resources

Any cancer diagnosis can make you feel worried or anxious. You may feel this way just before follow-up visits and tests. Support groups can be very helpful after treatment ends.

Counseling Center

646-888-0200

www.msk.org/counseling

Many people find that counseling helps them. Our Counseling Center offers counseling for individuals, couples, families, and groups. We can also prescribe medicine to help if you feel anxious or depressed. Ask a member of your care team for a referral or call the number above to make an appointment.

Resources for Life After Cancer (RLAC) Program

646-888-8106
At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you're eligible.

American Cancer Society (ACS)
www.cancer.org
800-ACS-2345 (800-227-2345)
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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