



# Melanoma: Treatments (leaflet 5 of 7)

Patient information from the British Association of Dermatologists

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Melanoma leaflets in this series, produced by the British Association of Dermatologists:

1. Prevention and risk factors
  2. Symptom awareness and early detection
  3. Referral, tests and investigations
  4. Diagnosis and staging
  5. **Treatments**
  6. Follow up care and cancer in remission
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At present, the main treatment for melanoma is to remove it by surgery. Most cases need no other treatment, and usually no other tests are needed. Radiotherapy is not usually helpful, and drug treatments are currently used mainly in clinical trials for cases that need treatments other than surgery.

Most people who have had a melanoma removed will need another operation to try to prevent the melanoma from coming back at the original site. Once the biopsy has been examined and a diagnosis of melanoma is made, you may well need another surgery - a so called “wide excision” – similar to the first - to make sure that all the cancerous tissue has been removed. During the operation, some healthy skin will be removed from around the original scar to make absolutely sure that all of the melanoma has been taken away, and this makes the scar larger than before. If a large area is affected, a skin graft may be needed, but this is not always the case.

“Sentinel node biopsy” may be discussed with some people. In this, a small sample of the nearest lymph node (a type of very small gland) is removed as an additional procedure when the melanoma is being removed. However sentinel node biopsy is not an essential part of treatment. It is only used routinely in a small number of centres, and is often only performed only as part of a research study.

If your melanoma has spread to the lymph nodes or to other parts of the body, then you may also need surgery on these areas.

**For more information, please contact:**

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