



# Melanoma: Referral, tests and investigations (leaflet 3 of 7)

Patient information from the British Association of Dermatologists

Produced for National Cancer Patient Information Pathways, National Cancer Action Team

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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
  7. Advanced disease and recurrence
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If you are at all worried about changes in a mole, or about a new area of pigmentation appearing on your skin, you should see your GP (family doctor).

The ABCD changes listed in the 'symptoms' leaflet can sometimes be found in completely harmless conditions, and your doctor may be able to put your mind at rest quickly.

However, if your GP thinks the lesion (affected area of skin) might be a melanoma or has any doubt, you should be referred to a local hospital skin cancer specialist, usually a Consultant Dermatologist. This doctor should be a member of either a local hospital skin cancer multidisciplinary team, or a specialist skin cancer multidisciplinary team. A multidisciplinary team is a group of healthcare professionals involved in the specific disease and the group includes people with all the different skills related to the disease.

If you need a hospital appointment, you may be able to choose which hospital you would prefer to attend. Your GP can help you to decide the advantages and disadvantages that might influence your choice. You may wish to know other things about each hospital - for example if you are likely to meet medical students, if there is any public transport or if you will be able to park your car.

If your GP suspects you have a melanoma, you will be referred under 'two week wait' which means you will be seen by the specialist within two weeks. You will be seen either at a hospital dermatology (skin) department or at a special 'pigmented lesion' clinic, which is a clinic session that deals specifically with suspected skin cancers.

Generally you will need two appointments, the first for diagnosis and the second for removal or biopsy, although in some clinics this is done in one appointment.

At your first appointment the specialist will examine the area, sometimes with a handheld instrument called a dermatoscope), to decide whether it needs to be removed. A dermatoscope is basically a magnifier that helps the doctor look at the lesion more closely. It does not hurt or affect the skin in any way.

If the mole or lesion is thought to be cancerous, the whole of the suspicious area will be removed under a local anaesthetic (called an 'excision biopsy') and sent to the laboratory to be examined by a histopathologist (a specialist who examines tissue). This is done under a local anaesthetic, which involves an injection next to the lesion to numb the skin. After the biopsy the area will be closed using stitches.

The only way in which the diagnosis of a melanoma can be made firmly is by looking at the suspected area under microscope.

**For more information, please contact:**

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