

# Wide Excision and Sentinel Lymph Node Biopsy for Melanoma

Here is information for you about surgery to remove cancerous melanoma. You should already have information to help prepare for the surgery. Here is what to expect during and after the surgery.

## Wide Excision

The surgical treatment for a melanoma lesion is **wide excision** of the area. This means you will be having surgery to cut away the cancer as well as all the tissue around it. Surgeons call the surrounding tissue the **margin**. The size of the margin that needs to be removed depends on the thickness of the tumor. It is common with Melanoma that a wide margin of tissue is taken out to try to prevent this cancer from coming back.

## Sentinel Lymph Node Biopsy

You have lymph nodes in several places in your body. They are in your neck, under your arms, and in the area where your leg and abdomen meet. Lymph nodes help fight infection and are important to drain fluid. The **sentinel lymph node** is the first lymph node that drains the cancerous area. If the first lymph node has any cancer cells, then others may also be affected. That is why checking the first one is important. A biopsy of the sentinel node helps your doctor find out if the cancer is spreading to the lymph nodes. The goal is to locate this first node and to test if there are cancer cells in it.

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Learn more about your health care.

Here is how doctors find the sentinel node. Several hours before surgery, a tiny amount of a radioactive substance (radionuclide) is injected into the cancerous area. It will track through your body to the lymph node area. After the injection, some pictures will be taken to see where the lymph nodes are. In the operating room, some blue dye is injected into the area of the melanoma lesion. This dye will help to further show the pathway and find the sentinel node. A special wand called a gamma probe will be used to track the radionuclide while in the operating room. The sentinel node will then be removed. A doctor called a pathologist will examine that node to find out if there are cancer cells present.

It takes at least 5 to 7 days for the pathology report to be complete, so you will not know the final results before you leave the hospital.

## **Care After Surgery**

### **Incision Care**

You will have at least two incisions after your surgery. Each one will have a bandage or dressing on it. One incision is made at the surgery site. There is also a cut made where the sentinel lymph node or other lymph nodes were taken out. These cut areas will be fastened together with either surgical staples, or tape strips, called steri strips or surgical glue. Usually the dressing(s) will be removed from the incision areas on the day after surgery. From then on, you should gently wash the areas each day with mild soap and water, and pat dry. You do not need to put any other dressing or bandage on.

### **Drain Care**

You might have a drainage tube placed during surgery to prevent a build-up of fluid. Keeping the fluids drained from a wound helps it to heal. A stitch will hold the tube(s) in place. A container called a Hemovac or Jackson-Pratt is attached to collect fluid. You and your caregiver will be taught how to take care of the drain. After you are discharged you will need to continue to empty the drain, measure the fluid and keep track of how much fluid is draining.

**Other things you need to know.**

- Your urine may have a green tint to it from the dye used to locate the sentinel node. This dye will be cleared from your body within a day or two.
- You will be given a prescription for pain medicine to use after you are discharged from the hospital. If you use this, it is important to drink plenty of water to prevent constipation.

**Follow-Up**

You will have a follow-up appointment with the surgeon 1 to 2 weeks after your operation. This appointment will be scheduled after your surgery. At this time the pathology report will be reviewed, and the drain may be removed if it is no longer needed. If further treatment is needed, it will be discussed and planned.

If you have further questions after you go home, you can contact your surgeon's office or any of the people listed as contacts on your hospital discharge instructions.

✦ **Talk to your doctor or health care team if you have any questions. You may request more written information from the Library for Health Information at (614) 293-3703 or email: [health-info@osu.edu](mailto:health-info@osu.edu).**