NORTH BAY GENERAL SURGERY

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Melanoma

YOUR SURGERY DATE:	with DR.

The Preadmission Clinic (PAC) will be calling you to arrange an appointment, at this appointment they will give you the arrival time for your surgery. Occasionally we are required to reschedule surgery dates due to emergency cases or urgent cancer cases. We make every effort to give you as much notice and will work with you to book a new date.

What is Melanoma?

Melanoma is the most dangerous type of skin cancer that occurs in the melanocyte cells of the skin. It is rarer than other types of skin cancer but requires more aggressive treatment to ensure a cure.

What is the Treatment for Melanoma?

Surgery: Surgery is the main treatment for most melanoma skin cancers. Depending on the stage and risk of the cancer coming back, you may have one or more of the following types of surgery.

- Wide local excision removes the cancer along with some normal tissue around it (called the surgical margin). It is the first treatment for early stage, locoregional and locally recurrent melanoma skin cancers.
- Sentinel lymph node biopsy (SLNB) finds and removes the first lymph node (or first few lymph nodes) in a group of lymph nodes to see if it contains cancer cells. This helps the surgeon stage your cancer and determine if it has started to spread (metastasize).
- **Complete lymph node dissection** removes a group of lymph nodes from the body. It is done for locoregional or locally recurrent melanoma skin cancer that has spread to nearby lymph nodes.
- **Reconstructive surgery** repairs the skin and nearby area after the tumor is removed. When a large area of skin has been removed to make sure the cancer is completely gone, the doctor rebuilds the area using a piece of skin from another part of the body, called a skin graft or skin flap.

Depending on the results of the surgery your surgeon may refer you to the North East Cancer Center in Sudbury for further Chemotherapy or Radiation Treatments.

What are the risks of Melanoma Surgery?

All surgeries carry risks, which include: Bleeding, infection, scars, pain, wound complications, heart and lung complications.

Risks specific to melanoma surgery: Risk for positive margins requiring a second surgery, poor cosmetic outcomes, complications related to lymph node surgery (lymphedema, sensory motor nerve injury).

What should I expect before my surgery?

Prior to your surgery, the pre-admission clinic at North Bay Regional Health Centre will book an appointment with you. This will either be done at the pre-admission clinic at the hospital or may be booked over the phone. During this appointment the nurse will gather health information from you and give you information about what to expect before/after surgery and answer any questions you may have. At this time, you may also have blood tests, an electrocardiogram, or any consultations with any other physicians as requested by your surgeon.

DO NOT SHAVE THE AREA PRIOR TO SURGERY, this can cause a greater infection risk. Excess hair will be removed at the hospital if required.

What should I expect the day of surgery?

The pre-admission clinic should give you all the information you need for the day of surgery. Please arrive to the day surgery unit at the North Bay Regional Health Center at the time instructed. Melanomas are done as a day surgery. This means that you will come into the hospital, have your surgery done, and then be discharged on the same day. It is important that you have someone to drive you home following surgery as you will not be allowed to drive or operate heavy machinery for a minimum of 24hrs after undergoing a general anesthetic.

What should I expect after surgery?

Incision: It is important to keep any incisions following your surgery clean and dry. Dissolvable sutures are typically used. If dissolvable sutures are not used, your surgeon will instruct you otherwise. There also may be some steri-strips. These will naturally start to loosen and fall off between 1 and 2 weeks. They can be removed carefully after 2 weeks. If staples are used, they need to be removed within 2 weeks. Immediately after surgery there may be a dressing over these incisions. This dressing may be removed 24-48 hours after surgery.

Pain: There may be pain from the incision and surrounding area. Your throat may also be sore for the first 48 hours after surgery. You may be prescribed something for pain; or alternatively you may also take Tylenol 650mg every 4 hours.

Diet: Immediately after surgery you may feel nauseated. Start by drinking small amounts of clear liquid. If you do not feel nauseated, you may return to a normal diet. Ensure you are drinking enough fluids to prevent any bowel problems. If you are concerned about constipation you can use a stool softener.

Activity: Speak to your surgeon about any activity limitations following surgery. Your surgeon can also give you a guideline on when you can return to work and regular activities. You may return to driving when you are no longer on pain killers and can comfortably use the gas / brake pedals and shoulder check.

Hygiene: Unless you have been instructed otherwise, after the bandage has been removed it is ok to shower. Do not scrub or rub the incision area and carefully pat dry after showering. The incision does not require a dressing and can be open to the air. If you do apply a dressing over it, ensure it is clean and dry. Do not soak in the bathtub until the incisions are fully healed. Usually about 3 weeks. Do not put powder, cream, make-up, deodorants or perfumes on the incisions.

Follow-up with surgeon: Your surgeon will give you instructions on when you should follow-up with them. Please call your surgeon or report to the Emergency Department if you experience:

- Rapid increase in swelling or bruising in the first 24 hours after surgery
- Fever
- Pus or increased drainage from the incision
- Pain that is not relieved with medication