

TREATMENT BY EXCISION & DELAYED REPAIR PATIENT INFORMATION

INTRODUCTION:

We most commonly use this technique to treat Lentigo Maligna but also use it for a number of other rare types of skin cancer. Lentigo Maligna (or Hutchinson's Freckle) is an early form of melanoma and is a slow growing, blotchy brown patch found on the sun-damaged skin of the head and neck. Lentigo Maligna has the potential to develop into Invasive Melanoma which may spread to lymph nodes or via the blood stream to other parts of the body. The severity of your cancer will be discussed with you once the final pathology report is available.

The treatment of choice for these skin cancers is surgical excision. One of the major difficulties in excision of these difficult tumours is that the edges are often difficult to assess with the naked eye. Hence, standard excision may result in them being incompletely excised. Our technique overcomes this potential problem.

BEFORE SURGERY:

Please inform us if you take medications which increase bleeding e.g. Aspirin, Clopidogrel (Plavix, Iscover) or Warfarin as we may need to stop them or reduce dosage prior to surgery. Anti-inflammatory medications e.g. Nurofen increase bleeding, so please stop 3 days before surgery. Please take paracetamol & codeine preparations if you require pain relief in this preoperative period.

Alcohol also aggravates bleeding so please avoid alcoholic drinks for 24 hours prior to and after surgery. Smoking reduces blood flow to the skin & slows healing. It would be helpful if you could stop smoking for a minimum of 3 days prior to surgery and for one week afterwards. Please inform us if you are allergic to latex.

Please complete and return your Patient Admission Form as soon as possible to confirm your admission for day surgery and also to confirm your financial responsibilities prior to your admission.

THE PROCEDURE:

This method is used to overcome the difficulty in assessing tumour edges with the naked eye. The method is as follows:

1. The visible edges of the tumour are outlined and usually 5mm is added around this. A photograph is taken. The tumour is excised under local anaesthetic. The wound is partially closed and covered with a dressing after bleeding has been stopped and the patient is discharged home.
2. The specimen is sent to the pathologist for histological examination.
3. One to two days later the patient returns at a time when the pathology report will be available. If the pathologist finds that the tumour has been adequately excised the wound is repaired. This may require a flap or graft depending on the size and situation of the defect. If the pathologist finds that the tumour has not been completely excised, further tissue is removed and steps 2 & 3 are repeated until the tumour is completely excised. Once the tumour is completely excised, the wound is repaired.

The overwhelming majority of tumours are removed with 1 or 2 excisions. During the period when the wound is covered with a dressing there should be no pain. There is a small risk that the wound may ooze or bleed. Local pressure for 20 minutes with an icepack or a pack of frozen peas or beans is usually effective in controlling this problem.

The main aim of this method is to ensure complete removal and consequent cure of a potentially difficult and possibly fatal tumour.