

In New Zealand, the majority of people diagnosed with melanoma in the early stages will recover fully after treatment. In this sheet you will find information about the early stages of melanoma (stages 0, 1 and 2) treated by surgery.

*Ka whakautu tēnei puka i ētahi o ōu pātai e pā ana ki te āhua o te tonapuku, pēhea whakamaimoatia ai, me ngā mahinga noa ka āhei koe ki te mahi whai muri i te hāparapara tonapuku, me te tiaki i a koe anō.*

## Understanding melanoma

Non-melanoma skin cancers are the most common form of skin cancer. While melanomas are less common than nonmelanoma skin cancers, they are responsible for the most deaths from skin cancer.

Melanoma most commonly occurs on your skin on parts of your body that have been sunburned, but it can appear on skin anywhere on the body. It often starts as a new spot on your skin, but may develop from an existing mole.



Photos DermNet NZ

If found when they are thin and at an early stage, most melanomas can be completely removed with surgery.

Most of us have spots on our skin. But it is important to recognise any changes to your spots or moles, including:

- A** - asymmetry
- B** - border irregularity
- C** - colour variation
- D** - diameter over 6 millimetres
- E** - evolving (enlarging, changing).

It is quite normal for new spots or moles to appear and change during childhood and early adulthood, but if you have any concerns, speak with your GP.

## Diagnosing melanoma on your skin

Any change on your skin should be immediately checked out by your GP or specialist. Melanoma is diagnosed by physical examination and biopsy.

Your GP will examine a spot or mole that you are concerned about and do a general check of your skin using a dermatoscope (a handheld magnifying device).



A doctor using a dermatoscope to take a photo of skin changes.

Your GP may recommend that a spot or mole be removed and examined more closely. This is usually a quick and simple procedure. If the mole is in a place that makes it difficult for removal, or if it covers a large area, you will be referred to a specialist skin doctor or plastic surgeon.

### Staging of your melanoma

Staging of melanoma is based on the results of surgery and any other tests you may have. The different stages of melanoma relate to how thick the original melanoma was. Early stage melanoma covers stages 0, 1 and 2 while stages 3 and 4 are covered in advanced melanoma.

### Pathology report

If you have melanoma, the pathologist will prepare a report. A pathology reports provide your treatment team with information to help determine the stage of YOUR melanoma and to plan your treatment.

If you are diagnosed with melanoma, your doctor may recommend other tests including: fine-needle aspiration, sentinel node biopsy, scans and blood tests.

## Surgery to remove melanoma

If the results of any tests show that you have melanoma, you will usually need to have further surgery to remove a wider area of surrounding tissue.

Plastic surgery is sometimes needed to place a skin graft over a large area where tissue has been removed (shown below). Sometimes, your surgeon may feel a skin flap is the best option for closing your wound.

Skin flap surgery is when a thicker layer of healthy skin and tissue that is partially connected, is moved to cover a nearby wound.

The main difference between a skin graft and a skin flap is that a skin flap needs its own blood supply to help with healing and a skin graft does not.



### What to expect after skin-graft or skin-flap surgery

After you have a skin graft or skin flap, the surrounding area of skin may look different. Over time this will heal and any colour differences will fade.

### Possible complications after surgery

It is important to see your GP or contact your surgeon as soon as possible if you have any concerns about your surgery, for example:

- fever with a temperature higher than 38°C, or chills
- increasing pain or redness
- heavy bleeding
- leaking fluid, pus or blood from your wound.

## Using alternative, complementary or traditional healing

It is important to talk to your treatment team about any alternative or traditional healing methods you are using or thinking about using, as early stage melanoma is treatable with surgery alone.

## Looking after yourself following treatment

### Regular check-ups

Following your treatment you will need to have regular check-ups. As well as a physical examination of your skin, an important part of each check-up will be an examination of your lymph nodes.

Melanoma New Zealand has a list of accredited skin check providers around New Zealand on its website [www.melanoma.org.nz/melanoma/skin-check-providers](http://www.melanoma.org.nz/melanoma/skin-check-providers).

It is important that you be shown how to check your own skin and that you do it regularly. If you notice any changes in your skin or in your general health, contact your GP.



It may be helpful for immediate family/whānau members to have their skin checked.

*“I was very scared when I learned I had melanoma. But I knew I was in good hands. The New Zealand specialists know about melanoma, how to test for it, what to look for— they were very thorough, understanding and kind.” Karen*

## Protecting your skin

If you have had melanoma, it is especially important to protect your skin all year round. Never allow your skin to burn. Don't rely on sunscreen alone

## Fear of your melanoma coming back

Feeling worried about your melanoma coming back is not uncommon. Many people who have had melanoma say that with time, they feel less anxious about the chance of their cancer coming back. You may feel more anxious at times such as the anniversary of the day you were diagnosed, or hearing about melanoma in the media.

There are many ways to manage your fears. For some it can be helpful to reflect on or write about their cancer experiences, while other people may choose to talk with a counsellor or psychologist.

To find support in your local area, contact your GP or your local Cancer Society or phone the Cancer Information Helpline 0800 CANCER (226 237).

*“Make fear of recurrence a ‘back-seat passenger’ in your life rather than let it sit up front and annoy you all day and night. You can also book an appointment with your recurrence fear, say 30 minutes a day. You can worry as much as you like during this time but otherwise you have to send it to the back seat and tell it to be quiet.”*  
Sue (GP)

## Suggested websites and information

You can read more in our booklet on early stage melanoma. For information about advanced melanoma (stages 3 and 4) in our booklet: Advanced melanoma of the skin-Tonapuku maukaha o te kiri available from the Cancer Society.

The Cancer Society's website ([www.cancernz.org.nz](http://www.cancernz.org.nz)) has information on your local Cancer Society as well as other information you may find helpful.

You may also find useful information on one of these websites:

- Melanoma New Zealand (NZ) [www.melanoma.org.nz](http://www.melanoma.org.nz)
- Melanoma Institute Australia [www.melanoma.org.au](http://www.melanoma.org.au)
- Macmillan Cancer Support UK [www.macmillan.org.uk](http://www.macmillan.org.uk)
- Cancer Council Australia [www.cancer.org.au](http://www.cancer.org.au)
- Health Promotion Agency [www.hpa.org.nz](http://www.hpa.org.nz)
- American Cancer Society [www.cancer.org](http://www.cancer.org)

For more information or support call our Cancer Information Helpline 0800 CANCER (226 237) to speak with our specialist information staff or visit your local Cancer Society office.

