Surgical Procedures for Melanoma

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En Español (Spanish Version)

Surgical removal of the cancerous tissue is the primary treatment for melanoma.

**Melanoma Removal**

The extent of the procedure depends on the stage of the cancer. Types of surgery include:

**Excision** — This procedure is usually done when a melanoma diagnosis has already been made via a biopsy. A rim of normal, non-cancerous skin is cut away from around the tumor site to make sure no more cancer cells remain in the skin. The wound is stitched together or covered with a skin graft and usually leaves a scar.

**Moh’s Surgery** — This procedure, performed by specialized dermatologists, is designed to shave away cancer cells while leaving as much normal tissue behind. It is somewhat controversial in the management of melanomas, but many believe it is as effective as a wider, potentially more disfiguring surgical procedure. Mohs surgery is usually reserved for stage 0 or in situ melanoma. The so-called “slow Mohs” combines features of both Mohs surgery and excision.

**Amputation** — If melanoma is present on a finger or toe, it may be necessary to amputate the cancerous part of that digit.

**Therapeutic lymph node dissection** — If the cancer has spread to nearby lymph nodes, some of those nodes will be surgically removed.

Depending on how extensive the melanoma removal proves to be, the area may be closed with stitches or may require a skin graft for repair. Stitches are usually removed about 7-14 days after surgery.

**REFERENCES:**


