

## Norfolk & Norwich Skin Tumour Unit

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### PATIENT INFORMATION: SELF-EXAMINATION FOR MELANOMA PATIENTS

The self-examinations that you are advised to do after surgical removal of the melanoma have two parts: it is important to examine yourself for a *second* (primary) melanoma and for *recurrence* (metastases) of the melanoma. Information about the self-examination procedure is given below.

#### A SECOND (PRIMARY) MELANOMA

People who have had a melanoma run a higher risk of developing another melanoma. The risk is between 3-8% and depends on skin type and environmental factors, such as exposure to ultraviolet (UV) light and hereditary disposition. You are no doubt aware that you have an increased risk of developing a second (primary) melanoma, so it is important that you examine your skin systematically for naevi (birthmarks, freckles or moles) that have changed and may be a melanoma.

A melanoma can develop at any site on the skin. Sometimes it develops from an existing naevus (birthmark, freckle or mole), but it can also develop at a site where the skin was previously unblemished.

Therefore, it is important that you examine your whole skin at regular intervals, for example every two months.

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## **Skin changes that may indicate a melanoma**

- a mole that becomes thicker or larger
- a mole that becomes darker in colour
- a mole that changes shape, particularly if it develops a serrated edge
- a mole that has red edges or red patches around it
- a mole that itches
- a mole that bleeds
- a mole that has an ulcer or scab

If a melanoma develops on previously unblemished skin, it forms a new area of pigment and also shows the above-listed characteristics.

Some people have so many naevi (birthmarks, freckles and moles) that it can be difficult to identify changes in “only that particular one”. Nevertheless there are several ways to solve this problem:

1. **Keeping a diary:** making precise descriptions of the naevi that you want to watch closely, e.g. their location, size (you might draw an outline using tracing paper) and what they look like. It will then be easier to check for changes the next time you examine yourself. You can put this information in the MELANOMA FILOFAX that is given to you by the Norfolk & Norwich Skin Tumour Unit;
2. **Taking photographs:** at regular intervals, taking sets of photographs (or having photographs taken) of specific areas of your skin so that you can compare the images over the course of time. You can ask your doctor about getting the hospital’s medical imaging department to take some photographs of any moles that the doctor is concerned about and they can help to provide you with a copy of these.

## **Self-examination of the areas of skin that are difficult to see**

Some areas of your skin are very difficult for you to see, such as your back. It is important to examine these areas just as closely as those that are easily accessible. There are several ways to do this:

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- 1. Ask someone else to examine your skin for you:** If you have someone else to examine your skin for you, it is best to ask the same person each time. Then they can keep track of any changes in the same way that you do.
- 2. No one else is available to help examine your skin:** If no one else is available to help you examine your skin, you might use two mirrors in order to examine your body (back and legs). It will take a bit of practice for you to see every part of your skin. If this proves to be too difficult for you, discuss with your general practitioner whether there is a need for extra help to examine the areas of skin that you cannot see well. This is only indicated if you run an extra high risk of developing a second (primary) melanoma.

## MELANOMA RECURRENCE

Depending on the type of melanoma that you were diagnosed with, there is a risk of developing melanoma recurrence (metastases/secondaries). Research has shown that the patients themselves detect the majority of recurrences. This is because melanoma recurrence is often visible on or under the skin or can be felt in the lymph nodes, so the patient notices these changes between hospital follow-up visits. These findings mean that you, the patient, can consciously play a larger role in the detection of melanoma recurrence. Therefore, this information folder contains detailed instructions about how you can detect melanoma recurrence.

### Where can melanoma recurrence develop?

- 1. In the lymph nodes:** Melanoma usually spreads first to the lymph nodes close to the original melanoma. If this happens, the lymph node(s) will become larger and/or harder. It is important to realise that some infectious diseases (e.g. influenza, the common cold) can also affect the size of the lymph nodes, but these changes disappear when the infection is over. When a lymph node is enlarged because of melanoma recurrence, its size will gradually increase. If you are worried about whether it is an infection or recurrence, you can consult your general practitioner. The localisations of suspicious lymph node recurrence, depending on the original location of the melanoma, are shown in Figure 2.

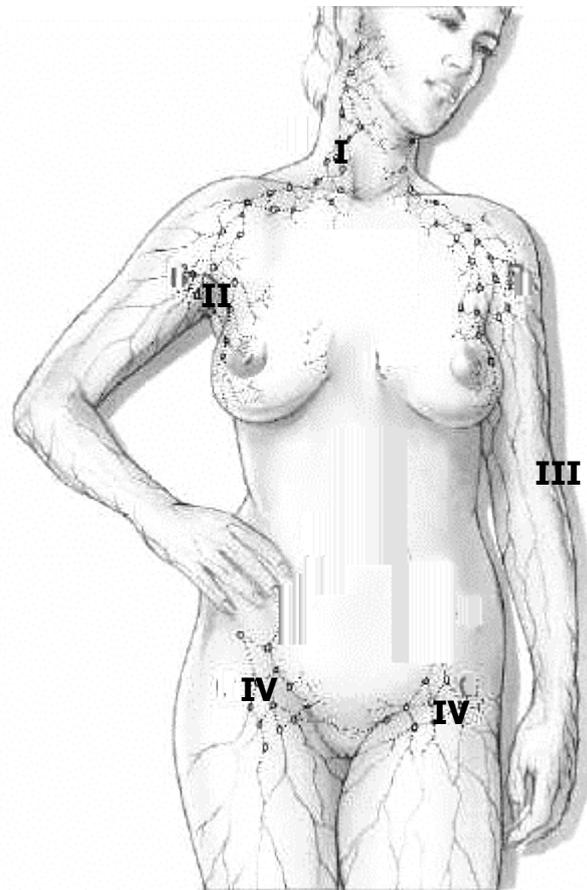


Figure 2: In this figure you can see the drainage areas of the lymphatic fluid. Depending on the site of the original melanoma, recurrence can especially be expected in the neck (I), armpit (II), elbow crease (III) or groin (IV) area.

- 2. Local and in-transit metastases (recurrence):** Local and in-transit metastases develop between the surgical scar and the nearest lymph nodes. These metastases are often small bumps in or on the skin that range in size from a few millimetres to a few centimetres. If the original melanoma was on your back, the same instructions apply as those described above for the examination of areas of skin that are difficult to see.
- 3. Distant metastases (spread):** Distant metastases can occur anywhere in your body. The most common location is the lungs. As a general rule, it is of importance to listen

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carefully to your body. If you develop new symptoms, which are persistent, it is advisable to consult your medical specialist to investigate these further.

## **OTHER SOURCES OF INFORMATION**

There are many other sources of information to consult. The MELANOMA FILOFAX that you will have been provided with has detailed information about most stages of melanoma. If you have not been provided with one then please point this out straight away and you will be provided.

The following websites have excellent information about melanoma:

1) Macmillan

<http://www.macmillan.org.uk/Cancerinformation/Cancertypes/Melanoma/Melanoma.aspx>

2) Cancer Research UK

<http://www.cancerhelp.org.uk/type/melanoma/index.htm?script=true>

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## HOW TO CONTACT THE NORFOLK & NORWICH SKIN TUMOUR UNIT IF YOU SUSPECT THAT YOU HAVE A RECURRENCE OR A NEW MELANOMA

If you have any concerns about your melanoma the department can be contacted directly in the following ways:

### Telephone:

**01603 288127** for Plastic Surgery or **01603 288210** for Dermatology.

Clinical Nurse Specialist: **01603 288365** or ask for **bleep 1133** via the hospital switchboard  
**01603 286286**

### Fax:

GPs can fax a referral to: **01603 288601** or **01603 288378** and are requested to clearly mark the fax with “MELFO STUDY”

### Email:

Please put “MELFO STUDY” in the subject line and email to: **nnstu@nnuh.nhs.uk**