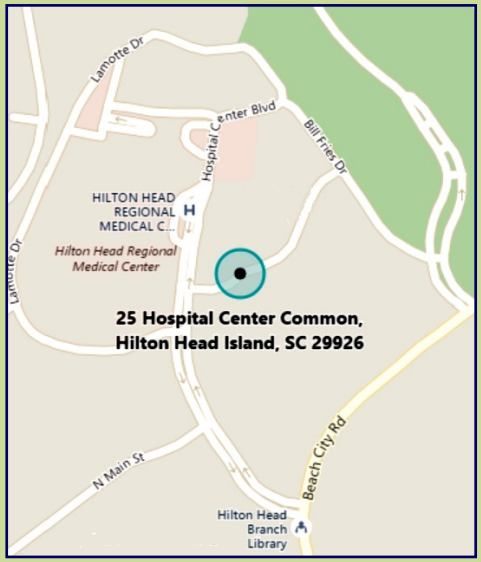
Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

www.HHISurgeons.com



Performing Surgeries at:

- Hilton Head Hospital
- Outpatient Surgery Center of Hilton Head

Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. stands for Fellow of the American College of Surgeons. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications, Their credentials have been found to be consistent with the standards established and demanded by the College.

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About Melanoma

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Board Certified
General Surgeons

ABOUT MELANOMA

WHAT IS MELANOMA?

Melanoma is a cancer that arises from the pigment producing cells, **melanocytes**, of the skin. While it is less common than squamous cell carcinoma and basal cell carcinoma, it is more dangerous and deadly.

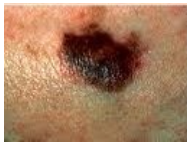
WHAT ARE THE RISK FACTORS?

Melanoma is mainly caused by Ultraviolet exposure, especially blistering sunburns in childhood, so people with fair skin and light hair and eye color are more prone. Other risks are having more than 100 moles, a family member who has had melanoma, or a personal history of a prior melanoma, squamous cell, or basal cell cancer of the skin.

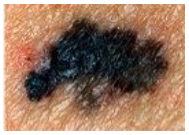
WHAT ARE THE SYMPTOMS OF MELANOMA?

Most melanomas resemble or arise from moles. The **ABCDEs** of melanoma are:

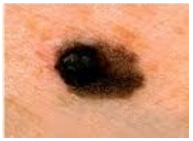
Asymmetry—Draw a line through the middle of a lesion. If the halves do not match the lesion could be a melanoma.



Border—Melanomas classically have uneven scalloped or notched edges instead of smooth ones.



Color—Unlike the typical uniform coloring of benign lesions, melanomas may have several colors present. They can also be red, white or blue instead of the classic brown or black.



Diameter—Melanomas are typically larger than the size of a pencil eraser.

Evolving—A lesion that changes in size, shape, elevation, or color over time is alarming. Other concerns are itching, bleeding, crusting or a failure to heal.

HOW IS MELANOMA DIAGNOSED?

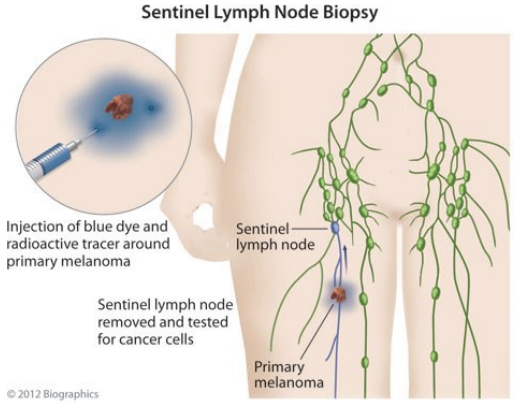
A diagnosis is made by doing a biopsy—surgically removing all or a portion of any suspicious lesion—and having it evaluated microscopically by a pathologist. An important determination is the **Breslow's thickness** of the tumor because it dictates subsequent treatment.

Melanoma-in-situ is non-invasive and confined to the upper layer of the skin. **Thin** melanomas are less than 1 mm in depth. Those tumors between 1 and 4 mm are called **intermediate** thickness, and those over 4 mm are considered **thick** melanomas.

HOW IS MELANOMA TREATED?

The primary treatment for melanoma is surgical removal of the full layer of skin along with a **clear margin**—a healthy border of normal skin surrounding the cancer. The size of the necessary margin is determined by Breslow's thickness. Melanoma-in-situ only requires a 0.5 cm margin. Invasive melanomas require margins of 1 to 2 cm.

Thicker melanomas are more likely to have spread, typically to nearby lymph nodes. Therefore, melanomas less than 1 mm in thickness with high risk features or those over 1 mm depth usually require a **sentinel lymph node biopsy**. The lymph node(s) is found by injecting blue and/or radioactive dye into the skin around the melanoma site and tracing its path to the possibly affected nodes. Early melanomas remain confined to the primary site and only require surgical treatment. Stage III or IV melanomas, those that have spread to skin,



lymph nodes or beyond, may be treated with additional surgery to remove more lymph nodes or tumor followed by chemotherapy or immunotherapy.

WHERE IS SURGERY FOR MELANOMA PERFORMED?

Thin and low risk melanomas in sites with adequate surrounding skin can potentially be removed in the office or as an outpatient under local anesthesia with or without sedation. Deeper tumors, those with less pliable skin around them, or those needing a lymph node biopsy are removed under general anesthesia in the hospital.

WHAT ARE THE COMPLICATIONS OR SIDE EFECTS OF SURGERY?

Complications such as infection and bleding are rare, but wound separation is always a concern, especially with the wider excisions. With lymph node removal, swelling at the nodal site (**seroma**) or in the affected limb (**lymphedema**) are slight possibilities.

WHAT IS THE RECOVERY?

Most patients experience relatively little pain and recover quickly.