

UCSF Melanoma + Skin Cancer Surgery

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What to Expect?

- 1** You will be undergoing surgery in the coming week(s). Our goal is to improve the quality of your life and to support you every step of the way to make your surgery and recovery a success.
- 2** You may expect to have soreness or discomfort after surgery. Our goal is to work together to help you manage this so that you can get back to your routine as quickly as possible.
- 3** You play the most crucial role in your own recovery. Your care team will work with you to ensure your safety and health before, during, and after the surgery.

Your Roadmap

BEFORE SURGERY: 1 - 4 WEEKS

Medical Evaluation

DURING YOUR HOSPITAL CARE:

Work on recovery with your surgical team

AFTER DISCHARGE: 2 ~ 4 WEEKS

Care for the surgical site/pain management/restore your routine

Before Surgery

Your surgeon or Anesthesiologist may have you complete lab and/or imaging tests, EKG and/or Chest X-ray at least one week before the surgery.

Are you Insulin dependent?

No

Yes

Prescribing physician:

Contact number:

Are you currently taking an Anti-coagulant?

No

Yes

Name of the medication:

Prescribing physician:

Contact number:

Do you have a Pacemaker?

No

Yes

When was it placed?

Cardiologist name:

Contact number:

Before Surgery

Diet before the surgery

- Do not eat or drink anything after midnight, the night before
- You can only have a sip of the water (2 hours before the surgery) to take medication(s) as prescribed

Clean your surgical site the night before your surgery



- Shower with Hibiclens® aka chlorhexidine gluconate (CHG), a topical antiseptic
- Turn the water off. Apply CHG soap to your entire body from the jaw down
- Use a clean washcloth or your hands. Avoid getting CHG near your eyes, ears, nose, or mouth
- After applying CHG soap to your whole body, wash thoroughly for five minutes
- Pay special attention to the area where your surgery will be performed. Do not scrub your skin too hard



- Pat yourself dry with a fresh, clean, soft towel
- Do not wash with your regular soap after using the CHG
- Put on clean clothes or pajamas
- Use freshly laundered bed linens
- Don't put on any lotion, cream, deodorant, makeup, powder, or perfume after your shower
- Do not shave the area of your surgery site
- Do not use other hygiene products

Pack for your hospital stay



- Two forms of ID
- Wear your eyeglasses. Do not wear contact lenses
- Wear loose and comfortable clothes and shoes
- Medication list
- Cell phone, any reading materials to your liking
- Do not bring your own medications unless otherwise instructed
- Do not bring valuables

During Your Hospital Care

Check-in 2 hours prior to surgery

Mission Bay Moore/Bakar Hospital (1855 Fourth Street): check-in on 2nd floor at the adult surgical waiting room (A2460)

Meet with your surgical team

Nurse, Anesthesiologist, Surgeon

- Sign the surgery consent form
- You may have an intravenous (IV) catheter placed on your arm for IV fluids and medications
- If you are to receive monitored (Twilight) or general anesthesia, the Anesthesiologist will put you to sleep
- Once you are comfortable, your surgeon will perform the surgery
- You will be carefully monitored throughout the surgery

- You will be discharged when:
 - You are awake, alert, and oriented (you name, where, date/time, and event)
 - You have received instructions about: Follow up appointment with your surgeon; pain medication; Incision care; daily routine and diet



After Discharge From The Hospital

Diet after the surgery

- Unless instructed differently, you can resume your regular diet. However, start with a soft diet that is easy to digest
Avoid spicy, greasy, and acidic foods
- Stay hydrated, water is preferred

How to take care of your dressing?

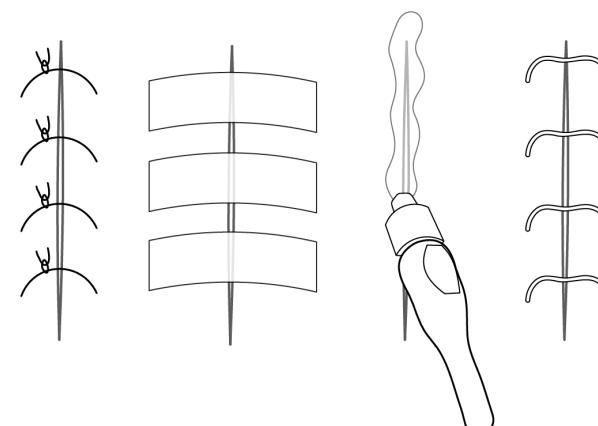
- The keywords are "Clean" and "Dry"
- Monitoring your incision(s) daily for signs and symptoms of infection
- Watch for redness, swelling, drainage, and uncontrolled pain
- Take photo (s) as needed and send them through MyChart for your care team
- Communicate (call/message) with your care team for questions or concerns

Types of the incision closure

The type of closure and dressing varies from person to person. Your surgical team will inform you before sending you home.

- Steri-Strips. If you go home with Steri-Strips (thin pieces of tape) on your incision, they will loosen and fall off by themselves. If they haven't fallen off within 10 days, you may remove them
- Dermabond (Glue). If you go home with glue over your incision, it will also loosen and peel off on its own, similar to the Steri-Strips. Do not pick at the glue or try to peel it off
- Suture. A stitch or row of stitches holding together the edges of a surgical incision. Suture/staple removal will be performed by a surgeon or a licensed and qualified practitioner

SUTURES STRIPS GLUE STAPLES



After Discharge From The Hospital

Pain Management

- Start off with Over the Counter (OTC) medications, such as Ibuprofen(Motrin), Naproxen (Aleve), or Acetaminophen (Tylenol). These medications reduce both pain and inflammation. If not working, take the prescription pain medication
- Contact your care team if the pain is uncontrollable
- Take stool softener if you are constipated as narcotic prescription pain medication can contribute to this side effect



Other Symptoms

- You may experience numbness and/or tingling in your surgical site/area, during healing. These symptoms are sometimes expected
- One to two weeks after surgery, you may notice a firm area under the incision line indicating deposition of new collagen in the wound. This is normal healing and is called “Healing Ridge,” it is the scar tissue forming in several different tissue layers. This will resolve over a few months

Bathing

- Do not take a bath or soak in water until you've received permission from your surgeon or care team

Bathing

- Shower usually is permitted on the 2nd day after your surgery
- Once the dressing is removed (usually 2-7 days after the surgery), it is safe to let the water flow over the incision, and you can pat dry or air dry

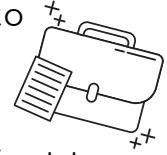


Driving

- Do not drive while you are taking prescription pain medication
- Do not drive if you are not comfortable

Exercise

- No heavy lifting (> 5-10 lbs) for two weeks
- No strenuous exercises. Avoid sudden movements that stretch or stress the area of your surgery for two weeks
- Consult with your care team when to resume your exercise routine

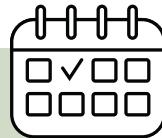


Return to work

- Your ability to return to work is subject to the work you do and recovery progress
- Do not sit or stand for a prolonged period, especially if you underwent a leg surgery
- As long as you feel comfortable, you may return to work

When to Call Your Care Team or Seek Help

Follow up Appointment



- You will follow up with your surgeon 1-2 weeks after the surgery
- Some sutures will need to be removed at the surgeon's or a licensed and qualified practitioner's office
- You and/or your caregiver can arrange the suture removal at your local doctor's office if you are a distance traveler

When To Call Your Care Team?



- Fever over 101 degrees Fahrenheit (38.3 Celsius)
- Your incision site opens up
- There is excessive drainage from the incision.
- The drainage becomes bright red
- The surgical site(s) is red, swollen, and or painful
- Any foul-smelling odor from the surgical site(s)
- The pain medication does not control your pain
- You have sharp and localized pain

In Case Of Emergency: Please call 911 or go to the nearest Emergency Room

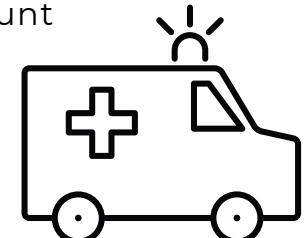
Call 911 if you are experiencing:

Signs and symptoms of a heart attack (chest pain or shortness of breath)

Fainting and/or loss of consciousness

Signs and symptoms of a stroke (BE FAST):

- **Balance:** Sudden loss of balance
- **Eyes:** Sudden loss of vision in one or both eyes
- **Face:** Noticeable unevenness or droopiness in the face
- **Arm:** Weakness or numbness in one arm. One arm may drift downwards
- **Speech:** Slurred speech
- **Time:** Every second count



Additional Surgical Procedure Information

FOR SPECT CT, LYMPH NODE(S) DISSECTION, OR SKIN GRAFT

What is SPECT CT?

A Single Photon Emission Computed Tomography (SPECT), a nuclear imaging scan that integrates computed tomography (CT) and a radioactive tracer. The tracer is injected around the tumor by a Nuclear Medicine technician or MD. It allows the surgeon to see which lymph nodes drain from certain parts of your body.

What is Sentinel Lymph Node (SLN)?

The first lymph node to which cancer cells may spread from a primary tumor. Sentinel Lymph Node (SLN) biopsy is an important part of staging some melanomas. Lymphatic drainage from a tumor site can be highly variable. The SPECT CT helps identify the Sentinel Lymph Node (SLN) location, the first lymph nodes. The surgeon will dissect these lymph node as they are the most likely place tumor cells may travel to if some cells have left the original tumor.

Contraindications

Inform staff if you are allergic to IV or oral contrast; Possible pregnancy; Breastfeeding; Diabetic or kidney disease.

What to expect?

Before the SPECT CT:

- Arrive at least 15 minutes before your appointment
- Follow the instructions given by the Nuclear Medicine staff

SPECT CT involves two steps:

1. Receiving a radioactive injection in the skin (called a tracer)
 - The injection feels similar to a bee sting, a small pinch, and a tiny bit of burning
 - There will be 1- 4 injections depending on the site
2. SPECT CT machine to scan a specific area of your body
 - Imaging immediately after the injections
 - You're required to lie still in a ring shaped scanner. The scan will last at least 30-45 min

After the SPECT CT:

- Most of the radioactive tracer leaves your body through your urine within a few hours after your SPECT CT
- Drink more fluids (water is preferred) to help flush out the tracer
- Your body breaks down the remaining tracer over the next few days. It is not dangerous to you or people around you

Additional Surgical Procedure Information

FOR SPECT CT, LYMPH NODE(S) DISSECTION, OR SKIN GRAFT

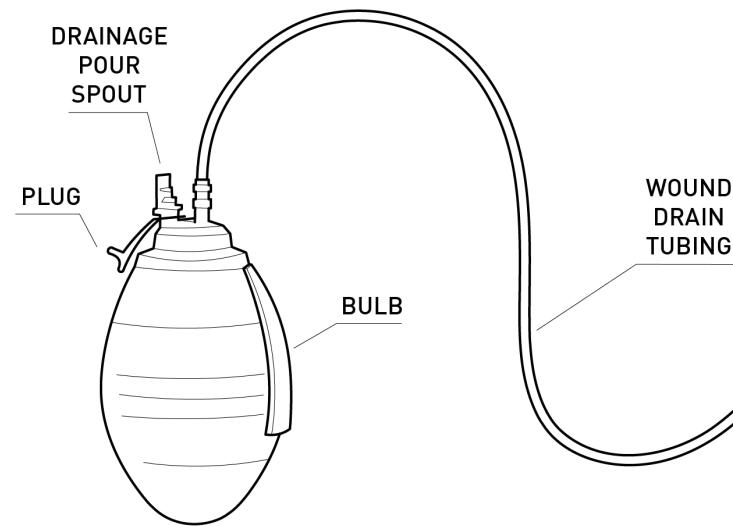
Lymph Node(s) Dissection

A surgical procedure in which the lymph node(s) is/are removed, and a tissue sample is checked under a microscope for signs of cancer.

Surgical removal of the lymph glands is an important part of the treatment for several types of cancer, including melanoma and other types of skin cancer. Sometimes complications, such as wound infection, bruising (hematoma), or a collection of lymph fluid in the area (seroma/lymphocele), can occur after removal of these lymph nodes. Your surgeon may inject a blue dye around your tumor. The blue color will leave your skin within a few days, and may color your urine with a green tinge during that time.

Surgical Drain Tube

Towards the end of the operation, the surgeon may insert a plastic drainage tube(s) into the area(s) from which the lymph node(s) have been removed. The drainage tube(s) drain away fluid or blood that may collect in the wounds and cause complications such as pain, discomfort, and infection. The drain(s) are usually removed once they have collected less than 30-40mLs in 24 hours. Depending on output and the procedure you had, these may stay for days or weeks. The surgeon may have the patient/caregiver manage the drain on an outpatient basis.



Signs of Seroma

Seroma is a complication that can occur after any surgery, and it corresponds to the buildup of fluid below the skin. A small seroma is usually reabsorbed naturally into the body within 10 to 21 days. However, in some cases, the surgeon may need to carry out a minor procedure which consists of inserting a syringe under the skin and removing the excess fluid. It is recommended to use compression sleeves/stockings after surgery to reduce the risk of seroma. Some drainage of normal fluid may occur, which is usually honey-colored to clear with no particular odor.

Additional Surgical Procedure Information

FOR SPECT CT, LYMPH NODE(S) DISSECTION, OR SKIN GRAFT

Lymph Node(s) Dissection Continued

Signs of Lymphedema

Lymphedema can develop when there is disruption in lymphatic drainage. Lymph fluid drains into the soft tissues, which causes diffuse swelling. This can happen anywhere in the body, but it's most common in the arms and legs.

Skin Graft

A skin graft is a patch of skin that is removed from one body area and placed in another area.

If you have a skin graft,

- The surgeon will remove the dressing on the grafted site. Please do not attempt to remove it yourself
- Do not rub the skin graft for 3 to 4 weeks
- The area may be sore for 1 to 2 weeks
Keep the area of the skin graft dry while it heals. You also will have a bandage on the donor site
- Avoid getting sunlight on the skin graft for several months. This helps to prevent a permanent change of color in the grafted skin
- Avoid exercise that stretches the skin graft for at least 3 weeks after surgery

Contacts and Resources

Surgery**Melanoma Surgical Oncology**

415-502-5577 or 415-353-7070

Hours: 8 am - 5 pm, Monday - Friday.
After hours calls will be rolled to the
on-call directory.

PREPARE Clinic

415-885-7670

Pre-Operative - Mission Bay

415-476-0989

Recovery Room - Mission Bay

415-476-0994

Hospital**UCSF Medical Center at Mission Bay**

415-353-3000

UCSF Medical Center at Parnassus

415- 476-1000

UCSF Medical Center at Mount Zion

415-476-6600

Operator Services

415- 476-1000 (24 hours)

Information Desk Mission Bay

415-476-1540

MyChart

415-514-6000

<https://www.ucsfhealth.org/ucsfmychart/>

Cancer Resource Center

415-885-3693

<http://tiny.ucsf.edu/crcservices>

Transportation and Parking

415-476-1511

<http://tiny.ucsf.edu/transport>

UCSF Shuttle Service

415-476-4646

<http://tiny.ucsf.edu/shuttle>

Financial Counseling (insurance questions and cost
estimates for treatments)

415-353-1966

<http://tiny.ucsf.edu/billing>

Financial Services

(understanding medical bills, arranging payment plans
or requesting financial assistance)

866-433-4035

<http://tiny.ucsf.edu/billing>

Interpreting Services

415-353-2690

<http://tiny.ucsf.edu/interpreters>

Additional Resources: State-of-the-Art Perioperative Care Refined to Improving
Surgical Outcomes. To learn more, please visit: <http://eras.surgery.ucsf.edu>