

PATIENT INFORMATION

Melanoma treatment

Wide local excision and
sentinel lymph node biopsy

Mr Siva Kumar Veeramani

Consultant Plastic, Reconstructive and Cosmetic Surgeon
MBBS BMedSci MRCSEd MBA FRCSEd (Plast.) · GMC 6114710



The Ü Clinic
Sevenoaks & Oxted

Version 1.0
October 2026

Contents

This booklet explains further treatment for melanoma, including sentinel lymph node biopsy.

01	Why you have this booklet	3
02	What the treatment is	3
03	Before the day: the lymph node scan	4
04	Before you decide	5
05	Other options	5
06	Getting ready	6
07	Anaesthetic and where it happens	6
08	The procedure	6
09	Straight afterwards	6
10	Recovery	6
11	Risks and complications	7
12	Photographs and records	8
13	Costs and insurance	8
14	Your decision	8
15	Your personal information	9
16	Who to contact, and when to get help urgently	9
17	What happens next	10

01 Why you have this booklet

You've been given this booklet because you have been diagnosed with melanoma and have talked to Mr Kumar about further treatment, or you're about to.

It explains wide local excision and sentinel lymph node biopsy, what to expect, and the risks and recovery. Being diagnosed with melanoma can be worrying. Please ask as many questions as you need to.

It won't answer every question, and it isn't a substitute for talking things through with Mr Kumar, so please note down anything you want to ask and bring it to your next appointment. There is space for your questions at the back.

02 What the treatment is

Melanoma is a skin cancer that starts in the cells that give skin its colour. Found early it is very treatable, but it needs careful management because it can spread, first usually to the nearby lymph nodes.

Wide local excision

Your first operation (the excision biopsy) removed the melanoma and confirmed the diagnosis. A wide local excision removes a further margin of normal skin, 1–2 cm depending on how deep the melanoma was, to reduce the chance of it coming back in the same place. The wound is usually closed directly, or with a local flap or skin graft.

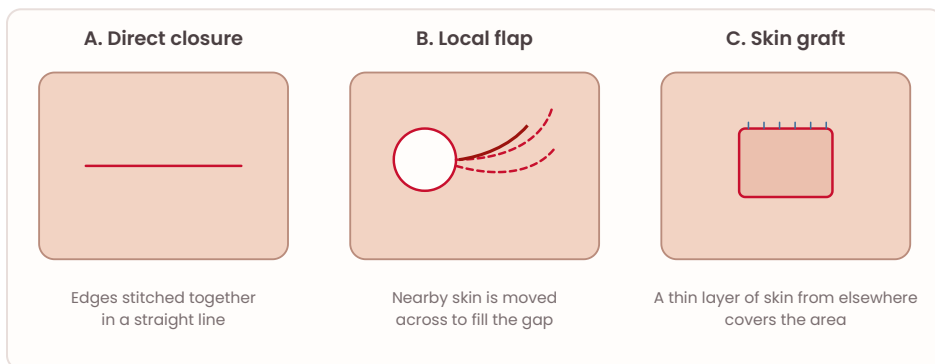


Figure 1. Ways of closing the wound after wide local excision. A simplified drawing for guidance only.

Sentinel lymph node biopsy

For melanomas above a certain thickness (usually more than 0.8 mm, or with other features), you may be offered a sentinel lymph node biopsy at the same operation. It finds out whether microscopic melanoma cells have reached the nearest lymph nodes, which helps stage the melanoma accurately and guides decisions about further treatment and follow-up.

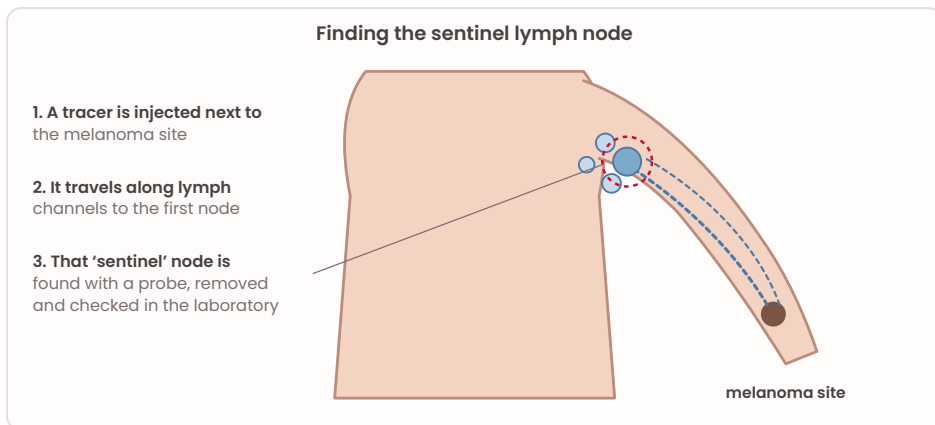


Figure 2. How the sentinel lymph node is found. A simplified drawing for guidance only.

It is a test rather than a treatment. Removing the sentinel node has not been shown to help people live longer, but the information it gives is valuable. Mr Kumar will help you weigh up whether to have it.

03 Before the day: the lymph node scan

On the day of surgery or the day before, you'll have a scan in the nuclear medicine department. A small amount of a radioactive tracer is injected into the skin next to your melanoma scar, and pictures show which lymph node it drains to. The skin over that node is marked. The radiation dose is very small.

In theatre, a blue dye may also be injected. A hand-held probe then finds the node, which is removed through a small separate cut and sent to the laboratory.

04 Before you decide

Please tell Mr Kumar if you have, or have had

- you are pregnant or breastfeeding, which affects the scan
- previous surgery or radiotherapy in the lymph node area
- allergies, including to dyes
- you take blood thinners or have a bleeding disorder
- a pacemaker or defibrillator (some equipment used to stop bleeding can affect it)
- allergies to local anaesthetic, plasters, latex or antibiotics
- a tendency to keloid or thickened scars
- diabetes or a weakened immune system, which can slow healing
- you smoke

05 Other options

You don't have to have this procedure. Depending on what bothers you, the alternatives include:

- wide local excision without sentinel lymph node biopsy, with regular ultrasound scans of the lymph nodes instead
- regular clinical follow-up alone, in some situations
- for some people, discussion of other options with the skin cancer multidisciplinary team (MDT)

06 Getting ready

You'll have a pre-operative assessment and the lymph node scan. You'll also be asked to:

- ✓ **tell us about any blood thinners.** Don't stop them without advice.
- ✓ **follow the fasting instructions** if you are having a general anaesthetic
- ✓ **arrange for someone to take you home** and stay with you overnight

07 Anaesthetic and where it happens

A wide local excision on its own can often be done under local anaesthetic. With a sentinel lymph node biopsy you will usually have a general anaesthetic. Most people go home the same day.

08 The procedure

The wide local excision and the sentinel lymph node biopsy usually take 1–2 hours together. Both wounds are closed with stitches, and a small drain is occasionally left at the lymph node site.

09 Straight afterwards

The wounds will be sore. If blue dye was used, your skin near the melanoma site may be stained blue for weeks or months, and your urine may be green or blue for a day or two. This is harmless.

10 Recovery

When	What to expect
Days 1–2	Rest. Keep dressings dry. Simple painkillers.
Weeks 1–2	Stitches removed (longer on the leg). Avoid strenuous activity.
2–3 weeks	Results discussed with you.
Months to years	Regular follow-up and skin checks, sometimes with scans.

If the wound is on a leg, keeping it raised when resting helps healing.

11 Risks and complications

Most people recover without any serious problems. But like any procedure it carries risks, and you should understand them before you decide. Where reliable published figures exist, we've given an approximate, rounded figure. Where they don't, we've used these standard terms:

COMMON

more than 1 in 100

UNCOMMON

1 in 100 to 1 in 1,000

RARE

1 in 1,000 to 1 in 10,000

VERY RARE

fewer than 1 in 10,000

Most people recover without problems. The commonest issues after sentinel lymph node biopsy are a fluid collection and wound problems, which are more likely in the groin than the armpit or neck.

Your own risk may be higher or lower depending on your health, whether you smoke, and the details of your procedure. Mr Kumar will talk through what applies to you.

What almost everyone experiences

These aren't really complications. They're a normal part of healing.

- Soreness and bruising at both wounds.
- Tightness around the scar.
- Blue staining of the skin if dye was used.

Other complications

- **Wound infection** **UNCOMMON**
Usually treated with antibiotics. More common in the groin.
- **Fluid collection (seroma) at the node site** **COMMON**
Usually drained with a needle in clinic.
- **Wound opening or a skin graft not taking fully** **UNCOMMON**
Usually heals with dressings.
- **Numbness or nerve pain** **UNCOMMON**
Near the scars. Usually improves.
- **Swelling of the limb (lymphoedema)** **UNCOMMON**
After sentinel node biopsy, especially in the groin. It is usually mild.

- **Sentinel node not found** UNCOMMON

The node can't always be identified. Your follow-up plan will be adjusted.

- **False negative result** UNCOMMON

A clear sentinel node doesn't completely rule out spread, so follow-up is still important.

Rare but serious complications

Please read this section carefully.

- **Allergic reaction to the blue dye** RARE

Usually a rash; very rarely a severe reaction, which the theatre team is trained to treat.

- **Blood clots in the leg or lung** RARE

Complications of the anaesthetic

Modern anaesthesia is very safe. Feeling sick, a sore throat or feeling drowsy are common for a short time afterwards. Serious problems, such as a severe allergic reaction, are very rare. Your anaesthetist will meet you before the operation and explain the risks for you personally.

12 Photographs and records

Photographs are taken before and after your procedure and kept in your medical records. They help Mr Kumar plan your treatment, record how things looked beforehand and follow your progress. This is standard good practice. If we ever want to use your photographs for teaching, publication or marketing, we will ask you separately and specifically, and saying no won't affect your care in any way.

13 Costs and insurance

If you are insured, please check your cover with your insurer before your procedure. Insurers need Mr Kumar's full name, **Siva Kumar Veeramani**, and his GMC number, **6114710**. If you are paying for yourself, you'll receive a written quote first. Self-pay consultations cost £250 and follow-ups £150.

14 Your decision

This is your decision and you have the right to:

- ✓ take as long as you need to decide, and bring someone with you to appointments
- ✓ say no to treatment, or withdraw your consent at any stage, without having to explain why and without it affecting any other care you receive
- ✓ ask for a second opinion from another surgeon.

15 Your personal information

Your personal and medical information is kept securely and used in line with UK data protection law (the UK GDPR and the Data Protection Act 2018). It's only shared with the people directly involved in your care, or where the law requires it, unless you give your consent for anything else.

16 Who to contact, and when to get help urgently

If you have any questions or worries, please contact the clinic during opening hours on **020 3026 9695** or **info@theuclinic.com**.

Call 999 or go to your nearest A&E immediately if you have

- chest pain, shortness of breath or coughing up blood
- a widespread rash, facial swelling or difficulty breathing after the operation

Contact us promptly if you have

- a painful, swollen calf
- redness that is spreading, warmth, discharge from the wound, or a temperature
- bleeding that doesn't stop with 20 minutes of firm pressure
- the wound opening up
- pain that is getting worse rather than better
- a soft, fluid-filled swelling at the node site

Out of hours, your emergency contact number will be given by the treating hospital or clinic.

17 What happens next

Before your procedure, Mr Kumar will go through this information with you again and take your written consent. If anything in this booklet has raised a question, or if anything changes with your health, your weight or your medication before then, please let us know.

My questions

Note down anything you want to ask Mr Kumar and bring it to your next appointment.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins or other markings on the paper.

Questions or worries?

Please contact the clinic during opening hours. Out of hours, your emergency contact number will be given by the treating hospital. In an emergency, call 999.

Telephone	020 3026 9695
Email	info@theuclinic.com
Sevenoaks	The Ü Clinic, 74 London Road, Sevenoaks TN13 2DN
Online	mrsivakumar.com

Mr Siva Kumar Veeramani is a Consultant Plastic, Reconstructive and Cosmetic Surgeon. GMC 6114710.

