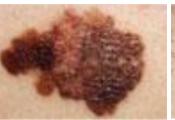
Plastic Surgery - Melanoma & Non-Melanoma Skin Cancers (SCC & BCC) Patient Pathway

Patient Presentation

Melanoma

Non symmetrical, irregular border, uneven distribution of colour & often greater than 5mm in diameter.





Suspected squamous cell carcinoma (SCC)

 $Rapidly\,growing\,nodule\,or\,ulcer$





Basal cell carcinoma (BCC)

Slow growing ulcer with pearly edge





Primary Care

Suspected melanoma, squamous cell carcinoma (SCC) or basal cell carcinoma (BCC)

Referral to Plastic Surgery if any of the following:

- ■Presents on the face.
- Difficulty in direct closing of defect.
- Rapidly growing tumours.
- Any suspected metastatic skin cancer.

Diagnostic Tips

Melanoma

- Melanoma usually develop on sun exposed, sun damaged skin.
- New or existing lesions, usually but not always pigmented on any part of the body with one or more features:
- -History of change in the area, elevation or pigmentation.
- -history of unexplained itching, bleeding, oozing or altered sensation.
- •Incidental lesion noted to be asymmetrical, irregularly outlined, variable in pigment or ulcerated.

Suspected squamous cell carcinoma (SCC)

- •SCC usually develop on sun exposed, sun damaged skin.
- •Men affected more than women especially on bald scalps.
- •They may evolve from actinic keratoses.
- Suspect keratotic nodules with thickened base which are painful to the touch.
- Usually rapid growth compared with BCC.
- •Metastasess occur in 5% of squamous carcinoma.
- Organ transplant recipients are especially at risk.

Suspected basal cell carcinoma (BCC)

- •BCC (rodent ulcer is the most common skin cancer).
- ■90% occur on head and neckon chronic light damaged skin.
- ■Slow growth often over several months or years.
- Non-healing ulcer which may bleed or crust.
- Skin coloured with pearly rolled edge.
- Less common variants include pigmented and sorphoeic.



Plastic Surgery Consultant

Orgent Plastic Surgery Referral for suspected Melanoma & SCC and routine referral for suspected BCC if any of the following:

- ■Presents on the face.
- Difficulty in direct closing of defect.
- Rapidly growing tumours.
- Any suspected metastatic skin cancer.

Referral via SCI gateway or use the referral proforma and fax to: 0141 211 5859

Other suspected SCC & BCC see Dermatology guidance.