

TREATMENT

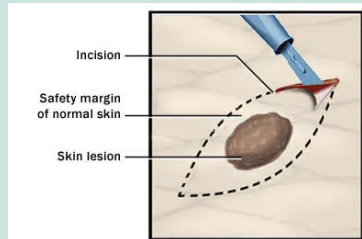
The management of skin cancer depends on several factors — the **type** of cancer, its **location**, how **advanced** it is, and your **overall health**.

Treatment options can range from freezing (cryotherapy) or topical creams, but the most effective and definitive treatment is usually **surgical removal (excision)**.

Diagnosis starts with a **clinical assessment**— your doctor will take a history and carefully examine the lesion, often using a dermatoscope (a special magnifying tool that helps us see details of the skin).

If the diagnosis isn't clear, we may take a **biopsy**— a small sample of the lesion that is sent to a lab for testing. The biopsy confirms whether the lesion is cancerous and helps guide the best treatment plan.

Suspected skin cancers can be removed using different methods depending on their **size** and **location**. In some cases, **nearby skin (flap)** or **skin from another part of your body (skin graft)** may be used to cover the wound, helping it **heal** better and maintain **normal appearance** and **movement**. Your surgeon will recommend the approach that ensures complete removal while preserving the optimal cosmetic and functional result.



FAQ

Q: Will I be awake during the surgery?

A: Yes. The procedure is done under local anaesthetic, which means the area will be numb but you'll be awake and comfortable. You may feel some pressure or movement, but not pain.

Q: Why is my scar larger than I expected?

A: While we always aim to keep scars as small and neat as possible, it's important to remove all the cancerous cells to prevent the cancer from returning. We carefully balance the cosmetic appearance of the scar with ensuring a safe and complete removal.

Our team is always happy to answer any questions you may have about skin cancer and its management. Please don't hesitate to ask us during your visit.



SKIN CANCER

information for patients



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DR SATYA SHANBHAG



BSc, MBBS, FRNZCGP, PhD, GP with special interest in General and Skin cancer surgery. Senior Lecturer UoA School of Medicine, Clinical Governance Group for NHC (National Hauora Coalition)

Dr Satya Shanbhag and his dedicated skin cancer team (Dr Mark Chan, Edlyn & Vhashika) run a busy and experienced skin clinic at the West Auckland Medical & Surgical Centre. Together, they provide **comprehensive assessment** and **management** of skin lesions for both community patients and those referred from the DHB.

The cost of treatment varies depending on the type and complexity of the procedure, and Dr Satya will be happy to discuss this with you during your consultation. For more information, please email nurse@wamsc.co.nz or visit www.wamsc.co.nz

Skin cancer is the **most common** cancer in New Zealand, caused by the **abnormal growth of skin cells**. These changes can be **non-cancerous (benign)** or **cancerous (malignant)**

Every year, around 90,000 New Zealanders are diagnosed with skin cancer. They usually appear as **changing skin spot** or **lesions (an area that looks different from the surrounding skin)**. Skin cancer is more common in **older adults**, and in people with **high sun or UV exposure**, a **history of skin cancer**, or a **family history of the condition**. However, **anyone**– regardless of age, gender, or skin type– can develop skin cancer **anywhere on the body**.



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BASAL CELL CARCINOMA (BCC)

BCCs originate from the **basal layer** of the skin (the lowest layer of the epidermis). They are the **most common** and **least aggressive** type of skin cancer. Therefore BCCs grow slowly over **months or years** and rarely spread to other parts of the body. However, if left untreated, they can become **larger, painful, or ulcerated**, and may **invade** deeper tissues like muscle or bone.

SQUAMOUS CELL CARCINOMA (SCC)

SCCs arise from the **upper layers** of the skin and are the **second most common** form of skin cancer. They are more likely to occur in people who **smoke**, have had an **organ transplant**, or have a **weakened immune system**, but can also occur in **anyone**. SCCs tend to be **more aggressive** than BCCs and can **spread** if not treated early, especially when located on the **face, scalp, or genital areas**. Therefore **early treatment** is essential to prevent further complications.

MELANOMA

Melanomas develop from **melanocytes**, the cells that produce skin pigment. They are the **most invasive** form of skin cancer, with a **higher risk of spreading** to lymph nodes or other parts of the body if left untreated. Each year, about **2,000– 3,000 New Zealanders** are diagnosed with melanoma. Due to their **aggressive nature**, melanomas require **prompt surgical removal** with a **safe margin**, and in some cases, **specialist hospital care** may be needed.



Early detection and **treatment** give the best outcomes for skin cancer. Because some cancers can look unusual or subtle, any **new, changing, or concerning** skin spots should be checked by a qualified health professional.

You can contact or book an appointment with **Dr. Satya Shanbhag** for a comprehensive full-body **skin check**. The **price** for a whole body molemap at **WAMSC** is very **reasonable**.