

Melanoma: completion lymphadenectomy – yes or no?

If you have a positive sentinel lymph node biopsy, use this decision aid to help you and your healthcare professional decide whether or not to have completion lymphadenectomy.

Frequently Asked Questions ↓	Completion lymphadenectomy and follow-up	Follow-up without completion lymphadenectomy
What does it involve?	Completion lymphadenectomy is an operation to remove all remaining lymph nodes (often called glands) from the area around the sentinel node. It is done under a general anaesthetic. The nodes are examined for melanoma. You will also have regular follow-up checks.	If you choose not to have this operation, you will have regular follow-up examinations to look for swollen lymph nodes. Swelling in the nodes may be a sign of melanoma spread and surgery may then be offered.
Will it increase my chance of being cured?	No, having the operation will not change your chance of being cured.	No, not having the operation will not change your chance of being cured.
What are the advantages?	Removing the nodes reduces the chance of melanoma returning in that area. In 20 of every 100 (20%) patients who have had a positive SLNB, melanoma will be found in the remaining lymph nodes. Having the operation may be reassuring if the nodes are free of melanoma. People who have the operation may be able to take part in trials of new treatments to reduce the chance of melanoma coming back.	Not removing the remaining nodes means you avoid having an operation under general anaesthetic and the risks that come with it.
What are the disadvantages?	The operation may be unnecessary. In 80 of every 100 (80%) people who have had a positive SLNB, melanoma will not be found in the remaining lymph nodes.	In 20 of every 100 (20%) patients, melanoma will eventually be found in the remaining nodes. If this happens, you may be offered surgery. Having the remaining nodes removed at this later time is more complicated. You are more likely to have more side effects. Some clinical trials of new treatments for melanoma cannot accept people who have not had completion lymphadenectomy.
What are the risks of having this surgery?	As with any operation, there are risks associated with the surgical procedure and from having a general anaesthetic. In 14 of every 100 people (14%) who have the surgery, an infection develops. In some people, the surgical wound is slow to heal. The arm or leg might become swollen and there might be long-term swelling (lymphoedema).	Does not apply

This decision aid is to help you make a decision about treatments recommended in NICE's guideline on [melanoma: assessment and management](#).