

Spots and Moles

When should I visit my doctor?

https://www.cbddoctorsmelbourne.com.au

HARMLESS SPOT

These spots are no concern. However if they change, show you doctor at your next consult.

CONCERN FOR NON

MELANOMA SKIN CANCER These should show these to your doctor within 1-2 months.

ATYPICAL MOLES

WATCH FOR CHANGE

coloured moles and dark-skinned individuals tend to have dark brown or black moles.

These spots should be watched for change. If they change, you should show these to your doctor within 1-2 months.

CONCERN FOR MELANOMA These should be shown to your doctor ASAP

Two out of three Australians will get skin cancer in their lifetime. Most skin cancers are the non-Melanoma and are relatively easy to treat. Melanoma on the other hand, makes up a much smaller proportion of skin cancer but are very dangerous and can be difficult to treat, if not caught early.

Early detection is key to successful outcomes for both Melanoma and non-Melanoma skin cancer, so it is good idea to regularly check our own skin and ask you doctor about anything that has hanged or doesn't seem right.

MOLES

WATCH FOR CANCER

NON -MELANOMA

CONCERN FOR MELANOMA

HARMLESS SPOT

SQUAMOUS AND BASAL CELL CARCINOMA

Squamous cell carcinoma (SCC) is a common type of cancer, mainly without pigment. Located on sun-exposed sites, particularly the face, lips, ears, hands, forearms and lower legs. Size varies from a few millimetres to several centimetres in diameter.

An atypical melanocytic naevus is a mole with unusual features, a spot you might identify as 'funny-looking'. It may have ill-defined or blurred borders, irregular margin resulting in an unusual shape, varying shades of colour (pink, tan, brown, black) or flat and bumpy components. Though usually benign, they are worth more of your attention and noting down any changes you see.

Basal cell carcinoma (BCC) is the most common form of skin cancer. Patients with BCC often develop multiple primary tumours over time. They are slow growing plaque or nodule, skin coloured, pink or pigmented, varies in size from a few millimetres to several centimetres in diameter and may have spontaneous bleeding or ulceration. BCC is very rarely a threat to life.

MELANOMA

- The first five letters of the alphabet are a guide to help you recognize the warning signs of melanoma.
- A is for Asymmetry. Most melanomas are asymmetrical.
- B is for Border. Melanoma borders tend to be uneven and may have scalloped or notched edges.
- C is for Color. Multiple colors are a warning sign.
- D is for Diameter or Dark. While it's ideal to detect a melanoma when it is small, it's a warning sign if a lesion is the size of a pencil eraser or larger.
- E is for Evolving. Any change in size, shape, color or elevation of a spot on your skin, or any new symptom in it, such as bleeding, itching or crusting, may be a warning sign of melanoma.

If you notice these warning signs, or anything CHANGE or UNUSUAL on your skin, book an appointment with your doctor promptly.

Check Your Own Skin



GUIDE TO CHECKING YOUR OWN SKIN

Check yourself regularly from head to toe. Check all areas of the skin, including back, scalp, between the buttocks, and the genital area.

Where possible enlist the help of a friend or family member to examine the areas that are difficult to see yourself, such as earlobes and the back of the head. Do this regularly. Get a friend of family member to check your back, or use a mirror.

Make note of any spots you want to discuss with your doctor.





Sanding in front of a full length mirror, examine your full body. Focus on the neck, chest and torso. Lift the breasts to view the undersides. Scan your buttocks, between the cheeks, and backs of both legs.

Front

Check your hands, palms and backs, between the fingers and under the fingernails. Continue up the wrists to examine both the front and back of your forearms. Standing in front of the full-length mirror, begin at the elbows and scan all sides of your upper arms. Don't forget the underarms.



Sit down; prop each leg in turn on the other chair or rest one leg on top of the other, as shown in this image. Check the front and sides of both legs, thigh to shin. Then ankles and feet, including soles, toes and nails (without polish). Use the hand mirror to examine the upper thigh and genitals.



Make sure to examine your head and face.

Especially your nose, lips and mouth. Pay

attention to ears and scalp, they are of-

ten overlooked. Have a family member or

friend assist you with those hard to reach

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With your back to the full-length mirror, use the hand mirror to inspect the back of your neck, shoulders, upper and lower back and any part of the back of your upper arms you could not view in step 2.

Record any new changing spots on this chart to discuss with your doctor at your next appointment.

and nais (without point). Use the nand mirror to examine the upper thigh and genitals. doctor at your next appointment. Back

New spots

- New spots
 Changes in spots
- Dry or flaky patch that is present for more than one month
- A sore that doesn't heal after 3-4 weeks
- A spot that 'just doesn't seem right'
- A dark patch or spot under a fingernail or toenail

NOTES

