

CLIENT INFORMATION SHEET

Melanoma

What are Melanoma?

Melanoma is a type of skin mass that occurs predominantly in grey horses. The masses contain the black pigment (melanin), giving them their characteristic appearance. Although melanomas can occur anywhere, the most common sites are the anus and perianal region, the dock, the sheath, the girth region, and behind the jaw. Internally, masses can occur in the abdomen and the guttural pouches. Masses in these internal locations are less likely to be resolved surgically. Melanoma that occur in grey horses are generally slow growing and are amenable to surgical removal. Melanoma that occur in horses that are not grey, although uncommon, are typically rapidly growing tumours that require aggressive surgical excision.



What are the treatment options for melanoma

Common treatment options include the Oncept melanoma vaccine, and/or surgical excision. A carbon dioxide or diode laser may be used for the procedure. Each horse must be evaluated prior to deciding on an appropriate treatment option. Many horses have both the vaccine and surgical excision. Certain chemotherapeutic drugs may also be appropriate; your surgical team will discuss this with you if this is the case.

What is the success rate of laser surgery?

Carbon dioxide laser excision, or sharp surgical excision of a single mass frequently removes the mass in its entirety. However, this does not prevent regrowth of a mass or development of masses in other areas. When horses have several masses, the procedure is considered a debulking procedure, with the aim being to make a horse more comfortable. Unfortunately, masses in some locations, such as the guttural pouch, are not generally amenable to surgical removal.

Why is the surgeon proceeding with treatment without performing a biopsy first?

Melanomas can typically be diagnosed on visual inspection and palpation; a biopsy is rarely necessary for diagnostic purposes.

Will my horse need to be clipped?

The surgical site(s) will be clipped with sufficient margins to allow us to perform the procedure in a sterile manner. This may also involve removing some tail hair if your horse has melanomas on the dock



Most horses also require an intravenous catheter. If this is the case, a small area will be clipped on the side of the neck to allow the catheter to be placed under sterile conditions.

What does the melanoma vaccine do?

The melanoma vaccine does not reduce the quantity or size of melanomas but for some horses, it does reduce, or sometimes halts, the progression of melanomas.

How is the melanoma vaccine administered?

The vaccine is an intradermal injection administered into the skin of the pectoral region. The vaccine is administered once every 2 weeks for an initial course of 4 injections. Following this, the vaccine can be administered every 6 months.



What should I monitor for following administration of the melanoma vaccine?

As with any vaccination, monitor for swelling, firmness or soreness in the pectoral region, as well as moving stiffly or reluctance to move.

Can my horse have the melanoma vaccine at home?

The vaccine is only administered by a specialist (or specialist in training, supervised by a consultant). It is therefore not available for most horses at home.

Does my horse need to be vaccinated for tetanus for treatment of melanoma?

Tetanus is an incredibly serious and often fatal condition which any horse undergoing surgery is at risk from. Your horse must be vaccinated for tetanus before treatment commences. If this is not possible prior to your appointment, your horse will receive a tetanus antitoxin.

How long will my horse be in hospital?

The length of hospitalisation can vary depending on the number and location of the melanomas present. However, as a general rule, your horse will be evaluated the day of admission, undergo surgery the day after admission and will remain in hospital for 1-3 days post-operatively. Horses with melanomas surrounding the anus often remain in hospital for a longer period of time to ensure normal defaecation has resumed. In more complex cases, the duration of pre-operative evaluations and post-operative care may be longer.

When will I receive updates on my horse's progress?

After your horse's initial evaluation, your resident or surgeon will contact you to discuss the findings and the proposed course of action. Please be advised that this conversation may take place when your horse is admitted, shortly afterwards, or we may contact you in the evening on the day your horse arrives. Any potential risks will be discussed with you at this time.

Please be advised that, due to our evaluations, your horse's treatment protocol may differ from our proposed plan prior to seeing your horse. Any changes will be discussed with you prior to proceeding with treatment.



You will also be contacted after your horse's procedure has taken place and once daily, usually in the evening, throughout your horse's stay. Please be assured that if there are any complications with your horse's procedure, you will be contacted during the procedure itself.

Will my horse need a general anaesthetic?

Some horses admitted to the hospital for treatment of melanomas will have a general anaesthetic. This will allow us to remove the mass(es) accurately with appropriate tissue margins, while reducing the risk to surrounding structures. Particularly in the sheath region, a general anaesthetic often allows us to find additional small melanomas.

Horses with masses on the dock or surrounding the anus typically require sedation combined with an epidural to allow adequate desensitisation of the region. The potential risks of this will be discussed with you prior to the procedure.

In some circumstances, the procedure can be performed under sedation and local anaesthesia. However, this is dependent on the location of the mass(es), the size of the mass(es), the number of masses, and your horse's tolerance for the procedure. The benefits and risks of a general anaesthesia or sedation will be discussed with you prior to your horse's procedure.



Will my horse's surgical sites be sutured closed?

The surgical sites may be sutured closed if possible. With some surgical sites, due to the size of the mass, the tension on surrounding tissues and the movement in the area, suturing is not appropriate. Particularly surrounding the anus, due to movement in the area, it is not uncommon for the sites to become open; if this occurs, the area will still heal well but will take slightly longer. In some circumstances, non-absorbable suture (which requires removal after approximately 14 days) may be used; this will be detailed in your discharge instructions.

If the surgical sites have been closed with absorbable suture, your veterinarian may still choose to remove some or all of the sutures. Regardless of the suture type used, we recommend the surgical sites are evaluated by your veterinarian 1-2 weeks after discharge.

Do I need to clean the surgical sites?

If your horse has had chemotherapy, please do not clean the sites until advised to do so by your surgeon. This will be a minimum of 2 weeks.

When chemotherapy is not used: due to the nature of mass removal, particularly if a laser is used, some clear discharge is expected from the surgical sites. If there is any discharge and if your horse will allow it, clean around the surgery sites gently once daily with a salt solution (1 tsp of table salt in 1 pint of boiled then cooled water) and gauze. However, if there is no discharge, or if your horse does not tolerate the procedure, please do not clean the areas. Please ensure you are in a safe environment with someone you trust holding your horse. Please wear gloves.



Can my horse be turned out at home?

This will depend on the number and location of masses, as well as the time of year. Usually we recommend most horses remain on box rest for 2 weeks post-operatively, however, this will vary depending on your horse's individual masses and treatment protocol. Please check with your clinical team as to when your horse can be turned out. In warmer times of year, please remember to have good fly control; this may include using a fly mask for masses on the head.

Can my horse be exercised at home?

Usually we recommend most horses remain on box rest for 2 weeks post-operatively, however, this will vary depending on your horse's individual masses and treatment protocol. Please check with your clinical team as to when your horse can be exercised.

What precautions will I need to take if my horse has had chemotherapy injections?

Your horse will remain in hospital during the most critical phase post-injection, however, please follow your discharge instructions carefully. Please observe the following general rules unless otherwise advised:

- Please do not allow children or anyone who is pregnant to handle your horse.
- Please wear chemotherapy gloves to handle your horse for 2 weeks after the last chemotherapy injection, unless advised otherwise.
- Please do not brush your horse until 2 weeks after the last chemotherapy injection.
- Please keep your horse on box rest.
- Please do not allow your horse to contact other horses.
- Please wear gloves to handle your horse's head collar, lead rope and rugs.
- Please do not exercise your horse for at least 2 weeks.
- Do not touch the mass or the clipped area around the mass, even while wearing gloves

When should my horse be re-evaluated?

Your horse should be evaluated 1-2 weeks after discharge to evaluate the surgical sites. If the sutures are non-absorbable (this will be detailed in your discharge instructions), they can be removed 2 weeks' post-operatively. If your horse has absorbable sutures, your veterinarian may still choose to remove some or all of them.



When will histology results be reported?

Following laser removal, up to 3 melanomas will be submitted for histopathology (evaluation under a microscope) to determine the nature of the masses. These results can take approximately 1 week, or longer if the mass is particularly large or unusual in nature. We will contact you as soon as the results are available.

My horse is being admitted for a surgical procedure, when will this take place?

Your horse will typically have surgery the day after admission, however, when removing smaller masses under sedation, some horses will have their procedure the same day.



Will my horse be sent home with medications?



Your horse will usually be sent home with an oral anti-inflammatory (usually phenylbutazone (bute)). Please do let us know if your horse does not eat, or has an adverse reaction to bute. Depending on the nature of the surgery, your horse may require post-operative antimicrobials.

As with all medications, if your horse becomes depressed, exhibits colic signs, has a reduced appetite, or has a change in the frequency or consistency of their faeces, please discontinue the medication and contact your veterinarian.

What should I monitor for once my horse is home?

Please monitor your horse to ensure they are defaecating with a normal frequency and consistency. Monitor the catheter site (clipped patch on the neck) for any evidence of swelling, firmness, or discharge. In addition, please monitor the surgical sites for any discharge, especially if this is thick or purulent. While on medication, monitor your horse's demeanour, appetite and faecal output. Please call your vet in the first instance if concerned.

