

It is important to know whether the cancer has spread to other parts of your body. Your ophthalmologist may refer you to another specialist to do more tests to determine whether the melanoma has spread (metastasized).

How is ocular melanoma treated?

If you are diagnosed with ocular melanoma, your treatment options will vary. Treatment will depend on:

- the location and size of the melanoma
- and your general health

If your melanoma is small, it may not need immediate treatment. Instead, you and your ophthalmologist may decide to watch the melanoma to see if it grows. If it does, or if it begins to cause complications, you may decide to undergo treatment.

Generally, treatment options fall into two categories: radiation and surgery.

Ocular melanoma radiation. In radiation therapy, high-powered X-rays or other types of radiation are used to kill the melanoma or keep it from growing.

The most common type of radiation therapy used for ocular melanoma is called plaque radiation therapy. Radioactive seeds are attached to a disk, called a plaque, and placed directly on the wall of

the eye where the tumor is located. The plaque, which looks like a tiny bottle cap, is often made of gold. This helps protect nearby tissues from damage from the radiation directed at the tumor. Temporary stitches hold the plaque in place for four or five days, before it is removed.

Radiation therapy can also be delivered by a machine. This machine directs radioactive particles to your eye through an external beam. This type of radiation therapy is often done over the course of several days.

Ocular melanoma surgery. Depending on the size and location of the melanoma, surgery may be recommended. For smaller tumors, the surgery may involve removing the tumor and some of the healthy tissue of the eye surrounding it.

For larger tumors and for tumors that cause eye pain, the surgery may involve removing the entire eye (enucleation). After the eye is removed, an implant is put in its place and attached to the eye muscles, so that the implant can move. Once you are healed from the surgery, you will be fitted with an artificial eye (prosthesis). It will be custom painted to match your existing eye. Both radiation and surgery can damage the vision in your eye.

You should talk to your ophthalmologist about how treatment may affect your vision. He or she can also explain the options available to you to help with any vision loss.

Summary

Ocular melanoma (melanoma in or around the eye) is a type of cancer that develops in the cells that produce pigment. Pigment gives your eyes and skin color. Ocular melanoma is very rare. It usually develops in the middle layer of the eye, which is called the uvea. No one knows for sure why people get ocular melanoma, but risk factors include long-term exposure to natural and artificial sunlight (tanning beds) and having certain skin conditions. If you have ocular melanoma, treatment will be based on the size and location of the melanoma and your general health.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.

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