Mole Removal Guide - Me Clinic Melbourne

Canonical: https://www.meclinic.com.au/skin/mole-removal/guide/

Details:

Almost everyone has moles. They are usually caused by a combination of genetics and sun exposure, they can appear anywhere on the body, and they come in a wide range of colours, shapes and sizes.

This page is the overview: what moles are, when removal is actually warranted, how the methods differ, and what to expect. It is written to help you make an informed decision rather than to talk you into a procedure.

What moles are

A mole is the result of an overproduction of melanin - skin pigment - in a clump of skin cells. Some are present at birth; most develop later, commonly during puberty. Moles that develop after birth usually appear flat, but can become raised over time and may grow hairs.

That change from flat to raised, on its own, is a normal part of how many moles behave over decades. It is a change in any other respect that matters.

Are they dangerous?

The great majority of moles are harmless and stay harmless.

There is a small chance that a mole becomes cancerous, and a separate, more common situation in which a melanoma appears as a new lesion rather than within an existing mole. Both are reasons to know the warning signs:

A change in size, colour or shape

A lesion that oozes, bleeds or weeps

A spot that itches persistently

A sore that does not heal

A lesion that looks different from your other moles

If any of these apply, seek medical attention promptly rather than waiting. Melanoma caught early is treated very differently from melanoma caught late, and the difference in outcome is substantial.

The consequence of "most melanomas are new lesions"

This is the fact that changes what you should actually do, and it is easy to skim past.

If you watch only your existing moles, you are watching the minority. A new spot appearing in adulthood deserves at least as much attention as an old one changing - and because it is new, there is nothing to compare it against except the rest of your skin.

Which is why the "looks different from your other moles" sign is the most practically useful of the five. Your own pattern is the baseline.

When a mole should be removed

Medical reasons

Where a doctor is concerned a lesion may be, or may become, a skin cancer. In this case the lesion is excised and sent for laboratory testing . That is the only way to establish what it was, and it is the only approach that can confirm the lesion was removed completely.

A Medicare rebate may be available for medically indicated removal.

Cosmetic reasons

Where a mole has been assessed as benign and you would simply rather not have it - or it catches on clothing or jewellery, or gets nicked while shaving. This is a personal decision and a legitimate one. It is not covered by Medicare.

A mole being visible is not a medical problem , and a practitioner should be comfortable telling you a lesion is fine to leave alone.

And when it should not

To reduce skin cancer risk. It does not - most melanomas arise in new lesions. See cosmetic mole removal .

A lesion that should be monitored instead , such as a large congenital naevus.

Anything unassessed , by a destructive method.

Every mole you have , on the theory that fewer moles is safer. It is not, and each removal leaves a mark.

Choosing a method

The single rule that governs everything:

Get the mole assessed before choosing how to remove it. Laser, cryotherapy and radiofrequency destroy the tissue, leaving nothing for a pathologist to examine. Used on an unassessed lesion, they can erase the evidence of an early melanoma while leaving skin that looks treated.

Method	Best for	Leaves tissue for pathology?
Electrosurgery (RF)	Raised benign moles, skin tags, lumps	No
Laser	Flat benign pigmented lesions	No
Cryotherapy	Warts, skin tags, some keratoses	No
Shave excision	Raised moles	Yes
Ellipse excision	Anything suspicious , and lesions unsuited to the above	Yes

Where a mole is being removed for cosmetic reasons, electrosurgery is commonly used: a high-frequency current passed through a fine probe removes or flattens the raised part of the mole and seals small vessels as it goes. No scalpel incision, no sutures.

Where your doctor believes a mole might be cancerous, it must be excised and sent for testing - a more invasive procedure, and the only route to knowing.

What it leaves behind

Every method leaves some mark. Non-incisional methods usually leave a flat patch that lightens toward your normal tone over months, though pigment change can persist. Excision leaves a permanent line scar that fades over 12 to 18 months.

The site looks worst at around six to eight weeks, which is not the outcome. See mole removal and scarring and before and after .

The process, start to finish

Check your own skin , and note anything new or changing.

Consultation - $150 including GST as at September 2024 - with every lesion examined.

A decision per lesion : leave it, monitor it, remove it cosmetically, or excise and test it.

A written quote , with rebates identified lesion by lesion.

Removal under local anaesthetic, usually walk-in walk-out.

Pathology where tissue was sent, with a date and method for the result.

Healing , and suture removal where applicable.

A surveillance interval if your skin warrants one.

Checking your own skin

Once every few months is enough for most people; more often if you have many moles, atypical moles or a history of skin cancer.

Good light, a full-length mirror, and a hand mirror for the back.

Get someone to check your back and scalp , or photograph them.

Do not skip the awkward places - between toes, soles, behind the ears, the scalp.

Photograph anything you are unsure about , with something for scale, and compare in a few weeks.

Look for the odd one out , not just the checklist.

Who should have a lower threshold for being checked

Fair skin that burns easily

Many moles, or several atypical ones

A personal or family history of melanoma

A history of bad sunburn or solarium use

Long-term outdoor work

Immunosuppression , including after an organ transplant

Previous skin cancers

Cost

As at September 2024 and including GST, a mole removal consultation is $150. Removal is quoted after assessment and depends on the number, size, site and method. See mole removal costs .

Cosmetic removal is not covered by Medicare; medically indicated removal and pathology may attract a rebate, and that can differ lesion by lesion in the same appointment. We are not a no-gap provider.

What you should leave with

What each lesion is, or that it needs testing to establish

Which lesions were removed and by which method

Which were deliberately left, and why

Whether anything went to pathology, when the result is due, and how you will get it

What mark to expect, and at what timeframe

Written aftercare and a number to call

Whether periodic skin checks are advised, and how often

Aftercare

Keep the site clean and follow the dressing instructions

Do not pick the scab

Avoid sun while healing, then sunscreen on the site for months

Avoid swimming and soaking until healed

Attend for suture removal where applicable

Expected, and not expected

Expected: tenderness for a few days, a scab or sutures, and a pink mark that is most obvious at six to eight weeks and fades over a year.

Call us for increasing rather than settling pain, spreading redness or heat, pus or a bad smell, a fever, a wound edge that separates, or a lesion that regrows.

Risks

Scarring or a permanent mark

Changes in pigmentation, more likely in darker skin

Bleeding and bruising

Infection

Delayed healing or wound separation

Incomplete removal and regrowth

Reaction to local anaesthetic

Missed diagnosis where a lesion is destroyed rather than examined

See risks and complications .

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Common questions about mole removal

What is a mole?

The result of an overproduction of melanin in a clump of skin cells. Some are present at birth; most develop later, commonly during puberty.

Is it normal for a mole to become raised?

Yes - that change on its own is a normal part of how many moles behave over decades. It is a change in any other respect that matters.

Are moles dangerous?

The great majority are harmless and stay harmless.

What are the warning signs?

A change in size, colour or shape; oozing, bleeding or weeping; persistent itching; a sore that does not heal; and a lesion that looks different from your other moles.

Do most melanomas start in existing moles?

No - more commonly a melanoma appears as a new lesion.

What does that mean I should do?

Watch for new spots as well as changing ones. If you watch only your existing moles you are watching the minority.

Which warning sign is most practically useful?

A lesion that looks different from your others. Your own pattern is the baseline, which matters especially for a new spot with nothing to compare it against.

What should I do if I notice one?

Seek medical attention promptly rather than waiting. Melanoma caught early is treated very differently from melanoma caught late.

When is removal medically indicated?

Where a doctor is concerned a lesion may be or may become a skin cancer. The lesion is excised and sent for laboratory testing - the only way to establish what it was and to confirm it was removed completely.

When is removal cosmetic?

Where a mole has been assessed as benign and you would rather not have it, or it catches on clothing or jewellery or gets nicked while shaving.

Is a visible mole a medical problem?

No, and a practitioner should be comfortable telling you a lesion is fine to leave alone.

Should I have moles removed to reduce my cancer risk?

No. It does not reduce risk, because most melanomas arise in new lesions.

Should I have all of them removed?

No. Fewer moles is not safer, and each removal leaves a mark.

What is the single rule for choosing a method?

Get the mole assessed before choosing how to remove it.

Why does that rule exist?

Because laser, cryotherapy and radiofrequency destroy the tissue. Used on an unassessed lesion they can erase the evidence of an early melanoma while leaving skin that looks treated.

Which methods leave tissue for testing?

Shave excision and ellipse excision. Electrosurgery, laser and cryotherapy do not.

What is used for a cosmetic removal?

Electrosurgery commonly - a high-frequency current through a fine probe that removes or flattens the raised part and seals small vessels, with no incision and no sutures.

What is used if a mole might be cancerous?

It must be excised and sent for testing - a more invasive procedure, and the only route to knowing.

Will removal leave a mark?

Every method does. Non-incisional methods usually leave a flat patch lightening over months; excision leaves a permanent line scar fading over 12 to 18 months.

When does the site look worst?

Around six to eight weeks, which is not the outcome.

How often should I check my skin?

Once every few months is enough for most people, more often with many moles, atypical moles or a history of skin cancer.

How should I check?

Good light, a full-length mirror and a hand mirror for the back; get someone to check your back and scalp or photograph them; do not skip between toes, soles, behind the ears and the scalp; photograph anything you are unsure about with something for scale; and look for the odd one out rather than just the checklist.

Who should have a lower threshold for being checked?

Anyone with fair skin that burns easily, many or atypical moles, a personal or family history of melanoma, a history of bad sunburn or solarium use, long-term outdoor work, immunosuppression including after transplant, or previous skin cancers.

What does it cost?

A mole removal consultation is $150 including GST as at September 2024, with removal quoted after assessment depending on number, size, site and method.

Is it covered by Medicare?

Cosmetic removal is not; medically indicated removal and pathology may attract a rebate, and that can differ lesion by lesion in the same appointment. We are not a no-gap provider.

What are the risks?

Scarring or a permanent mark, pigment change more likely in darker skin, bleeding and bruising, infection, delayed healing or wound separation, incomplete removal and regrowth, reaction to local anaesthetic, and missed diagnosis where a lesion is destroyed rather than examined.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.