

MOHS MICROGRAPHIC SURGERY

INTRODUCTION

What is Mohs Micrographic Surgery?

Mohs surgery is a highly specialized treatment for the total removal of skin cancer. This method differs from all other methods of treating skin cancer by the use of *Complete Microscopic Examination* of all the tissues removed surgically as well as detailed mapping techniques to allow the surgeon to remove all of the roots and extensions of the skin cancer.

The procedure begins after the skin is injected with a local anesthetic to make it completely numb. Then the visible cancer and a very thin layer of surrounding skin are removed with a scalpel, carefully mapped, and examined microscopically. If there is still cancer seen under the microscope, another very thin layer of skin is removed from that exact location. This may be repeated as often as necessary to completely remove the cancer.

What are the advantages of Mohs Surgery?

By using these detailed mapping techniques and complete microscopic control, the Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic roots of cancer can be removed. The result is: 1) the removal of as little normal skin as possible and 2) the highest possibility for curing the cancer.

What is the cure rate?

Using Mohs surgery, the percentage of cure is more than 90 percent for most skin cancers, even when other forms of treatment have failed. Other methods of treatment offer only a 50 percent chance of success if previous treatments have failed.

Is hospitalization necessary?

No. Mohs surgery is performed in our office surgical suite and you may return home the same day.

SURGERY DAY

Your appointment will be scheduled early in the day. Our staff will numb the area around the skin cancer. The surgical procedure alone takes only 10-15 minutes. However, it takes a minimum of 60 minutes to prepare and microscopically examine the tissues. Several surgical stages and microscopic examinations may be required, and you will be asked to wait between stages. Although there is no way to tell before surgery how many stages will be necessary, most cancers are removed in 3 stages or less. Most routine cases are concluded by 1:00 or 2:00 p.m. in the afternoon.

We would like to make the time you spend with us as pleasant and comfortable as possible. You may want to bring reading material to occupy your time while waiting for the microscopic slides to be processed and examined. Television and magazines will be available in the waiting room area. You may also leave for a short time if you prefer.

The most difficult part of the procedure is waiting for the results of the surgery. Since we do not know in advance how much time is necessary to remove the cancer and repair the wound, we ask that you make no other commitments for the entire day that you are scheduled for surgery.

Will the surgery leave a scar?

Yes. Any form of treatment will leave a scar. However, because Mohs surgery removes as little normal tissue as possible, scarring is minimized, compared to other forms of treatment. Immediately after the cancer is removed, we may choose to 1) leave the wound to heal by itself, 2) repair the wound with staples or stitches, or 3) reconstruct the wound with a skin graft or flap. This decision is based on the safest method that will provide the best cosmetic result.

Will I have pain or bruising after surgery?

Most patients do not complain of pain. If there is discomfort, Tylenol is recommended for relief. Avoid taking medications containing aspirin (see preparing for surgery below) as they may cause bleeding. You may have some bruising around the wound, especially if the surgery is close to the eye.

Will my insurance cover the cost of surgery?

Most insurance policies cover the cost of Mohs surgery. However, you should check with your carrier for exact information related to their schedule of payments.

PREPARING FOR SURGERY

Medications: Continue any medications prescribed by your doctor. However, aspirin is a drug that may prolong bleeding. We ask that you avoid aspirin (including Anacin, Bufferin, Excedrin, Ecotrin, Alka Seltzer, Percodan, Motrin, Advil, and Naprosyn) for one week prior to surgery. If you are taking any blood thinners (Coumadin), please call our office before your scheduled surgery. Alcohol will also promote bleeding, so avoid alcoholic beverages 24 hours before and after surgery.

Transportation: We suggest that you arrange to have a companion drive you to and from our office. However, you may drive if you have not been given prescription pain medication prior to discharge.

Breakfast: The day of surgery, we suggest you eat your normal breakfast.



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