

Mohs Skin Cancer Surgery

Preparation and Recovery

What is the next step after MOHs' surgery has been completed?

When the skin cancer has been completely removed, the physicians will consult on how to treat the wound created by the surgery. Usually there are 3 choices: (1) close the wound with sutures, (2) let the wound heal by itself, (3) cover the wound with a skin graft or flap. Occasionally, radiation therapy may be utilized as an adjunctive treatment in invasive multi-staged cancers or a subspecialist is involved for delicate closures.

How should I take care of the wound? – Leave the bandage on for 48 hours

1-2 times each day – Wash your hands with soap and water, rinse the site with water, blot dry the wound, apply Polysporin ointment with a Q-tip and cover with a clean dry dressing.

There are several things that happen following surgery:

1. **Bleeding:** Bleeding can occur following surgery. To reduce the possibility of bleeding:
 - a. Limit activities for at least 1 week that can strain the surgical site.
 - b. Keep the operative site elevated (if appropriate) especially when sleeping.
 - c. If surgery was on the face, head or neck: Avoid stooping, straining or bending.

Should bleeding occur, apply firm pressure on the bandage for 20 minutes!!

2. **Swelling:** Swelling occurs because surgery has caused a wound and your body reacts to that injury. To reduce the amount of swelling that may occur:
 - a. Apply an ice bag for 20 minutes each hour during the waking hours.
 - b. Elevate the area.
3. **Infection:** Infection seldom occurs when the wound care instructions have been carefully followed. Signs of infection are increased pain, swelling, streaky redness or yellowish drainage after surgery. Call the office if this occurs.
4. **Tape Reactivity:** If the area is bubbly or itchy, change to paper tape or gauze.

Special Instructions:

1. Notify our office immediately if bleeding will not stop or signs of infection occur.
2. Skin Grafts/Pressure Bandages: Leave bandage ALONE until seen back in the office.
3. If Steri-strips are applied, take bandage covering the Steri-strip off in 48hrs, LEAVE Steri-strips ALONE until they fall off. When strips fall off (could be a few days or can last 2-3 weeks) follow above instructions to apply polysporin ointment and bandage of choice.

If you have any questions, contact the DOCS office at 941-925-DOCS (3627)

Your next scheduled appointment: _____ Notes: _____

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More than 3.5 million skin cancers in 2 million people are diagnosed annually.

What is skin cancer? There are 3 main forms of skin cancer: Basal Cell Carcinoma, Squamous Cell Carcinoma and Malignant Melanoma. Skin cancer is tissue which grows at an uncontrollable and unpredictable rate. Depending on the tumor type, size and location, we may recommend the Mohs procedure.

How is Mohs microscopic surgery performed? Mohs is a precise method of treating skin cancers and it combines surgical removal of the cancer with in-office microscopic examination of the removed tissue. The removed tissue is marked with colored dyes to map the tissue compared to the excision. The tissue is processed and examined under the microscope. The borders and base are examined to determine whether all the cancer has been removed. If any cancer is still present, it is precisely mapped and another stage of removal is performed at the corresponding mapped location. The process is then repeated so healthy tissue is spared.

How long does the process take? Be prepared to be in the office the whole day. Total removal of a skin cancer may involve several surgical stages, with tissue processing each time. The length of each session will depend upon tumor location, size and complexity of closure.

How effective is Mohs surgery in the treatment of skin cancer? Using Mohs surgery technique, the percentage of success is very high, often 97-99%. This technique offers an excellent chance of cure, although there is no 100% guarantee.

When is Mohs surgery applicable? Mohs surgery is utilized in large skin cancers, recurrent skin cancers, invasive skin cancers, area at risk for high recurrence like facial planes and thin skinned areas like hands and feet.

Will the surgery leave a scar? Yes, any form of therapy will leave a scar once you cut the skin. This can be minimized by the tissue sparing process of Mohs, adhering to wound care and any imposed physical limitations, consistent sun protection and the addition of silicone scar gel, PUR-Sil. Sometimes the redness last for months and sites may be itchy early during healing. We can also lighten post surgical red scars with laser.

Will my insurance pay for Mohs surgery? Most insurance companies will pay for at least part if not all of the surgery, but it is dependent upon the type of plan you carry and what your insurance has covered in the calendar year. Our staff will pre-verify your coverage, ascertain your benefits and determine your responsibility. You will be advised in advance if there are payments that you will need to make on the day of surgery.

Preparing for surgery

Following these instructions will help you get the best outcome.

- The Mohs procedure will take several hours. Please do not make any other appointments or commitments for the day of surgery.
- Please bring reading material to help keep you occupied. Please also bring a sweater to keep you warm as our waiting room can be chilly.
- Please take ALL routine medication the morning of surgery, prior to arrival.
- Alert us if you have any medication, numbing or latex allergies.
- If you are taking aspirin for a diagnosed condition, stroke or blood clots, please do not stop. If you are taking aspirin for prevention purposes, we ask that you stop taking it 7 days prior to surgery but ONLY with the approval of your PCP.
- Please stop taking Vitamin E, fish oil, Ibuprofen and Bufferin one week prior to surgery. If you are unsure about your medication, review them with our office.
- Do Not drink alcohol for 2 days prior to surgery.
- Tylenol may be used for pain relief both before and after surgery.