California Center for
Dermatologic Surgery

**Preparing for Mohs Surgery**

Please read this information carefully before your surgery. This brochure will help you understand the Mohs surgery procedure ahead of your scheduled surgery. You may schedule a visit and consultation with Dr. Carlson to go over this information and answer any questions you may have prior to your surgery.

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**What is Mohs Surgery?**

Mohs surgery, also called Mohs micrographic surgery was first developed by Dr. Frederic Mohs in the 1930s as a specialized surgery technique for treating skin cancer. This specialized technique involves surgery to remove skin cancer, followed by the immediate examination of the removed cancer and surrounding skin under a microscope by the surgeon to ensure that the margins are clear of cancer, before further reconstructive surgery to repair the wound left behind by the cancer. A fellowship-trained Mohs surgeon is a physician who has received a medical education, completed residency training in dermatology (study of the skin) with emphasis in dermatologic oncology (the study of skin cancer), dermatopathology (the study of skin and associated diseases under a microscope), and completed additional 1-2 years of fellowship training in Mohs micrographic surgery technique and advanced reconstructive surgery (surgical repair of the wound left behind after cancer removal using a wide array of plastic and reconstruction surgery techniques).

**Why Mohs surgery?**

Skin cancers often have roots under the skin, such that there are cancer cells below the skin beyond what is visible on the surface of the skin. If only the visible tumor is removed, microscopic cancer cells will be left behind in the skin, which leads to recurrence of the cancer. With Mohs surgery, after the visible cancer is cut out, every edge of the removed tissue is examined carefully under the microscope, by the Mohs surgeon, to ensure that all of the cancer cells have been removed. If any cancer is seen under the microscope, more skin is removed, but only in the area that contains additional cancer. In this way all the cancerous areas of the skin and surrounding tissue is removed, while leaving the normal healthy skin and tissue alone.

This technique offers the highest cure rate of any other cancer treatment, a rate of up to 99% cure for most skin cancers, and is the gold standard for skin cancer treatment. Mohs surgery is recommended for skin cancers that are in cosmetically sensitive areas of the body, such as the head, face, hands, feet, genital area, for skin cancers that have come back after previous treatment, and for large skin cancers in other areas of the body where sparing non-involved skin is a priority.

**How is Mohs surgery performed?**

The Mohs surgery process is described as follows:

1) After the surgeon has identified the skin cancer, the skin is injected with a numbing anesthetic solution, and the visible cancer is removed
2) The surgeon cuts out a layer of skin and underlying tissue around the area where the cancer is visible. The wound is then bandaged.


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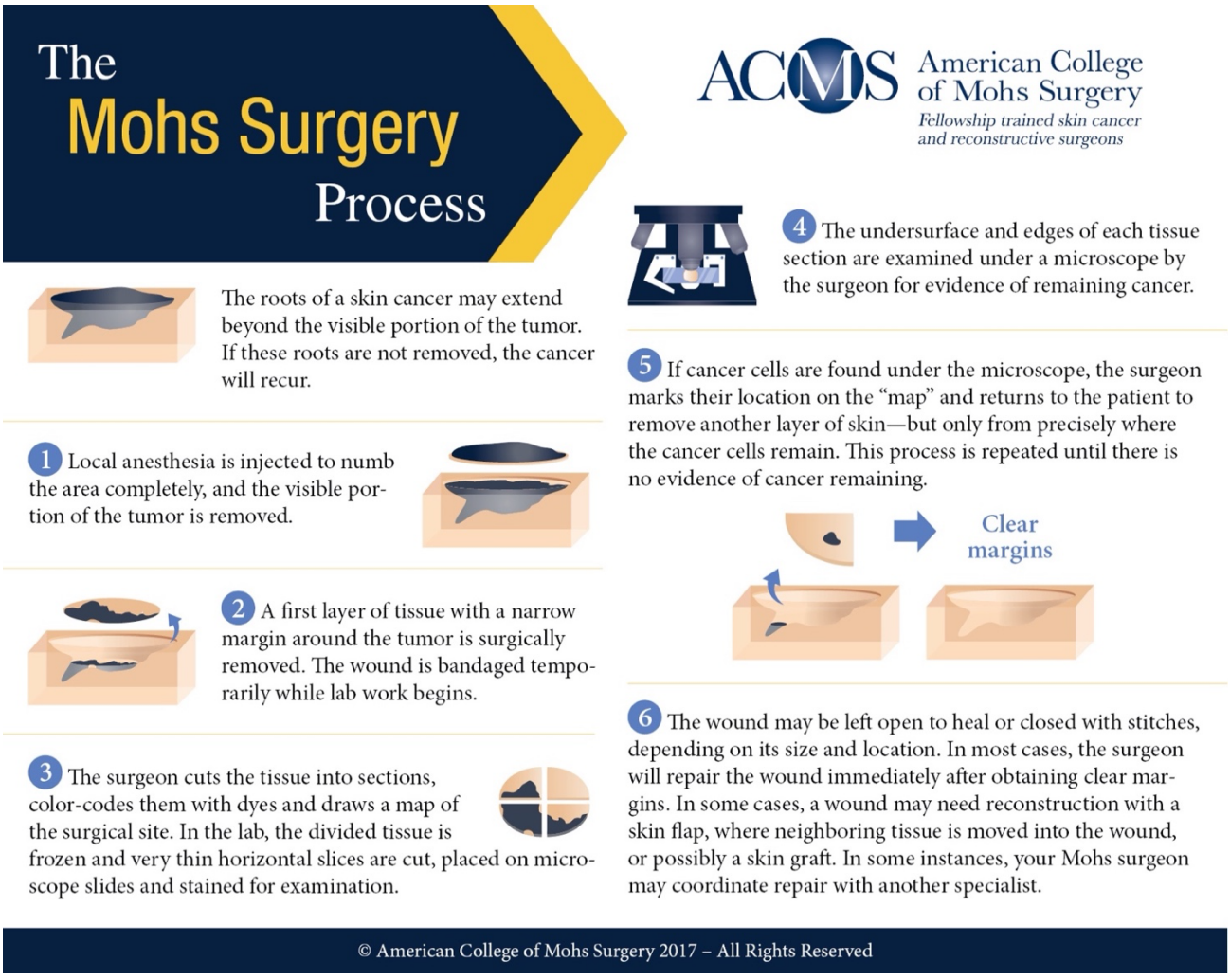
3) The sample of removed tissue is then labeled, taken to the processing laboratory in the surgeon's office, where it is frozen, thinly sliced, placed on microscope slides, and stained with dyes so as to visualize the cells.
4) The edges and undersurface (also called margins) of the cut tissue are examined under a microscope by the surgeon to determine if there is any remaining cancer
5) If cancer cells are found under the microscope, the surgeon marks their location, and returns to the patient to remove another layer of tissue from the area where the cancer remains. This process is repeated until there is no more cancer left, at which point, Mohs surgery is complete.
6) The wound is then closed with stitches by the surgeon, or may be allowed to heal on its own if it is small and shallow. In some cases where extensive reconstruction is necessary under sedation, the patient may be referred to another specialist such as a plastic or eye surgeon, for completion of the repair in an operating room setting. The below infographic from the American College of Mohs Surgery, describes the Mohs surgery process.





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**How can I prepare for my Mohs Surgery?**

- **Eating:** have a normal breakfast on the morning of surgery
- **Driving:** If your surgery site is close to the eye, such that any wound dressings may obscure your vision, have someone drive you to the office and, pick you up at the end of your procedure
- If you have serious anxiety about the Mohs surgery procedure, and think you will require sedating medications to get through the surgical day, it is recommended that you schedule a prior consultation with Dr. Carlson before the day of your surgery. A prescription for this medication will be provided at that visit. Please note that if you are given a sedative on the day of surgery, you will not be able to drive home, thus you will be required to have someone drive you to the office and back home on the day of your surgery.
- **Smoking:** Healing after Mohs surgery is faster and has fewer complications if you are not smoking. Try to stop smoking 1 week before surgery and for 2 weeks afterwards.
- **Shower:** take a shower and wash your hair before your surgery. You will likely not be able to take a shower again for at least 48 hours after your Mohs surgery procedure
- **Makeup:** if the procedure is on your face please do not wear make up.
- **Clothing:** wear loose comfortable clothing that you do not mind getting dirty. Try to avoid white shirts or blouses
- **Medications:** the following medications increase the risk of bleeding during and after the procedure. Stop 2 weeks before your surgery date and for 1 day afterwards. Ibuprofen (Aleve, Advil), Vitamin E, Gingko, Garlic, Ginseng, Ephedra (Ma Huang)
    - Otherwise take any medication you would normally take
    - Bring any medication with you that you would normally take during the day, such as your blood pressure medications
    - Bring a list of all the medications that you take, including vitamins and herbal supplements
    - If you have been advised that you need antibiotics before surgical or dental procedures because you have an implant or abnormal heart valve, please let us know ahead of time so we can arrange for you to have the antibiotics on the day of your surgery
    - If you have moderate to severe anxiety regarding surgery, schedule a consultation prior to surgery with Dr. Carlson. A sedating medication used to treat anxiety may be prescribed for you ahead of time to help you through the procedure
- **Blood thinning medications, such as Aspirin, Plavix and Coumadin (Warfarin) and so on:**
    - If you are taking these blood thinning medicines on recommendation from your doctor, because you have had a stroke, artificial valve, atrial fibrillation, heart attack or a blood clot then you should remain on them for the surgery. This is likely to increase minor bleeding during and after the procedure, but that can be controlled and is less dangerous than having another stroke, heart attack or blood clot. Previously we used to stop these medications before surgery but new research shows that it is safe to continue them.


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  - If you are taking them just as a health measure but have NOT had a stroke, heart attack or blood clot then check with your primary care doctor to see if they think it is safe to stop them. Do not stop them without checking first
- **Travel:** Please do not schedule surgery near to a vacation or a time when you will not be available for us to see you back for follow up. You will be seen for follow-up anywhere from 1 week to 4 weeks after your surgery.

**What can I expect on the Day of Surgery?**

- Please try to arrive 15 minutes before your appointment time to complete the necessary paperwork. Be prepared to spend the entire day with us, as we cannot predict how long the surgery or how many stages/cuts it will take to completely remove the skin cancer. Bring something to pass the time. You are welcome to have a friend or family member with you during the stages of surgery

1. The front desk staff will register you and check that you have completed all your paperwork
2. The clinic staff will take you back to one of the procedure rooms and ask you about your past medical history, current medications, allergies, who your primary care physician is, and which doctor referred you for Mohs surgery
3. You will be asked to sign a consent form that will give us your permission to undergo the procedure and to be photographed
4. We will take a close-up photograph of the area to be operated upon.
5. The skin will be cleaned with alcohol and then numbed with an injection of Lidocaine anesthetic. This may burn and sting for a few seconds; then the area will become numb, we aim to make this part as painless as possible.
6. The first step of Mohs surgery is to try to determine the extent of the tumor under the skin. This is typically done using a curette, an instrument used to scrape the skin. The tumor cells will come away while the normal skin stays intact.
7. Then the first layer of skin is removed with a scalpel; any bleeding is stopped.
8. The medical assistant will put a bandage on the wound and we will show you back to the waiting room.
9. The removed tissue is taken to our lab to be processed and will be looked at under the microscope by the surgeon to see if the cancer is removed. This takes approximately 60 minutes for basal cell and squamous cell carcinoma
10. When the tissue is ready, the doctor looks at it under the microscope. If any tumor is left, we mark that area on a map. We use this map to tell us where the tumor still is on your skin.
11. You will come back to the procedure room; we will remove the dressing and inject more local anesthetic (Lidocaine). The doctor will remove further skin from the area where the cancer is still present; the process is then repeated as above.
12. The average number of these cycles that need to be taken is two, although it could take more or less cuts to ensure that the cancer is removed


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13. Once the cancer is completely removed we will take another photograph of the wound and discuss the repair options
14. We will ask you if you want to look at the wound in the mirror; we encourage most people to, so that you can better understand the extent of the tumor, but you do not have to if you do not want to.

**What happens after all the cancer is removed?**

After the cancer has been removed, you will have a wound in the skin. The surgeon will discuss with you all the available options for repairing or closing the wound to leave you with the best result.

The following **wound closure methods** are options that your surgeon may discuss with you:

*Second intention healing:* Our skin has a remarkable ability to heal. Sometimes a wound is to left to heal in by itself without any stitches, if it is a small and/or shallow wound. This option is called healing by second intention. This can take 4-6 weeks but this option, in the right area, can lead to an excellent result.

*Layered linear closure:* the next simplest way of closing skin is stitching it side-to-side in a straight line. On the face the stitches stay in place for 6-8 days. If the skin will not close side-to-side, we may need to do either a graft or a skin flap.

*Skin flap:* a flap borrows skin from next to the wound and moves it over to fill the wound. This is often reserved for deep wounds or wounds that cannot be closed be simply stitching the edges of the wounds together.

*Skin graft:* this is a piece of skin that is removed from a site away from the wound, usually from around the ear, above the collarbone or the front of the thigh, and stitched to the edges of the wound, covering the wound like a patch.

*Referral to another specialist:* on rare occasion, the surgical wound is in a location or is of a large enough size that will necessitate referral to a plastic surgeon or eye surgeon for repair that is typically done while you are asleep or heavily sedated. Ideally this is on the same day but sometimes the following day. Your surgeon will refer you to such a specialist in such a case.

**How can I care for my wound at home?**

After the wound is closed, we will make an appointment for you to be seen for follow up. You will have a bandage in place. We will give you detailed written wound care instructions and a list of phone numbers to call if you have questions. To give yourself the best chance of healing well we strongly advise that you follow the written wound care instructions.


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**What precautions should I take after surgery?**

**Pain:** Most wounds are typically minimally to moderately painful after surgery. Pain after surgery is typically worst the first two days after surgery, then gradually becomes minimal. If there is discomfort then take an over the counter acetaminophen (Tylenol) based pain killer. If you are still experiencing discomfort 1-2 hours after this, then take ibuprofen 400 mg. This combination of ibuprofen and Tylenol work particularly well for post-operative pain after Mohs surgery. If we suspect a wound will be more painful we shall give you a prescription for a stronger painkiller.

**Activity restriction:** It is advised that you refrain from any activity that will elevated your blood pressure or cause increased tension in your stitched wound for 1-2 weeks after surgery. This includes all forms of exercise, golfing, yard work, heavy lifting, or vigorous sexual activity. This is to ensure that you do not bleed into your wound while at home, and that your stitches don't burst open.

**Removal of stitches:** If the wound left by the surgery is closed with stitches, they will need to be removed in one to two weeks. Stitches on the face or neck are in for 7-10 days. The ears, arms, legs, back, chest and scalp for 2 weeks. Sometimes your surgeon may use stitches that dissolve on their own, in which case, you will not need to return for removal of your stitches. You may still be required to be seen for follow-up a few weeks after surgery to ensure that you are healing appropriately. Please do not schedule surgery near to a vacation or a time when you will not be available for us to see you back for follow up.

**How should I expect my wound to heal?**

It is common to have "black and blue" bruising and swelling in the skin after Mohs surgery. This is worse the day after surgery, and gradually improves over time. Applying an ice pack over your wound dressing helps minimize bruising. Once wounds are healed and the stitches taken out, the scar that is left is typically pink and or red, may be swollen, but will continue to heal and mature over the next 6 – 12 months.

Sometimes a second procedure may be needed to help the scar be less noticeable. This is typically done between 4 to 8 weeks after the surgery. This can include injections of steroidal anti-inflammation medication or a dermabrasion procedure to smoothen the appearance of the scar.

**We will take good care of you:**

Our objective is to put you at ease before, during and after your surgery while curing you of your skin cancer and reconstructing the wound with the least scarring possible.
Please let us know if you have any special concerns or questions.
We look forward to seeing you at your appointment


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**Commonly Asked Questions:**

1. What are the risks of surgery?

Please read the risks of surgery sheet at the end of this package. This sheet will be signed and placed in your medical record

2. Since the biopsy, the area appears to have healed. Do I still need surgery?
Most of the skin cancers have roots under the skin that are not visible with the naked eye. The biopsy is performed to sample the tumor, not to remove the entire tumor. Even though the surface of the skin has healed there is still tumor underneath the skin, which is why your doctor has referred you for Mohs surgery.

3. I have a special social event within 2 weeks of the surgery; should I still have the surgery?

Depending on how dangerous the tumor is, many cases can be delayed by 2-3 weeks without problems. It is not advisable to have surgery around the time of major events, as bandages and bruising can ruin a photograph.

4. Will I have pain afterwards?
Most wounds are typically minimally to moderately painful after surgery. Pain after surgery is typically worst the first two days after surgery, then gradually becomes minimal. If there is discomfort then take an over the counter acetaminophen (Tylenol) based pain killer. If you are still experiencing discomfort 1-2 hours after this, then take ibuprofen 400 mg. This combination of ibuprofen and Tylenol work particularly well for post-operative pain after Mohs surgery. If we suspect a wound will be more painful we shall give you a prescription for a stronger painkiller.

5. Will my cancer become a melanoma?
Basal cell carcinoma, Squamous cell carcinoma and Melanoma are all completely different types of cancer. One does not become the other. Each of them has early stages and more advanced stages of the disease, but they are still their own cancers.

6. Why did it take so long for this cancer to be diagnosed?

Your cancer may have been looked at by a doctor in the past that reassured you that it was nothing to worry about or that it was a pre- cancer and only needed a freezing treatment. It was not until the area began to change that the diagnosis was made. Some skin cancers are easy to spot; they look just like the pictures in the brochures and textbooks! But many are very difficult to detect; they can look just like non-cancerous skin growths or like areas of irritated skin, until they change significantly, enough for your doctor to suspect a skin


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cancer. This inevitably leads to a delay in diagnosis. The good news is that Mohs surgery has a very high rate of cure (up to 99%) for most skin cancers.

7. What would happen if I leave this area untreated and do nothing?

a. There are rare instances where a biopsy may cure a cancer but by far the majority of skin cancers are not removed by the biopsy. If left alone the cancer continues to grow wider and deeper under the skin. Basal cell carcinoma rarely spreads to other parts of the body, it keeps growing locally and eats away at skin and surrounding tissues. Squamous cell carcinoma does have a risk of spreading to other body parts. The longer the tumor is left the more this risk increases.

8. What are the chances of me getting another cancer?

a. Several studies have looked at this and suggest that about 4 out of 10 people (40%) will get another cancer in the next few (2-4) years. The cancer may not necessarily be on the face. Once you have had your surgery we do recommend that you have your skin regular checked by the dermatologist who referred you to our clinic every 6 months to a year. Some people with multiple skin cancers may have to be seen more often. The goal of doing frequent skin checks is to catch skin cancer at an early stage so they are smaller and easier to treat.

9. How should I select a Mohs surgeon to perform my surgery?

To get the best outcomes after Mohs Surgery, it is important to select a highly qualified surgeon who i) has had fellowship training in Mohs micrographic and reconstructive dermatologic surgery ii) has attained board certification in Mohs Micrographic Dermatologic Surgery by the American Board of Dermatology iii) is a fellow of the American College of Mohs Surgeons. This combination of advanced training and board certification ensures that your surgeon has the necessary experience and expertise in Mohs micrographic and facial reconstructive surgery for treatment of your specific type of skin cancer. Beyond that, select a surgeon that makes you feel well cared for, and well-informed of your diagnosis and treatment plan .

10. What training has a Mohs Surgeon had?

A Mohs surgeon is a board-certified dermatologist who has undergone additional training in skin cancer surgery. A fellowship-trained Mohs surgeon is a physician who has received a medical education, completed residency training in dermatology (study of the skin) with emphasis in dermatologic oncology (the study of skin cancer), dermatopathology (the study of skin and associated diseases under a microscope), and completed additional 1-2 years of fellowship training in Mohs micrographic surgery technique and advanced reconstructive surgery (surgical repair of the wound left behind after cancer removal using a wide array of plastic and reconstruction surgery techniques).


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Modern day fellowship training programs last 1-2 years during which time the surgeon is closely supervised while learning the removal of skin cancers, interpreting the findings under the microscope then repairing the defect left by tumor removal. Mohs surgeons who train via this route are inducted as fellows of the American College of Mohs Surgery (ACMS) (http://www.mohscollege.org). Only ACMS fellows have received rigorous, hands-on direction, education and review from experienced practitioners of Mohs surgery, completed a minimum of 500 Mohs surgery cases during training, and have the expertise of treating rare or unusual tumors, difficult tumor locations, and complex wound reconstruction requiring plastic surgery techniques. This combination of board certification and fellowship-training make ACMS members prime and trusted leaders in the field of Mohs surgery and skin cancer.

11. Why do I need to bring someone with me?

It is preferable for you not to drive on the day of surgery if you can help it. Some cancers on the face can require larger bandages on the first day that may interfere with vision or wearing glasses. Usually it is fine to drive the next day or two, as you will change to a smaller bandage. If you are given a medication to help with anxiety during the surgery, you will not be able to drive home legally, and will require a driver. Sometimes, people feel quite tired after having surgery and would rather have someone else drive.

11.What are the alternatives to Surgery?

Mohs surgery is not appropriate for all types of skin cancer. There are many different ways of treating skin cancers. The decision to use Mohs surgery depends on a number of factors relating to the cancer, its location, patient factors and prior treatments used.

Other methods that we use for treating skin cancer include the following;

Freezing it with liquid nitrogen: this is painful, can leave large scars and there is no microscope proof that the tumor has been removed. The degree of freezing needed is much greater than when we treat pre-cancerous lesions.

Scraping and burning (electrodessication and curettage): this is often used on the trunk, arms or legs where we have skin to spare, but the recurrence rate on other areas can be quite high, and the scars are often quite wide. Again, there is no microscope confirmation that the tumor is gone; any recurrent tumor will be mixed in with scar tissue, making it more difficult to remove using this method a second time.

Simple Excision: When a lesion is excised, we use a fixed margin, usually 4 mm around the tumor. Sometimes this is fine, again where we have skin to spare, but on the face and areas where the skin is very tight we prefer to take narrow margins. When the specimen is sent to the pathologists they only examine a few sections through it, so the recurrence rates are higher.


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Anti-Cancer Creams: There are creams that have been around for many years, and new creams coming on the market that are being used to treat skin cancers. Obviously the idea of using a cream instead of surgery is very appealing. These creams have to be used for several months to work; they cause a lot of irritation on the skin and recent studies have shown that 1/3 of the tumors will come back. The creams do not get very far into the skin, so deeper tumors will not be affected; in addition, some tumors wrap scar tissue around themselves which acts as a barrier to the cream. For the reasons above, these creams have shown better results for thin tumors.

Your doctor has referred you for Mohs as they feel that this is the most appropriate method of treatment for the type of tumor you have. If there is an alternative treatment that may be more appropriate your Mohs surgeon will let you know.

**Mohs Surgery Reminder list**

1. Have breakfast, bring lunch, or plan to grab lunch from any of the restaurants in our Fillmore district neighborhood
2. Wear loose comfortable clothing, avoid white colors.
3. If you require a sedative, please bring someone with you who can stay with you during the appointment
4. Be prepared to spend the whole day with us
5. Check with your regular doctor before stopping aspirin or coumadin
6. Stitches will be removed in 1 - 2 weeks, or may be left to dissolve on their own. If removal in clinic is required, make sure you will be available
7. Stop smoking 1 week before surgery and for 2 weeks afterwards
8. Be prepared to take it easy for 1 - 2 weeks after surgery
9. No Exercise, No Golf, No Yard Work, No Heavy Lifting for 10 days to 2 weeks after surgery
10. Take your normal medication that morning
11. Bring medications needed during the day
12. Bring a list of your medication

Call us with any questions or concerns you may have.


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## PLEASE READ, SIGN AND BRING THIS SHEET TO YOUR APPOINTMENT

This lists the most common risks of Mohs surgery. It is not intended to be a complete list of all the potential complications that may occur with surgery.

1. Scarring – it is impossible to cut the skin without leaving a scar. The aim of any surgery is to leave the least noticeable scar as possible and to hide it within the normal lines of the skin to make it less visible.
2. Infection – the rate of wound infection is very low with this kind of surgery, generally less than 1 person out of 100. We aim to keep it this low by cleaning the skin and occasionally using antibiotics after surgery. If you do develop a wound infection, we treat it with antibiotics.
3. Bleeding – there is a risk of bleeding whenever we cut the skin. We reduce this risk by cauterizing any blood vessels during the surgery. Rarely bleeding may occur after the surgery. We will let you know what to do if this occurs.
4. Bruising and Swelling – are common after surgery. They usually begin the day after surgery. This may persist for up to 2 weeks while the skin is healing.
5. Pain – some discomfort is expected after surgery; usually it is minor and controlled with Tylenol and ibuprofen. If pain is more severe, we will give you prescription strength pain medicines. Occasional discomfort may be felt during the healing phase of any wound (up to 6 months).
6. Numbness – sometimes nerves can be damaged during the surgery. This may lead to areas of numbness (loss of feeling) in the surrounding skin. Usually this is temporary; sometimes it is permanent.
7. Opening of the Wound – stitches stay in for 1-2 weeks. Rarely the stitches may not hold and come out before you are due back. This can happen for a number of reasons. You will need to contact us if this happens.
8. Abnormal Scarring – scars keep on healing and maturing for up to 1-2 years. Sometime several months after the surgery the scar may begin to thicken. This is called a keloid scar. There are many ways of treating this.
9. Recurrence of the tumor – Mohs surgery provides the highest cure rate of any form of skin cancer treatment. Nevertheless it is not a 100% cure rate and recurrences in rare cases can occur. Again this is very uncommon. If you do get a recurrence then Mohs surgery would be performed again.
10. Additional Procedures at a later date may be required to reduce scar swelling, redness or thickening. Your Doctor will let you know if this is necessary.

I HAVE READ THE ABOVE _____(please sign) DATE _____


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YOU WILL BE ASKED TO SIGN THIS SHEET AT YOUR APPOINTMENT ONCE YOU HAVE HAD ANY QUESTIONS ANSWERED

## Consent Form for Mohs Surgery and reconstruction, Release of Information and Photography

Please read carefully before signing.
If there are any sections you do not consent to, draw a line through them or ask us to do so

I _____have had a consultation with Dr Carlson concerning the

following

Mohs Excision of _____

Located on _____

With possible repair of defect.

Risks include Scar , Bleeding , Infection , Recurrence of Tumor , Numbness

Other Specific Side Effects_____

The nature, purpose and possible complications of the procedure(s), the risks and benefits, reasonably to be expected, and the alternative methods of treatment that are available have been clearly explained to me. I understand the explanation that I have received, including my right to refuse such treatment. I have had an opportunity to ask any questions I may have and have been encouraged to ask any further questions that may arise during the course of treatment.

I acknowledge that the practice of medicine and surgery is not an exact science and that reputable practitioners therefore cannot properly guarantee results. I further acknowledge that no guarantee or assurances have been given to me regarding the success or benefits that may result from above procedure.

The taking of photographs before, during and after treatment is essential for the medical records and insurance purposes. Rarely pictures will be used for academic purposes; dissemination to other health care professionals, medical journals, research, teaching, publication or presentation. If used for such purposes no reference will be made to your name. Your pictures will become part of the paper medical record and any digital images may be stored on a computer or compact disc.


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If your insurance company requests copies of these photographs or other such information from your medical record your signature authorizes the California Center for Dermatologic Surgery to release this information.


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