

## **MOHS MICROGRAPHIC SURGERY PATIENT INFORMATION**

### **WHAT IS MOHS MICROGRAPHIC SURGERY?**

Mohs micrographic surgery is a specialized, highly effective technique for removing skin cancers. It was developed in the 1930's by Dr. Frederick Mohs at the University of Wisconsin, and important refinements were later developed. It is now practiced throughout the world. Mohs surgery differs from other skin cancer treatments in that it permits the immediate and complete microscopic examination of the removed cancer tissue so that all of the cancer can be eliminated. Mohs surgery has the highest reported cure rate of all treatments for skin cancer.

Treating all skin cancer with Mohs surgery is not necessary. Mohs surgery is reserved for skin cancers that grow back after previous treatment, cancers that are at a high risk of recurring or cancers that are located in cosmetic areas where preservation of the maximum amount of normal skin is important.

### **WHY REMOVE SKIN CANCERS WITH MOHS SURGERY?**

Some skin cancers are deceptively large—far bigger under the skin than they appear to be from the surface. These cancers may have “roots” in the skin or along blood vessels, nerves, or cartilage. Also, skin cancers that recur after previous treatments may send out extensions deep under the scar tissue that has formed. Mohs surgery is specifically designed to remove these cancers by tracking and removing these cancerous “roots”.

### **HOW IS MOHS SURGERY DONE?**

There are three main steps involved in Mohs surgery:

1. The skin is made completely numb using a local anesthetic. The visible cancer is removed with a thin layer of additional tissue. This takes only a few minutes and the patient may then return to the waiting area. A detailed diagram (Mohs map) of the removed specimen is drawn.
2. The specimen is color coded to distinguish top from bottom and left from right. A technician freezes the tissue and removes very thin slices from the entire edge and undersurface. These slices are placed on microscope slides and stained for examination under the microscope. This is the most time-consuming part of the procedure, often requiring 30 to 45 minutes to complete.
3. The slides are then carefully examined under the microscope. This allows examination of the entire surgical margin of the removed tissue. That is, the entire undersurface and the complete edge of the specimen are examined. All microscopic roots of the cancer can thus be precisely identified and pinpointed on the Mohs map. If more cancer is found on the microscope slides, the surgeon removes additional tissue only where cancer is present. By utilizing the Mohs map and the Mohs surgery technique, the surgeon is able to leave the smallest possible surgical defect. No guesswork is involved in deciding what tissue to remove. In addition to limiting the defect to the smallest possible size, the surgeon is confident that all of the cancer has been removed because 100% of the surgical margin has been examined at the time of the surgery. The recurrence rate after Mohs surgery is about 1%, the lowest of any type of treatment.

## **HOW LONG DOES IT TAKE?**

Most cases can be completed in three or fewer stages, requiring less than four hours. However, no one can predict how extensive a cancer will be in advance. We therefore ask that you reserve at least 4 to 6 hours in case additional surgical sessions are required.

## **WILL IT LEAVE A SCAR?**

Yes. Any form of surgery leaves a scar. Mohs surgery, however, will leave one of the smallest possible surgical defects, minimizing the scar. Most of the reconstructive surgery is accomplished by the same Mohs surgeon on the same day. If a referral to a plastic surgeon is required, we will make all of the necessary arrangements and referrals so that it can be accomplished within several days of the Mohs surgery.

## **WHAT HAPPENS AFTER THE MOHS SURGERY IS COMPLETE?**

When the cancer is removed, we will discuss with you your options for repair of the defect. These may include:

1. Allowing the wound to heal naturally, without additional surgery (depending on the location of the defect, this may produce the best cosmetic result).
2. Wound repair immediately following Mohs surgery.
3. Referral to another surgeon for further reconstruction.

## **WILL I HAVE PAIN, BRUISING, OR SWELLING AFTER SURGERY?**

Most patients do not complain of significant pain. If there is discomfort, Tylenol is usually all that is necessary for relief. However, stronger pain medications will be prescribed when needed. You may have some bruising or swelling around the wound, especially if surgery is being done close to the eyes.

## **WILL MY INSURANCE COVER THE COST?**

Medicare and nearly all insurance policies cover the cost of Mohs surgery and the surgical reconstruction of the wound. Please check with us and/or your insurance carrier for exact information regarding coverage. If you have Medicare, your surgery is covered (other than co-pay and deductible amounts).

## **HOW DO I PREPARE FOR SURGERY?**

1. Get a good night's rest and eat normally the day of the surgery.
2. If you are taking prescription medications, continue to take them unless otherwise directed. It is important to avoid over-the-counter anticoagulants (blood thinners) that were not recommended by a physician. This includes aspirin, ibuprofen, (Motrin, Advil, Nuprin) and naproxen (Aleve, Naprosyn). You may, however take Tylenol at any time before the surgery. If you are unsure about whether to take a medication, please call our office and speak to a nurse.
3. You may want to bring a book or magazine with you to occupy your time while waiting for the slides to be processed and examined. You may also bring along a snack and/or beverage to enjoy while you wait.