



Dermatology & Plastic Surgery of Arizona

MOHS MICROGRAPHIC SURGERY OVERVIEW

Your Mohs micrographic surgery is scheduled on:

_____ at _____ AM/PM

Pre-operative Instructions

One week before surgery:

- Stop taking **ALL** vitamins/supplements including **Fish Oil** and **Vitamin E, Ginkgo Biloba** and **Garlic**.
- Please purchase either Aquaphor or Vaseline ointment, non-adherent dressing (telfa), q-tips and paper tape (over the counter) prior to your surgery as you will need these for post-operative care.

Day before surgery:

- Do not drink any alcoholic beverages (wine, beer, etc.) 24 hours prior to or 24 hours after your surgery, as this will significantly increase your risk of bleeding.
- If your cancer is around your eyes, plan on someone else driving you home, as bandages after surgery may obstruct your vision,

Day of surgery:

- Please take all other medications as you ordinarily would, even the morning of the surgery.
- Shower and wash your hair the morning of surgery.
- You should eat breakfast before arriving at our office. You may also bring something to drink and snack on while you are in our office.
- Wear comfortable clothing. We suggest you wear something that buttons, snaps, or zips, and can be removed without pulling over your head.
- Please do not wear any make-up the day of surgery if your site is on the head or neck.
- Please shave any hair near the surgical area the day of the surgery. This will help us to better see the area and be able to put a bandage on after surgery.
- You will have the opportunity to leave the office for lunch if you are still with us through the afternoon.
- If you take any anti-anxiety medication, before the surgery, you will be required to have a driver.

Please, no smoking, vaping or nicotine products during your Moh's procedure or the healing process.

This causes blood vessels to constrict, impairing the healing process.

MOHS OVERVIEW

Mohs surgery is a specialized surgery used to treat skin cancer that is performed as an in-office procedure. Skin cancer is a curable disease if recognized in the early stages and appropriate surgical therapy is instituted.

Mohs surgery is used for certain types of tumors, e.g. tumors in certain cosmetic or functional areas. Mohs Micrographic Surgery (MMS) is the most effective method available today. It offers a cure rate of over 97% for cases that have never had previous therapy and a 95% cure rate for cases that are recurrent after other treatment methods have failed.

The reason cases recur is due to the manner of growth of skin tumors. Skin cancers start in the uppermost layers of the skin and invade the tissue below and to the sides like "roots of a tree." It is impossible to judge the extent of a tree's root system by observing what can be seen above ground. It is the same with some types of skin cancer, which can send out small "roots" or fingerlike projections below the skin's surface. In order to cure the cancer, the root system must be completely removed. Since the "roots" are so small, they can only be seen with a microscope.

Only a method that traces out the tumor under microscopic control can determine how deep or extensive the cancer actually will be. This is the method of treatment developed by Dr. Frederic Mohs over 50 years ago in Wisconsin.

This method has been refined, updated, and now is recognized universally by experts as the most reliable method for curing skin cancers, whether they are primary or recurrent. Due to the complexity and cost of this procedure, in certain anatomical locations, such as the face, where it is important to remove all cancer but conserve as much normal tissue as possible. It is used mainly for cases that recur after treatment by other methods. It is also used for aggressive tumors, cancers that develop on skin that was previously irradiated, cancers where maintenance of function is important. More information may be found at www.mohscollege.org and www.skincancermohssurgery.org

What happens on the day of surgery?

- The cancer will be outlined with a marking pen, and then a local anesthetic is injected to numb the skin.
- The next step is to remove the cancerous tissue systematically. A map is made as the tissue is removed to record the exact anatomical location of each piece.
- The layer of tissue is removed and color-coded with dyes. This coding lets us distinguish top from bottom, and right from left. It also allows us to pinpoint the exact location of any remaining tumor during microscopic examination.
- The pieces are rapidly frozen for cutting, mounted on slides, and stained.
- Your doctor then reads these slides to determine how far the cancer has spread and how much tissue must be removed for complete recovery. Examination of the underside of the tissue and of the outer skin edges will show the depth and width of the cancer.
- If cancer cells are present in the examined tissue, a second layer must be removed. This procedure will be repeated as many times as necessary (usually 2-3 times) until there is no further evidence of cancer cells.

While the tissue is being processed as above, you will be bandaged and allowed to wait in the waiting room. The processing time typically is about one hour, though it may take longer. Once your doctor has examined your tissue, you will be brought back to the exam room either to have more tissue removed or to have your wound repaired.

After all of the cancer is removed, there will be a hole left where the cancer was. The hole or defect is repaired during your visit, usually with sutures. Sometimes skin from an adjacent area is used to repair the defect. This is called a skin flap. In some instances, a skin graft will be done in which skin from a distant site is completely removed and then used to "cover" the defect. The method used to repair the defect depends on many variables. Your doctor will discuss the options for repair with you after your skin cancer is removed.

Please call the office at least 3 days in advance if you should need to cancel your surgery.

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