Mohs Micrographic Surgery

A Handbook for Patients
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INTRODUCTION

Approximately 60 years ago, Dr. Frederic Mohs (1910 - 2002), formerly Professor of Surgery at the University of Wisconsin, developed a technique to remove skin cancers, which provided patients with an excellent chance for cure. The technique was initially known as chemosurgery but is now called Mohs Micrographic Surgery after its inventor. Because this method is time consuming and requires highly specialized training and personnel, few medical centers or offices in the United States are equipped to offer such treatment.

This booklet attempts to answer some questions you may have as a patient concerning this way of treating skin cancer. Should you have any other questions, please do not hesitate to contact us at any time.

ABOUT OUR STAFF

The Mohs Micrographic Surgery unit consists of several individuals who will serve you. Dr. Bickle is the Mohs surgeon who will remove your skin cancer. In addition to Dr. Bickle, the team includes nurses who are experienced in dealing with patients who have skin cancers and are knowledgeable about, as well as experienced in, possible problems which may arise. Another important member of the team is a technician who quickly and skillfully prepares the tissue for microscopic examination. Finally, a secretary, a medical biller and an office manager round out the team, and they are best qualified to handle your questions regarding insurance forms or other money matters.
ACTINIC KERATOSIS

Also called solar keratosis. A skin lesion which is red and scaly. Although an actinic keratosis is often referred to as “premalignant”, it rarely becomes a true malignant tumor.

BENIGN TUMOR

A non-cancerous growth that does not invade nearby tissue or spread to other parts of the body.

BIOpsy

The removal and microscopic examination of tissue from the body for purposes of diagnosis.

CANCER

A general term for many different diseases characterized by abnormal and uncontrolled growth of cells. The resulting mass, or malignant tumor, can invade and destroy surrounding normal tissues. In addition, certain types of cancer can spread (metastasize) through the blood to start new cancers in other parts of the body.

MALIGNANT TUMOR

Cancer. A growth of cancer cells (see definition of Cancer)

METASTASIZE

The spread of cancer through the blood or lymph vessels from one part of the body to another.
WHAT IS SKIN CANCER?

Cancer is tissue which grows at an uncontrollable and unpredictable rate. In the skin, there are three main forms: basal cell carcinoma, squamous cell carcinoma, and malignant melanoma. The names refer to the cell types in the top skin layer (the epidermis) from which these cancers are derived.

IS IT DANGEROUS?

The most common types of skin cancer are basal cell carcinoma and squamous cell carcinoma. Both types enlarge from the point where they first occur, and usually do not spread (metastasize) to distant parts of the body. If not completely removed, both frequently will invade and destroy structures in their paths. Compared to other forms of cancer, these types of skin cancer are generally recognized in their early stages and are therefore easily cured.

Malignant melanoma, on the other hand, may be life threatening if not treated early. It usually appears as a brownish-black spot or bump on the skin which enlarges and sometimes bleeds. Rarely melanomas may arise in moles which have been present for many years.
WHAT CAUSES SKIN CANCER?

The cause of skin cancer, like other forms of cancer, is not completely known. Excessive exposure to sunlight is the single most important factor associated with the development of skin cancers, which develop most commonly on the face and the arms (the most sun-exposed parts of the body). Fair skinned individuals develop skin cancer more frequently than dark skinned individuals, and cancers of the skin are more common in the southern United States.

Skin cancer also tends to be hereditary and occurs very frequently in certain ethnic groups, especially those with fair complexions such as Northern Italians and Celtics (especially Irish).

Other possible causes of skin cancer include x-rays, trauma, viral infection, smoking, and certain chemicals.
HOW DOES SKIN CANCER START?

Skin cancer begins on the uppermost layer of the skin (the epidermis) and grows to the sides on the surface of the skin and downward with roots; these can be compared to the roots of a tree. The persistence of certain skin cancers can also be thought of as the persistence of weeds which will continue to grow unless all the roots are completely removed (see illustration below).

HOW DOES IT GROW?

Unfortunately, these root-like extensions cannot be directly visualized. Therefore, what is apparent to the naked eye on the surface of the skin may actually be only the visible “tip of the iceberg”.

![Skin Cancer Growth Diagram](image_url)
HOW MAY SKIN CANCER BE TREATED?

There are several methods of treating skin cancer, all highly successful in the majority of patients.

Besides Mohs Micrographic Surgery, these methods include excision (surgical removal) and immediate closure (suturing or sewing), curettage and electrodessication (scraping with a curette and burning with an electric needle), radiotherapy (x-ray), cryosurgery (freezing), topical chemotherapy (chemical destruction) and injectable chemotherapy. Which method we use depends on several factors, such as the location of the cancer, its size, and previous therapies.

Many patients ask about laser treatment of skin cancers. Laser treatment is simply another method to burn off skin cancers similar to electrodessication mentioned above.

The chart on page 8 lists the points for and against the different skin cancer treatment methods.

Except for Mohs Micrographic Surgery, all other methods of skin cancer treatment require guessing how wide and deep to treat. In Mohs Micrographic Surgery, removed tissue is examined under the microscope on the day of surgery and the tumor is mapped so that guessing the extent of the tumor is eliminated.
## DIFFERENT SKIN CANCER TREATMENT METHODS

<table>
<thead>
<tr>
<th>TREATMENT METHODS</th>
<th>POINTS FOR</th>
<th>POINTS AGAINST</th>
</tr>
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<tbody>
<tr>
<td>Mohs Micrographic Surgery</td>
<td>Highest cure rate; normal tissue spared</td>
<td>Time consuming; expensive</td>
</tr>
<tr>
<td>Excision with closure</td>
<td>Fast</td>
<td>May not remove all cancer, especially if treated before unsuccessfully</td>
</tr>
<tr>
<td>Excision and closure with frozen sections operating room</td>
<td>Examines some tissue at surgery</td>
<td>Does not examine all tissue removed; expensive</td>
</tr>
<tr>
<td>Curettage and electrodessication</td>
<td>Fast; inexpensive</td>
<td>May not remove all cancer, especially if on face or treated before</td>
</tr>
<tr>
<td>Radiation</td>
<td>Nonsurgical</td>
<td>May cause additional cancer; requires 15-20 treatment sessions; expensive</td>
</tr>
<tr>
<td>Cryosurgery</td>
<td>Fast; inexpensive</td>
<td>May not treat all tumor</td>
</tr>
<tr>
<td>Laser</td>
<td>“high-tech”</td>
<td>Expensive; superficial and unlikely to cure deeper roots</td>
</tr>
<tr>
<td>Topical chemotherapy (5-Fluorouracil, Aldara)</td>
<td>Good cosmetic result</td>
<td>Unlikely to cure cancer if large, if deep, if on face; expensive.</td>
</tr>
<tr>
<td>Injectable chemotherapy (5-Fluorouracil or interferon)</td>
<td>Nonsurgical</td>
<td>Uncertain of long lasting cure at this time; requires 9 separate injections on separate days; expensive; patient gets flu symptoms</td>
</tr>
</tbody>
</table>
Mohs Micrographic Surgery is named after its inventor, Dr. Frederic Mohs of the University of Wisconsin. It involves surgical excision of cancer containing tissue and systematic microscopic examination of all cut surfaces that are correlated with a drawn map of the wound (hence the term “micrographic”). It is a highly specialized procedure for the total removal of skin cancers.
HOW IS IT PERFORMED?

This method involves five separate steps: (1) removal of the bulk of the cancer with a skin scraper (a curette), (2) surgical removal of a thin underlying layer of tissue, (3) drawing a map and preparing stained frozen tissue sections, and (4) examination of the excised tissue under the microscope. After the tissue is removed, it is marked with colored dyes to distinguish the two different skin edges. By doing this, we are able to pinpoint the exact location of any remaining tumor during the microscopic examination. If more cancer is found on microscopic examination, its location is marked on the map (5), and the entire procedure (except step 1) is repeated, but only in the area of the remaining cancer. Only by careful, systematic microscopic examination of the removed skin can one be as certain as possible that no cancer remains.
HOW LONG DOES IT TAKE?

Total removal of a skin cancer, which may involve several surgical stages, is usually completed in one day. After the surgery, a decision is made as to the best way to manage the wound created by the surgery. This will be discussed beginning on page 18.

HOW EFFECTIVE IS MOHS MICROGRAPHIC SURGERY?

Using the Mohs Micrographic Surgical technique, the percentage of success is very high, often 95% to 98%, even if other forms of treatment have failed. Therefore, with this technique, an excellent chance of cure is achieved. However, no one can guarantee a 100% chance of cure.

WHAT ARE THE ADVANTAGES OF MOHS MICROGRAPHIC SURGERY?

After the initial tissue is removed, the surgeon can pinpoint with the microscope the areas where there is cancer and then selectively remove tissue only from those areas in the following surgical stages. In this way, the skin cancer is traced out to its roots with little guesswork involved, which results in: (1) the removal of as little normal tissue as possible, and (2) the highest chance of curing the patient (under certain circumstances). A frequent reason why you have been sent to us is that other forms of therapy have only a 50% - 70% chance of success in curing skin cancers which have previously been treated by several different modalities.

In addition, certain tumor types (e.g. infiltrative basal cell carcinoma), large tumors, and tumors in certain locations (e.g. nose, ears, eyelids, scalp, lips) are best treated with Mohs Micrographic Surgery because such tumors are difficult to cure.
WHAT ARE THE DISADVANTAGES?

Mohs Micrographic Surgery is performed under local anesthesia so there is some pain from local anesthetic injections. Also, since the process may involve several surgical stages, the time for this procedure may take several hours and often all day.

WILL THE SURGERY LEAVE A SCAR?

Yes. Most forms of therapy will leave a scar. However, the Mohs micrographic surgical procedure tends to minimize this as much as possible.

WHO IS QUALIFIED TO PERFORM MOHS MICROGRAPHIC SURGERY?

Physicians who are members of the American College of Mohs Surgery have taken one year of training in Mohs micrographic surgery after a Dermatology residency. According to CPT (Current Procedural Terminology) billing rules used by all insurance companies, Mohs Micrographic Surgery “requires a single physician to act in two integrated, but separate and distinct capacities: surgeon and pathologist. If either of these responsibilities are delegated to another physician . . . these codes are not appropriate.” Therefore, removal of skin cancer in the operating room and having the tissue examined by a pathologist is not Mohs Micrographic Surgery (see the next page), and cannot be billed as such. By law (CLIA, 1988), only dermatologists and pathologists can interpret microscopic slides of the skin.
How does Mohs Micrographic Surgery differ from cancer removal in the operating room with “frozen sections”?

During Mohs Micrographic Surgery, the tissue is examined in a different and more thorough manner than is normally performed by a pathologist associated with an operating room. Mohs Micrographic Surgery examines the entire sides and undersurface of the excised tissue. If one looks at a loaf of bread, Mohs Micrographic Surgery examines the whole crust, rather than a few slices of the loaf. A more detailed analysis is shown in the figures below.
WHAT HAPPENS AT THE PREOPERATIVE (CONSULTATION) VISIT?

The preoperative visit gives the physician an opportunity to examine your skin cancer, take a pertinent history and determine whether the technique of Mohs Micrographic Surgery is the most suitable way of treating your skin cancer. Also, it gives you, the patient, the opportunity to learn about the procedure.

At the time of the preoperative visit we need to know about your medications, allergies, and any current medical problems. Also, we need to know if you have any artificial joints, pacemakers, artificial heart valves, or defibrillators.

Every skin cancer is different, and because of the length of the treatment, careful scheduling is necessary. A suitable date for surgery that is mutually acceptable will be arranged for as early a time as possible.

When the patient has been referred to us, usually the skin biopsy (removal of a piece of tissue) has been performed, and we have the pathology report that states what type of skin cancer is present. If we do not have this information, we may perform a biopsy at the initial visit.

Because not all skin cancers are alike, we need to know exactly what type you have before we can decide which method of treatment is best suited for your particular or individual case. All patients are photographed before and after surgery, and after healing. These photographs become part of your medical record and may be used for teaching or research purposes.
WILL I NEED TO BE HOSPITALIZED?

Probably not. Whenever possible, the surgery is performed as an outpatient procedure – rarely do we require that the patient stay in the hospital. We will let you know during your preoperative visit if we feel it would be best for you to be hospitalized.

SHOULD SOMEONE COME WITH ME ON THE DAY OF SURGERY?

DO I NEED SOMEONE TO DRIVE ME HOME?

Yes. It is recommended that you have someone drive you home – and it may be pleasant to have company while sitting in the waiting room. It is a good idea to bring a book or magazine with you on the day of surgery. The procedure may take a FULL day, most of which you will spend in the waiting room. Sometimes the surgery continues into the EVENING, and occasionally may continue on the following day.

HOW SHOULD I PREPARE MYSELF FOR MOHS MICROGRAPHIC SURGERY?

Try to get a good night’s rest, eat a light breakfast, and come to the office at the time that has been set aside for you. We also recommend that you bring a sack lunch, or you may go out to lunch if you like. If you are taking any medication, take it as usual unless we direct otherwise.
PREOPERATIVE MEDICATIONS

Antibiotics
Some patients may require preoperative antibiotics. Preoperative antibiotics are usually given if you have an artificial heart valve or heart murmur. Some patients with artificial joints may require antibiotic prophylaxis as well. Please alert our office prior to your surgery if you will need antibiotics before your surgery.

Blood thinners
If you are on a blood thinner like Coumadin, it is best if you continue taking this medication during the Mohs Surgery. It is, however, recommended that you have a preoperative INR checked (either the day before or morning of your surgery) and bring the results with you on the day of your surgery.

ASPIRIN
If possible, avoid aspirin (or medications containing aspirin, like Anacin or Bufferin) nonsteroidal anti-inflammatory medications (e.g. Motrin, Advil, Naprosyn) or Vitamin E, and fish oils for 10-14 days prior to surgery. These medications tend to prolong bleeding during the operation.
WHAT HAPPENS ON THE DAY OF SURGERY?

Appointments for surgery are usually scheduled early in the day. This allows us to continue the surgical steps throughout the entire day, if necessary.

The nurse will escort you to an operating room where Dr. Bickle or her nurse will inject a local anesthetic, usually Xylocaine, around the skin cancer to numb the skin and prevent discomfort during surgery. Be sure to inform the surgeon if you do experience any pain. Also, if you have had any previous problems with local anesthetics, be sure to let us know.

The next step is for the surgeon to remove a thin layer of tissue involved by the cancer. After this tissue has been carefully removed, bleeding is stopped using electrocoagulation or electrocautery. We will put your hand on a metal plate so that the machine works better. You may feel a slight amount of heat on the wound. Before you leave the operating room, the nurse will apply a bandage to your wound, and, by the time you get to the waiting room, the removed tissue will be in the laboratory where it is prepared for microscopic examination.

The most difficult part of the procedure is waiting for the results of the surgery. It usually takes between one to two hours to prepare the slides, although sometimes it may take somewhat longer depending on the tumor type and size. While you are waiting, you may go out to eat. No alcoholic beverages, please. Alcohol dilates blood vessels and may promote bleeding.

If examination of the slides reveals that your tissue still contains skin cancer cells, the procedure will be repeated as soon as possible.

Several surgical excisions and microscopic examinations may have to be done in one day, and seldom is it necessary to have a patient return the following day for additional surgery.
HOW MANY STAGES (SESSIONS) OF MOHS MICROGRAPHIC SURGERY WILL I NEED?

This depends entirely upon how deep or extensive your skin cancer is. Unfortunately, there is no way to determine this prior to surgery. A schematic drawing of three stages (sessions) to remove a skin cancer is shown below. On average, skin cancer requires **two to three stages** for complete removal.

![Diagram of skin cancer removal in three stages](image)

**HOW LONG DOES THE SURGERY TAKE?**

Each session (or stage) of the surgical procedure takes only 10-15 minutes. However, after the surgery it usually takes between one to two hours for the slides to be prepared for the physician to complete the complex microscopic examinations. Several surgical stages and microscopic examinations may be required.
WHAT IS THE NEXT STEP AFTER MOHS MICROGRAPHIC SURGERY HAS BEEN COMPLETED?

When we have determined that the skin cancer has been completely removed, a decision is made about what to do with the wound created by the surgery. Usually there are two choices: (1) to let the wound heal by itself (“granulation”) or (2) to repair (close) the wound with stitches (either by bringing the wound edges together or with a skin flap or skin graft). The following chart compares these two methods. We will discuss with you which of these choices will be best in your individual case.

<table>
<thead>
<tr>
<th>POINTS FOR</th>
<th>POINTS AGAINST</th>
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<tbody>
<tr>
<td>Natural healing (granulation)</td>
<td>No further surgery; less expensive</td>
</tr>
<tr>
<td>Sutures (repair)</td>
<td>Fast healing (usually 1 week); may have less noticeable scarring</td>
</tr>
<tr>
<td></td>
<td>Takes 4-8 weeks to heal; may result in noticeable scar</td>
</tr>
<tr>
<td></td>
<td>Further surgery required; more expensive</td>
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WHAT ARE THE METHODS OF WOUND REPAIR?

A wound may be closed by repair immediately after Mohs Micrographic Surgery by either (A) bringing the wound edges together and trimming excess skin (a “complex” repair), or (B) a skin graft, or (C) a skin flap (see illustration below). A skin graft is a piece of tissue the same size as your wound; it is tissue taken from elsewhere on the body (usually from behind the ear or over the collarbone). After the skin graft is taken it is sutured onto your wound. A skin flap is skin that is nearby the wound; this skin is shifted into the wound by a series of complex incisions.
SHOULD REPAIR (PLASTIC) SURGERY BE PERFORMED?

IF SO, WHEN?

It is impossible to tell with certainty prior to surgery how deep or wide your wound will be. Although we have a general idea prior to Mohs Surgery, we prefer to wait until all the tumor is removed before thinking about whether to repair the wound immediately or what kind of repair to select. This concept is like walking over two bridges. One has to cross the first bridge before getting to the second bridge.

Furthermore, it may be preferable to wait for a few days after Mohs Micrographic Surgery before a repair is done. Some repairs are more likely to be successful if they are delayed.
WHY ALLOW THE WOUND TO HEAL BY ITSELF?

When surgical wounds after Mohs Micrographic Surgery are unacceptable to the patient and the patient’s family, suturing the wound may be considered. However, we may advise some patients to allow the wound to heal by itself and then to wait at least one year before having repair (plastic) surgery.

We sometimes advise waiting for two reasons:

1. Frequently, a repair may be unnecessary and can be avoided because the cosmetic result without repair surgery may be equal to that accomplished by repair surgery – and it takes about a year to determine this. Although repair surgery may improve scars and other defects, you will not look exactly as you did before Mohs Micrographic Surgery. In some patients, repair surgery may result in an appreciable difference. We will be able to advise you about this.

2. Even more important than cosmetic considerations, no method of treatment for skin cancer, including Mohs Micrographic Surgery, is successful in all patients. In those few patients who do have a recurrence, the tumors usually become evident within 12-24 months after the initial surgery. Resorting to repair surgery immediately may distort and cover up tissue that still contains malignancy. If tumor remains after repair surgery, it may be more difficult to treat.
POSTOPERATIVE HEALING

IF THE WOUND IS ALLOWED TO HEAL BY ITSELF, WHAT IS THE PROCEDURE?

If the wound is allowed to heal by itself (or “granulate in”), it usually heals in 4-8 weeks. The dressing must be changed every day until the wound heals completely. All wounds normally drain, and dressings are changed daily to rid the wound of such drainage so that it does not accumulate into a crust. Also, the dressing keeps the wound moist and this helps your wound heal faster with less of a scar. Leaving a wound open to the air will cause a crust to form which will delay healing and may cause more of a scar. The nurse will instruct you on how to perform dressing changes and will give you a written instruction sheet.

IF THE WOUND IS REPAIRED, WHAT IS THE PROCEDURE?

If we close the wound with sutures, keep the wound clean and dry for 24 hours. After that, you may get the wound wet. If you see foul smelling fluid coming from the wound, call our office immediately. This may mean that the wound has become infected, and an antibiotic may be necessary.

WHAT HAPPENS AFTER THE WOUND HAS HEALED?

You may experience a sensation of tightness (or drawing) as the wound heals, but this is normal. After several months, you will feel this less and less.

Frequently, tumors involve nerves, and it may take up to a year, or even two, before feeling returns to normal, or near-normal. Sometimes the area stays numb permanently. Only time will tell.

The new skin that grows over the wound contains many more blood vessels than the skin that was removed. The new blood vessels result in a red scar, and the area may be sensitive to temperature changes (such as cold air). This sensitivity improves with time, and the redness gradually fades, but, if you are having a lot of discomfort, try to avoid extremes of temperature.

Patients frequently experience itching after their wounds have healed because the new skin that covers the wound does not contain as many oil glands as previously existed. Scars may also frequently itch. Plain Vaseline will help relieve the itching. If this problem is particularly bothersome, an injection of a steroid may be helpful.
**WILL I HAVE PAIN AFTER THE SURGERY?**

Most patients do not complain of pain. However, pain is an individual phenomenon and, if you are uncomfortable, we recommend taking 2 tablets of Tylenol every 4 hours. Avoid aspirin-containing compounds (such as Anacin or Bufferin) as these may produce bleeding.

**WHAT ABOUT BLEEDING AFTER SURGERY**

Very occasionally there is continued bleeding following surgery. If this occurs, lie down, remove all of the bandages, and with gauze place steady firm pressure over the wound to the area that is oozing blood. Apply pressure continuously for 20 minutes (timed). Do not lift the bandage to check on the bleeding. If the bleeding persists after 20 minutes of steady pressure, notify our office or go to the nearest emergency room. Alcoholic beverages or heavy exercise may bring about bleeding after the surgery.

**WHAT ARE SOME TIPS TO HELP AVOID COMPLICATIONS?**

Sometimes complications are inevitable. However, we have found that there are two things you can do to help your wound to heal:

1. **PUT THE WOUND AT REST.** Stress on wounds promotes bleeding and scarring. In addition, wounds under stress take longer to heal. Therefore, avoid heavy exercise, bending or lifting for two weeks after surgery.

2. **KEEP THE WOUND COVERED.** A moist wound heals faster with less scarring than a wound uncovered and exposed to air. Therefore, keep your wound bandaged until it is healed completely.
WHAT ARE OTHER POSSIBLE COMPLICATIONS?

All wounds normally develop a small surrounding halo of redness which disappears gradually. Severe itching with extensive redness usually indicates an allergy to the ointment used to dress the wound or a reaction to adhesive tape. You should call our office if this develops.

Nerves may be cut while removing skin cancer. Nerves function to give feeling to your skin and to move your muscles. We will discuss with you preoperatively if we feel this may be a problem in your case. Nerves may be injured during surgery, especially if your tumor is near, wraps around, or invades nerves. Nerve damage may result in either loss of muscle function or sensation. Loss of muscle function is rare after Mohs Micrographic Surgery; loss of sensation is more common. Loss of sensation usually gets better with time.

All wounds normally drain, which is why we usually insist on frequent dressing changes. Infection is unusual; if it does occur, the wound will be very red and tender, and pus may be present.

Tissue swelling around wounds is very common and will resolve with time, usually a few days. Eyelid swelling can be particularly extensive for surgery done on and near the eyelids, nose, cheeks, and forehead. Eyelid swelling may be minimized by using two pillows to rest your head on when lying down. Ice or cold compresses may also help to minimize swelling.

Some scarring is present after Mohs Micrographic Surgery. Usually this is minimal. How to improve scarring is discussed on the following page.

Other possible complications include mild bleeding during the operation and a reaction to the local anesthetic used, the latter being a very rare problem.
HOW CAN I IMPROVE MY SCAR?

Nearly everyone has an opinion about what to use to help make a scar less noticeable. Slight elevation of scars or lumpiness (usually from sutures) can be improved by firm pressure massage for one minute repeated several times a day. This massage is generally begun one month after the wound is healed until several months later. Contrary to popular opinion, we do not feel that oral vitamin C, topical aloe or topical vitamin E significantly helps wound healing or scars.

CAN TOUCH-UP PROCEDURES BE DONE TO IMPROVE MY SCAR?

After the wound is healed, you may wish to have the scar improved. Generally, time alone will improve all scars. Any scar may be further touched up and improved with a variety of techniques, such as injections, sanding (dermabrasion), laser, or further surgery. If some of the techniques mentioned would be useful in your case, we will be happy to discuss these with you. Remember, all scars improve with time.
MY SKIN CANCER HAS BEEN TREATED SEVERAL TIMES.

WILL I EVER BE CURED?

A frequent reason why you have been sent to us for Mohs micrographic surgery is that other forms of treatment have failed. This does not mean that you are cancer prone or have a hopeless case. It merely means that the methods used to treat you in the past were not effective enough to destroy all of your skin cancer cells. Because Mohs Micrographic Surgery uses a complete, systematic examination to search out the roots of the cancer, it cures almost all patients – even those in whom skin cancer has persisted in spite of several other treatment modalities.

WHAT HAPPENS IF I DO NOT HAVE MY SKIN CANCER TREATED?

All types of skin cancer will grow and invade nearby tissue. How fast a skin cancer will grow is unpredictable and varies from person to person. Sometimes skin cancer will destroy important structures such as the nose, lip, or eye. Occasionally, skin cancers can cause death.
HOW OFTEN MUST I RETURN FOR FOLLOW-UP ONCE THE WOUND HAS HEALED?

A follow-up period of observation at intervals for at least 10 years is essential. After the wound has healed completely, our practice is to have patients return in one year. It is essential that you have regular follow-up with your dermatologist for continued skin cancer monitoring. There are several reasons why this is important.

Should there be a recurrence of the skin cancer after Mohs Micrographic Surgery, it may be detected at once and treated. Experience has shown that, if there is a recurrence, it usually will be within the first year or two following surgery. We have had considerable experience in dealing with areas previously treated by Mohs Micrographic Surgery and are in the best position to determine any possible recurrence at an early time.

Studies have shown that once you develop a skin cancer, there is a high risk that you will develop others in the years ahead. We recommend that you be seen at least once yearly for the rest of your life by your dermatologist or referring physician so that he or she may determine whether you have developed new skin cancers (more frequent exams are best for the first 10 years after your initial skin cancer). Also, should you yourself notice any suspicious areas on your skin, it is best to check with your referring physician to see if a biopsy is indicated.

WILL MY INSURANCE REIMBURSE ME FOR MOHS SURGERY?

Some health insurance policies cover the total cost of Mohs Micrographic Surgery. Most cover at least part of it. Each policy is different. Please check with our office manager if you have any questions regarding costs and insurance forms.
LATER ON, MUST I AVOID THE SUN?

No, not entirely. We do not think that sunshine will be harmful to you as long as you provide yourself with adequate protection, avoid burning, and use discretion.

As mentioned earlier, sunlight probably is the main cause of skin cancer, and patients who have developed one skin cancer often will develop more at a later time. Therefore, in the future, when you go into the sun, we recommend that you liberally apply a sunscreen (with an SPF of 15 or higher) to all exposed areas, including the tops of the ears.

It is best to apply the sunscreen about 15 minutes before going outdoors. Be sure to reapply it liberally after swimming or exercising since most sunscreens wash off with water or perspiration. Our office will provide you with a list of recommended sunscreens – those that will prevent burning.

In addition to a sunscreen, you may wish to wear a broad brimmed hat and utilize clothing to further protect yourself from the sun.

Remember, it may not be necessary for you to restrict your outdoor activities or to change your lifestyle if you follow this advice.
Frederic Mohs, M.D.
Founder of Mohs Micrographic Surgery