

Preparing for Mohs Surgery

NOTIFY OUR OFFICE IF YOU

- Are taking blood thinners such as Coumadin, warfarin, eliquis, xarelto, aspirin, plavix. DO NOT STOP these medications without the consent of your general physician.
- Have had a joint replacement in the last two years, or if you have any heart condition such as an artificial heart valve, congenital heart disease or have had a history of infection of the heart.
- Have personal history of MRSA, Staph or skin infections.
- Have a pacemaker or defibrillator or an artificial joint or heart valve.
- Have any adverse reactions to lidocaine or epinephrine.
- Have the tendency to form keloid scars or hypertrophic scar formation.
- Smoke cigarettes, vapes or other nicotine containing products.
- Have any medication allergies.
- Are prone to high levels of anxiety during medical procedures. Medication can be prescribed.
- If you have high blood pressure, please make sure that it is well controlled at the time of surgery. If your blood pressure is elevated the surgery may not be able to be performed until your blood pressure comes down.

PRE-OP CONSIDERATIONS

- Eat a normal meal. Fasting is not required.
- Avoid energy drinks or large amounts of caffeine the morning of surgery. If you are diabetic, please bring your glucose monitor with you to your appointment.
- Take your regularly prescribed medications.
- Dress comfortably. Opt for loose clothing, preferably a button-up or zip-up shirt, to avoid disturbing the wound, especially if surgery is on the upper body.
- In most cases, a driver is not required. If you are prescribed anxiety medication, you must have a driver. If your surgical site is around the eyes, nose or lips, a driver is recommended.
- Bring a book, tablet, or something to keep you occupied, as the procedure may involve multiple waiting periods while tissue is examined.
- Set aside a whole day. Mohs surgery can take anywhere from 2 to 6 hours or more, depending on how many layers of skin need to be removed and the complexity of the wound closure.
- Discontinue use of non-steroidal anti-inflammatory medications (such as Advil, Motrin, Ibuprofen, Naproxen/Aleve, etc.) 7 days prior to surgery if possible.
- Discontinue herbal supplements such as Vitamin E, S.t John's Wort, Ginseng, Ginger, Fish Oil, Garlic or Ginkgo Biloba 7 days before surgery (unless prescribed by a physician)

POST-OP CONSIDERATIONS

- Stay out of the lake, ocean, pools, and Jacuzzis while you have stitches in.
- Avoid heavy exercise and heavy lifting for 10 to 14 days after your surgery.
- Avoid activities that will increase your heart rate or make you sweat.
- Continue a cautious way of living for the next coming weeks. Even one month after your surgery, the area will only be at 40% of its original strength. Avoid activities that put tension or strain upon the surgery site, as it can spread the scar and cause it to open back up. This will require new stitches and negatively affect the appearance of your scar.

Mohs: What to Expect

WHAT IS MOHS SURGERY?

Mohs surgery (also known as micrographic margin analysis) is a process in which the Mohs surgeon removes the smallest possible layer of cancer-containing skin one layer at a time, resulting in the most minimal scar possible. As each layer is removed, it is examined under a microscope to check the margin for cancer cells. This process is repeated until no cancer cells remain in the tissue being examined. This is particularly important in areas where cosmetic or functional concerns are significant, like the face, ears, or hands. Mohs surgery is highly effective, with up to 99% cure rates.

WHEN YOU ARRIVE

- The surgeon will review the procedure with you again, answer any final questions, and ensure you're comfortable with the process prior.
- The surgeon will confirm and mark the precise area and take measurements of the lesion.
- Local anesthesia (lidocaine) will be administered to numb the area. The injection might cause mild discomfort, but it only lasts a few seconds. You will be awake during the procedure, but should not feel any pain.

THE PROCEDURE

- The surgeon will remove a thin layer of skin containing the cancerous tissue. This typically only takes a few minutes.
- Once the tissue is removed, you will be bandaged, and the tissue will be taken to the lab for immediate examination.

Waiting Between Stages

- You will be escorted to the Mohs waiting room while our team is examining the tissue to make sure all cancerous cells have been removed. This process can take anywhere from 30 minutes to an hour or longer for each stage.
- If cancerous cells are still present after initial removal, the surgeon will remove another layer of skin. This process will repeat until all the cancer cells are removed.

Repair:

- Once all cancerous tissue is removed, the surgeon will decide how to close the wound. Depending on the size and location, the wound may be:
 - Left to heal naturally (secondary intention)
 - Closed with stitches (primary closure)
 - Reconstructed with a skin flap or graft

YOUR SCAR

- You will have a scar following your surgical procedure. Unfortunately, scarless surgery does not yet exist, but we will do everything in our power to give you the most cosmetically appealing outcome possible.
- You (the patient) also play a role in scarring/cosmetic outcome. The way the wound is cared for following your surgery will help minimize the scar. PLEASE follow all instructions provided by our office.
- Please keep in mind every person heals differently. Try not to compare to friends and family.
- Legs and feet take longer to heal than other parts of the body. Diabetic patients are slower to heal.