



# Mohs Micrographic Surgery FAQ

## Joseph V. Lillis, MD

### **INTRODUCTION**

#### **What is Mohs surgery?**

Mohs surgery is a highly specialized treatment for the removal of skin cancer. Mohs surgery is named in honor of Dr. Frederic Mohs, the physician who developed the technique. This method differs from all other methods of treating skin cancer by the use of detailed mapping techniques and complete microscopic examination of the entire tissue margin.

#### **What are the advantages of Mohs surgery?**

By using these detailed mapping techniques and complete evaluation of the tissue margin, the Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic roots of cancer can be removed without the need for a wide safety margin.

The result is: (1) the removal of as little normal skin as possible, and (2) the highest possibility for curing the cancer.

#### **What are my chances for cure?**

Using Mohs surgery, the cure rate is more than 99 percent for most skin cancers, even when other forms of treatment have failed.

#### **What happens the day of surgery?**

Our staff will escort you into a surgical suite where Dr. Lillis will meet with you and discuss the treatment plan. Once the surgical site is confirmed, the clinical margin is marked and numbered. Then, the visible cancer and a thin layer of tissue will be removed. This tissue is carefully mapped and coded and taken to our in office laboratory where the technician will immediately process the microscope slides. You will have a temporary dressing placed over the wound and you will be free to return to the waiting room.



This initial surgical procedure alone takes only 10 - 15 minutes, however, it takes approximately one hour to prepare and examine the tissues of each layer in our laboratory.

In our lab, Dr. Lillis examines the tissue under the microscope. If any tumor is seen, the location is pinpointed and a second thin layer of tissue is excised around that focal area of involvement. The entire process is repeated until the cancer is completely removed. Several surgical stages and microscopic examinations may be required, and you will be asked to wait in the patient waiting area between stages.

**Although there is no way to tell before surgery how many stages will be necessary, most cancers are removed in three stages or less.**

### **Will the surgery leave a scar?**

Although any form of surgery will leave a scar, Mohs surgery minimizes this risk by preserving as much normal tissue as possible. Dr. Lillis is well experienced in reconstructive surgery and is committed to optimizing your results. Immediately after the cancer is removed, we will discuss options for fixing the wound. Dr. Lillis may choose (1) to leave the wound to heal itself, (2) to repair the wound in a linear fashion, or (3) to reconstruct the wound with a skin graft or flap.

**This decision is based on the method that will provide the best cosmetic and functional results for each individual.**

### **Will I be hospitalized?**

No. Mohs surgery is performed in a pleasant outpatient surgical suite and you may return home the same day. Hospital facilities are available if necessary.

### **Will I have pain after surgery?**

Most patients have mild discomfort for a day or two after surgery. If there is any discomfort, Tylenol is all that is usually necessary for relief. If necessary, prescription pain pills will be prescribed.



## **Insurance and Referral information**

We participate in most insurance plans and Medicare. Most health insurance policies cover all or a portion of the cost of Mohs surgery. If prior authorization is required, please contact your insurance company or your Primary Care Physician before surgery. Please check with our billing specialist if you have questions regarding costs or insurance forms.

## **PREPARING FOR SURGERY**

**Medical History:** Upon arrival at our office you will be asked to complete a medical history form. Please bring a list of medications and illnesses.

**\*\*Medications:** Continue any medications prescribed by your doctor. Note that certain medications, such as **aspirin, Plavix, Xarelto, Pradaxa, or Coumadin** may increase risk for bleeding, so please let your doctor know if you are taking these medications. If you are taking Coumadin, please call our office before your scheduled surgery as we request that you have an INR checked within one week of surgery.

Non-steroidal anti-inflammatory agents (ibuprofen, Advil, Motrin, or Naproxen) should be stopped three days prior to surgery, as should vitamin supplements containing vitamin E, garlic, ginger, and ginkgo. You may take Tylenol any time before surgery if needed for pain.

In addition, alcohol promotes bleeding, so avoid alcoholic beverages 48 hours before and after surgery. Please avoid wearing make- up, perfume, nail polish, and jewelry.

**Transportation:** It is necessary that you arrange to have a companion drive you to and from the doctor's office. You may also be more comfortable with someone to keep you company in the waiting room.

**Meals:** The day of surgery, we suggest that you eat your normal breakfast and bring food with you to eat throughout the day. We would like to make the time you spend with us as pleasant and comfortable as possible.

You may want to bring reading material, a laptop computer or a tablet device and headphones to occupy your time while waiting for the microscope slides



to be processed and examined. We will have our Wi-Fi available to you for streaming music, movies and TV shows.

The most difficult part of the procedure for patients is waiting for the results of the surgery. Since we do not know in advance how much time is necessary to remove the cancer and repair the wound, **we ask that you plan to be in the office the entire day and that you make no other commitments.**

## **AFTER SURGERY**

### **What can I expect after surgery?**

Swelling around the surgery site is very common after Mohs surgery, especially when it is performed around the eyes. This will resolve, usually in a few days. Infection is unusual. If it does occur, it can be treated with antibiotics. Rarely, nerves are cut while removing your skin cancer. We will discuss with you preoperatively if we feel this may be a problem in your case. Loss of muscle function is rare after Mohs surgery; loss of sensation is more common. There may be numbness to the skin for several months, but this usually resolves with time.

### **Will I need to come back?**

Usually a return visit is needed about one week after surgery. Additional appointments may be scheduled to check on the healing of the area. Follow-ups with your referring physician are essential not only to examine the treated skin cancer, but also to monitor your skin for possible new skin cancers.

### **How can I prevent more skin cancers?**

The best protection from skin cancer is avoidance of the harmful ultraviolet rays of the sun.

Patients who have developed one skin cancer often develop more at a later time. Protect your skin from further damage by wearing a high SPF sunscreen with UVA/UVB protection, avoiding the sun during the peak hours of the day (10 a.m. to 4 p.m.), and wearing sunglasses and a broad brimmed hat. Regular checkups are important to monitor for new skin cancers, and any changing lesions or new spots should be reported to your dermatologist.