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MOHS MICROGRAPHIC SURGERY
AN INFORMATION PAMPHLET FOR PATIENTS

WHAT IS MOHS SURGERY?

Mohs surgery is a highly specialized treatment for the total removal of skin cancer. Mohs surgery differs from all other methods of treating skin cancer by the use of detailed cancer mapping techniques and complete microscopic examination of all surgically removed skin. These are the two unique aspects of the Mohs technique. Mohs surgery is named in honor of Frederic Mohs, the physician who developed the technique.

The procedure is begun after the skin is injected with a local anesthetic to completely numb the area. The visible cancer and a very thin layer of skin is removed from that exact location. This may be repeated as often as necessary to completely remove the cancer.

WHAT ARE THE ADVANTAGES OF MOHS SURGERY?

By using detailed mapping techniques and complete microscopic control, the Mohs surgeon can pinpoint cancerous areas otherwise invisible to the naked eye. In this way, even the smallest microscopic roots of cancer can be removed. The results are 1) the removal of as little normal skin as possible, and 2) the highest possibility of curing the cancer.

WHAT ARE MY CHANCES FOR A CURE?

Using Mohs surgery, the percentage of a cure is about 99% for most primary skin cancers (skin cancers never treated before) and 95% of recurrent skin cancers (skin cancers treated previously). Other methods of treatment offer only a 50% chance of success if previous treatments have failed.

WILL I BE HOSPITALIZED?

No. Mohs surgery is performed in our office, and since a local anesthetic is used you should be able to drive home.

WHO WILL PERFORM THE SURGERY?

Dr. Miller works with a surgical team consisting of Jonathan Hoenig, M.D., and Mehryar Taban, M.D. Dr. Hoenig, and Dr. Taban are U.C.L.A staff cosmetic and reconstructive surgeons who are experienced in Mohs surgery. Also present will be a team of technicians with experience in the technically complex microscope slide preparation.

HOW DO I PREPARE FOR SURGERY?

MEDICATION: Continue any medication prescribed by your doctor. However, since aspirin may prolong bleeding, we ask that you avoid it and other aspirin containing preparation such as Anacin, Bufferin, Excedrin, Alka-Seltzer, and Percodan for 14 days prior to surgery if possible. In addition, medications containing ibuprofen, including Advil and Motrin, should be discontinued 2 weeks prior to surgery. If you are taking blood thinners (Coumadin), you will need to call our office before your schedule surgery. Furthermore, alcohol also promotes bleeding, so avoid alcoholic beverages 48 hours before surgery. Vitamin E promotes bleeding and should be discontinued at least 2 weeks prior to your surgery. Please consult with your primary care physician(s) before discontinuing any medications.

MEALS: The day of the surgery, we suggest that you eat your normal meal, so as not to be hungry.

BATHING: Some patients will not be able to shower or shampoo after surgery for 24 to 48 hours. We recommend that you do so prior to your procedure.

WHAT HAPPENS THE DAY OF SURGERY?

After the local anesthetic is given and the area is numb, the visible cancer and a layer of tissue are removed. This tissue is carefully mapped and coded by the surgeon, then taken to the laboratory where the technician immediately processes the microscopic slides. A temporary dressing is placed over the wound and you are free to return to the waiting room.

The initial procedure itself takes only 10 to 15 minutes. However, a minimum of 30 minutes is required to prepare and microscopically examine the tissue. Several surgical stages and microscopic examinations may be required, and you are asked to wait between the stages. Although there is no way to tell before surgery how many stages will be necessary, most cancers are removed by three stages or less.

We would like to make the time you spend with us a pleasant and comfortable as possible. You may want to bring reading material to occupy your time while waiting for the microscopic slides to be processed and examined.

The most difficult part of the procedure is waiting for the results of the tissue slide interpretation and mapping. Since we do not know in advance how much time is required to remove the cancer and repair the wound, we ask that you make no other commitments for the remainder of the day after the surgery.

WILL THE SURGERY LEAVE A SCAR?

Yes. Any form of treatment will leave a scar. However, because Mohs surgery removes as little as possible, scarring is minimized. Immediately after the cancer is removed, we may choose to 1) leave the wound to heal itself, 2) repair the wound with stitches, or 3) reconstruct the wound with a skin graft or flap. The decision is based on the safest method that provides the best cosmetic results.

WILL I HAVE PAIN AFTER SURGERY?

Most patients do not complain of pain. If there is any discomfort, Tylenol is all that is usually necessary for relief. Avoid taking aspirin-containing medications and ibuprofen, as they may cause bleeding.

WILL MY INSURANCE COVER THE COST OF SURGERY?

Most insurance policies cover the cost of Mohs surgery. Expenses not covered may include deductibles and co-payment. Some insurance carriers may require an authorization for treatment.

WILL I NEED TO COME BACK AFTER SURGERY?

Usually one return visit is all that is necessary to examine the healed surgical site or to remove the sutures. A follow-up period of 5 years for the treated cancer is essential. Statistics show that after having one skin cancer, you have a much higher chance of developing a second skin cancer. Therefore, you should have your skin checked by your dermatologist periodically, not only to examine the treated skin cancer, but also to check for new skin cancers.

HOW CAN I PROTECT MYSELF FROM DEVELOPING MORE SKIN CANCERS?

The best protection from skin cancer is to avoid the harmful ultraviolet rays of the sun. Even if you tan easily, the sun can contribute to skin cancer in two ways. First, sunlight damages the body's immune system so that early cancers grow unchecked. Second, ultraviolet light damages the cells' DNA, leading to abnormal cells, which can develop into cancer decades after this damage has been done.

You can comfortably minimize your sun exposure by following a few simple recommendations:

1. Use sunscreen with a sun protective factor (SPF) of at least 15 when you spend any time outdoors.

2. Avoid excessive sun exposure during the mid-day hours (10am-3pm). This is when the ultraviolet B rays are at their peak.
3. Be aware that ultraviolet A rays, which are equally as damaging as ultraviolet B, are the same intensity from sunrise to sunset. Therefore, even individuals participating in early morning or late evening outdoor activities require sun protection.
4. Remember that even on cloudy days nearly 80% of the sun's ultraviolet radiation penetrates the clouds.
5. Skiers and mountain climbers should remember that there is a 10% increase in the intensity of ultraviolet light for every 3, 000 feet of elevation.

APPOINTMENT DAY: _____

APPOINTMENT DATE: _____

APPOINTMENT TIME: _____

CANCELLATIONS

As noted earlier, Mohs microscopic surgery requires the presence of several physicians, technicians, and surgical assistants. During the times set aside for Mohs surgery the office staff is totally devoted to the accurate and efficient performed performance of the procedure. This results in a waiting list for patients requiring this service. If it is necessary to cancel a Mohs surgery appointment, it must be done **at least** 48 hours before the appointment, or an administrative fee may be charged. We appreciated your understanding in this matter.