

## *Preoperative Information for Mohs Surgery Patients*



Mohs surgery is a specialized surgical technique for treating certain types of skin cancer, primarily those that involve the face, head and neck. The goal of this surgery is to ensure complete removal of the skin cancer while preserving as much of the normal surrounding skin as possible. Your physician has referred you to our clinic for this treatment.

The Mohs technique involves the removal of the skin cancer, evaluation of the edges of the specimen to insure that all of the cancer is removed, and repair of the wound that is created by the removal process. The surgeon will remove the cancer and examine the removed tissue under the microscope with a pathologist to ensure complete removal of the cancer cells. If any cancer cells are seen to still be present at the edges of the tissue, more tissue will be removed until the “margins are clear.” Once this is confirmed, repair of the wound can begin and may involve suturing the wound, a skin graft from a nearby location, or the transfer of nearby skin (a local flap), depending on the size and location of the wound created by removal of the cancer. The surgeon will discuss the options for repair (and advantages or disadvantages of each) with you at the time of surgery.

Mohs surgery takes place in our office using local anesthesia or “numbing medicine” like a dentist uses. You will be able to go home afterwards and will be given appropriate pain medicine and antibiotics as indicated. It is advisable to have someone come with you to drive you home. The following are some important points to consider:

1. You may eat a light meal before coming in for the surgery.
2. Wear a loose-fitting, button-front shirt as we will have you change into a gown.
3. Stop taking any **non-prescription** medications that thin the blood at least 10 days before your scheduled surgery. This includes anything that contains Aspirin, Advil, Motrin, ASA, Goody Powders and Ibuprofen. If you are taking any prescribed medications that thin the blood such as Coumadin (or if you have been told to take Aspirin etc., by your physician), please let us know about this when scheduling your surgery. In most cases we will not have you stop any prescribed blood thinners.
4. Bathe or wash the affected area with an antibacterial soap such as Dial or Phisoderm the morning of surgery.
5. Allow adequate time for the procedure. **It takes a minimum of two hours to perform and often three hours or more** depending on the complexity of the repair portion of the surgery. You should plan on going home after the procedure and resting. Do not plan on going back to work or to other activities afterwards.
6. While this surgery takes place in the office under local anesthesia, it is still surgery. You should be prepared for swelling, bruising, some oozing from the wound, and some pain afterwards. You will almost certainly have a dressing over the wound of some type that will remain in place for a week. You should plan your next week accordingly. If you feel well enough to go to work and your work allows you to function with a dressing on, you may do so but you will be restricted to light activity only; no strenuous exercise or heavy lifting (over

10 pounds) is allowed for one week. If you need a work excuse while you recover, we will be happy to provide one for you.

7. If you feel that you are extremely anxious about the procedure or would just like to discuss the procedure more with the surgeon, please do not hesitate to let us know and we will be happy to set up a time for you to meet with him prior to surgery. For those that are very anxious, we may prescribe anti-anxiety medication to take before the surgery, or even recommend that it take place in an operating room with an anesthesiologist on hand. This is particularly true for very large or deeply invasive cancers, some of which are more appropriately treated in an operating room. Please call us at 601-815-3374 if you have any questions.

### ***Postoperative Considerations:***

1. You should plan on going directly home afterwards.
2. You should not plan any activities, at least until the next day, and then only very limited activities are permitted. Do not engage in any strenuous activity or heavy lifting (greater than 10 pounds) for the first week.
3. You may apply an ice pack to the area to decrease swelling.
4. Sleeping with your head elevated for the first week (such as on an extra pillow or in a recliner) will help decrease swelling.
5. Some oozing from beneath the dressing is normal, but if it seems excessive, apply gentle pressure with a bath cloth for 10 minutes continuously. If this does not stop the oozing, call our office at 601-815-3374.
6. You may eat as you feel able, and be sure to drink plenty of liquids.
7. Do not take any non-prescription pain medication except Tylenol or Acetaminophen. Do take your prescribed medicines as usual.
8. You may bathe normally. The paper tape dressings we use can get wet; just pat them dry gently with a towel or use a blow-dryer on low to dry them afterwards.
9. Leave the dressings in place unless told by us to remove them. Normally we will remove them when you return for your first postoperative visit. The dressing protects the wound and removing them yourself will likely disrupt the wound and cause pain and improper healing.
10. At your first postoperative visit, we will review any further wound care instructions with you. Be aware that this is the beginning of the wound healing phase and that the appearance of incisions, skin grafts and flaps will mature and improve over time. Most wounds are not fully healed for six months. Occasionally it is necessary to revise a scar to achieve optimal results, but this is uncommon.

### ***For Questions or Emergency Care:***

Call the office at **601-815-3374**. You may need to speak with the doctor on-call.