

Mohs Surgery | Commonly Asked Questions & Information

Skin Cancer: the most common form of all cancers

Approximately 1 in every 5 Americans will develop a skin cancer in their lifetime and the incidence is rising. Risk factors for skin cancer include fair skin, past sun exposure, family history of skin cancer, history of organ transplant or history of immunosuppression. The three most common forms of skin cancer are basal cell carcinoma, squamous cell carcinoma and melanoma. Fortunately, if these cancers are caught early, the cure rate is very high. While basal cell and squamous cell cancer rarely spread to lymph nodes and other organs, they can be locally aggressive, meaning they can cause significant discomfort if not treated.

Mohs Micrographic Surgery: the most effective and advanced treatment for skin cancer today

Named in honor of Dr. Frederic E. Mohs, the physician who developed the technique in the 1930s, Mohs surgery is unique in that it combines surgical removal of the cancer with immediate microscopic examination of the tissue. This allows the surgeon to remove only cancerous skin and preserve as much healthy skin as possible. For these reasons, Mohs surgery has the highest cure rate of all skin cancer treatment methods, and also creates the smallest possible surgical defect, allowing for a better cosmetic outcome.

Mohs surgery is performed under local anesthesia. Once the tumor and surrounding skin have been completely numbed, the visible portion of the tumor is removed. The tissue is taken to our laboratory and processed into slides. The physician uses a microscope to see if any cancer cells remain. If no cancer cells remain, the surgeon will repair the wound with stitches (or allow the wound to heal on its own). If any cancer cells have been left behind, the surgeon will go back and remove additional tissue. The process is repeated as many times as necessary to ensure complete removal of the tumor.

Advantages of Mohs Micrographic Surgery

- **Effective:** the cure rate after treatment of a primary tumor is 98 - 99% and the cure rate after treatment of a recurrent tumor (one that was previously treated) is 95 %.
- **Convenient:** most patients undergo complete removal of the skin cancer and reconstruction on the same day. When necessary, coordinated care with other specialists such as oculoplastics, plastic surgery, or radiation oncology may be recommended.
- **Safe:** the procedure is done under local anesthesia, eliminating the risks of intravenous sedation or general anesthesia.
- **Cost-effective:** given the high cure rates and low complication rates, Mohs surgery is the most cost effective form of skin cancer removal available.

How long will the surgery last?

The length of the surgery depends on the extent of the skin cancer. It usually takes between three to four hours. Occasionally, the procedure takes longer, so we ask that you come prepared to spend the day. Much of the time will be spent waiting for the tissue to be processed in the lab. Please bring reading material and anything else you think will help you be comfortable during your time with us.

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Will I have stitches following the surgery?

Stitches are required for many, but not all, wounds. Our goal is to give you the best cosmetic and functional result possibly. Some wounds require more complicated procedures, such as skin grafts, while others do best if left to heal on their own. Dr. Nicole F. Vélez will work with you to find the best option following removal of the tumor.

Will I have a scar following surgery?

There is always a scar after surgery. Dr. Nicole F. Vélez is trained in facial reconstruction, and will work hard to ensure you have the best cosmetic outcome. The size of the scar will depend on the size of the tumor, but rest assured the Mohs procedure is intended to help keep it as small as possible.

Will I be put to sleep for the surgery?

No. The surgery is performed under local anesthesia, meaning you will be awake, but the area will be numb.

Should I bring someone with me?

Yes. Surgery anywhere on the face can lead to temporary swelling around the eyes, making it difficult to see. Additionally, a 24-hour pressure dressing will be placed on the surgical site, which can make it difficult for glasses to rest properly. Out of concern for your safety, we ask that you bring a driver with you, or make arrangements for someone to pick you up.

Should I take my regular medications on the morning of surgery?

Yes. Continue taking all of your prescribed medications unless otherwise directed by our team. It is particularly important that you continue to take your prescribed blood thinners. If you have any questions, please call us. We are happy to speak with you and address any concerns.

Should I eat before surgery?

Yes. You may eat a normal meal prior to surgery. It is also a good idea to bring snacks, as you may be in the office for several hours.

Will my activity be limited following surgery?

Yes. Physical activity, including sports and exercise, are generally restricted following the surgery. If your job requires heavy lifting or physical exertion, you may need to plan to be off for a few days. Dr. Nicole F. Vélez will give you specific instructions at the time of surgery.

Will I have much pain after the surgery?

Most people experience very little pain after the surgery. Typically, the first 24 hours are the most uncomfortable. We recommend that you have extra strength Tylenol available. Ice around the surgical site will also help minimize swelling. We will review post operative instructions in detail with you after the procedure. You will also receive written instructions and Dr. Vélez's cell phone number for any after hour questions.