



How to Prepare for Your Mohs Surgery Day

Your provider has determined that the best type of treatment to remove your skin cancer is Mohs surgery. You may have some questions about skin cancer, why you need Mohs surgery, and how to care for yourself afterwards. We hope the information below helps answer some of your questions.

If you have any questions, you can call us at 303-604-1444.

About Mohs Surgery and How to Prepare

I already had a biopsy. Why do I need surgery?

It's true that some of the skin cancer was removed during the biopsy. Your provider sent that skin tissue to a lab. During inspection under the microscope, the doctor trained to look at skin cells (dermatopathologist) saw that some cancerous cells were located at the edge/ margin of the biopsy. This means that some cancer cells are likely still left in your skin. You need more treatment (surgery) to remove the cancer.

Skin cancer is the most common cancer in the United States. The most common type of skin cancer in the U.S. is basal cell carcinoma, followed by squamous cell carcinoma. Mohs surgery has the highest cure rate for both basal cell and squamous cell skin cancers, at 98-99%.

How is Mohs surgery different from a biopsy? What is Mohs surgery?

The main purpose of a biopsy is for diagnosis, so only a small sample of skin tissue needs to be taken. After the biopsy was taken you were sent home and received the results within a few weeks.

Mohs surgery is a skin cancer removal technique that was developed by Frederic E. Mohs in the 1930s. With Mohs surgery the cancerous skin tissue is removed and then examined under a microscope at the same visit. If cancer still remains when the Mohs surgeon looks under the microscope, they can see exactly where the cancer still remains in the skin.



The Mohs technique allows us to remove the skin cancer while leaving as much of the healthy skin tissue as we can. This way we can provide the best cosmetic and functional outcomes with treatment, especially in areas at and above the neck or for large skin cancers.

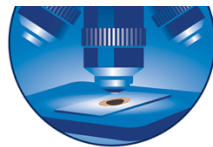
How does the Mohs surgeon know where to remove the skin cancer?

First, the remaining visible tumor and a very small amount of surrounding tissue is cut out. This tissue will be scored and dyed with colors to represent the 12 o'clock, 3 o'clock, 6 o'clock, and the 9 o'clock marks. If there is remaining skin cancer, they'll use the colored markings to orient where the remaining cancerous cells are located. The surgeon will draw the tissue with its colored markings on a piece of paper called a Mohs map. The Mohs map will then be brought back into the room to help the surgeon locate the cancerous areas that still need to be removed.

1. The visible tumor and a small amount of surrounding skin is removed. *Each time that tissue is removed, we refer to this as a "stage."*

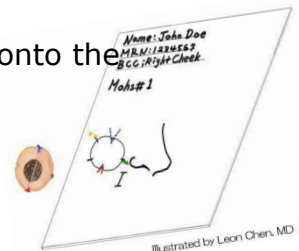


2. The tissue is brought to the lab and dyed by lab technicians for orientation (left, right, up, and down.)



3. The tissue is sliced very thin, placed on microscope slides, and runs through multiple stains before it is ready to be viewed by the Mohs surgeon under the microscope.

4. The surgeon will mark any areas where they still see cancer remaining onto the Mohs Map to orient them when they return to the patient.



What should I tell my doctor before my surgery day?

Call our office and tell us if you have:

- Artificial heart valve
- Joint replacement within the past 2 years
- A medical power of attorney (someone appointed to make your medical decisions)
 - * If you have a medical power of attorney, ideally that person should be in the building on surgery day. If that person cannot be in the building, we ask that they be available via phone on the surgery day.

Or if you take a daily blood thinning medication or supplements. Examples of common blood thinners are Aspirin, Plavix®, Eliquis®, and Coumadin®. Examples of supplements that can thin the blood are vitamin E or fish oil.

How long should I plan on being in the office on surgery day?

It's hard to know how long you will need to be in our office, but it's a good idea to plan on being here until 4:00pm or 5:00pm.

Can I shower before surgery?

YES; it is a good idea to take a shower/ bath before the surgery, because often you cannot get the surgical site wet for at least 24 hours after surgery. Thus, it is a good idea to do this before surgery.

Can I eat or drink before surgery?

YES; because we use only local anesthesia (numbing of the surgical site only), you will be awake during the surgery and it is safe for you to eat beforehand. In fact, because you may be at our office for several hours, we encourage you to eat a substantial meal before your appointment, with some exceptions:

- *If you are taking a medication that does not permit you to eat.*
- *If your blood pressure tends to run high, please do not drink coffee [or other caffeinated beverage] prior to your appointment*

What should I bring with me on surgery day?

You should bring a water bottle, snacks, and something (a book, other reading material, tablet/ phone) to keep you occupied while you wait for results from our team.

Will a family member be able to stay with me during surgery?

Yes. A family member or other support person can stay with you the whole time. If this support person prefers to sit in the waiting room (or just during the actual surgical part), they are welcome to do so.

Substance use

We cannot proceed with Mohs surgery if you have consumed marijuana or alcohol 48 hours prior to the procedure.

To promote wound healing, it is recommended that you refrain from tobacco use for 1 week before and 2 weeks following the surgery.

What to Expect During Mohs Surgery

What will happen on surgery day?

Step 1. A medical assistant will bring you (and a family member/ support person) back to a room where you will spend the day.

Step 2. Next, a provider (MD or PA) will come in and mark the spot on your skin where the skin cancer is.

Step 3. Next, a medical assistant will get you ready for surgery by numbing and cleaning the skin around the skin cancer.

Step 4. After that, Dr. Gallagher and his support staff (usually a PA and Medical assistant) will enter the room, ensure you are appropriately numbed, and remove the skin cancer. Dr. Gallagher and his staff will ensure that all bleeding has stopped and you have a bandage securely in place. After that, you can sit up and relax in the room, waiting for results from the lab.

Step 5. Your skin tissue will be taken to our lab (located inside the office). When the tissue reaches the lab, it takes about 1 hour to process it; it will be sliced very thinly and stained with special dyes. Next, Dr. Gallagher will look at each slice under the microscope to be sure all the cancerous cells are out. If there are cancer cells located at any border/ margin of the tissue, Dr. Gallagher and his staff will need to take more tissue out (only at the border where the cancerous cells were located). In this case, Steps 3-5 will need to be repeated.

Step 6. Once all the cancer cells are out, Dr. Gallagher will determine the best way to close your skin. A medical assistant will numb and clean your skin. Then a provider (MD or PA) will perform the skin closure.

Step 7. After this, our team will give you instructions on how to care for your skin after surgery, when sutures should be removed, and/or when you should return to our clinic.

Is Mohs surgery painful?

Most of our patients say the most uncomfortable part of Mohs surgery is numbing the skin with an injection of lidocaine. This lasts only seconds. The rest of the time, you should not experience any pain. Speak up if you are experiencing pain, and our team will act quickly to relieve your pain.

Will I need stitches (sutures) after the surgery?

Some people will need stitches to close their skin after Mohs surgery. Other people will need a different method to close the skin. Below are some common ways that our team closes the skin:

- Stitching (suturing) your skin closed with both absorbable sutures under the skin and visible, non-absorbable sutures on the surface of the skin
- Stitching (suturing) your skin closed with absorbable sutures under the skin and then using a special kind of skin glue to close the skin
- Pulling the skin together by borrowing from nearby skin (also known as a “flap” closure). **Surgeries on the nose or ear** are more likely to have this method of closure.
- Using a skin graft (either from your own skin or one made in a lab) to place in the surgical site. **Surgeries on the nose or ear** are more likely to have this method of closure.
- Bandaging and allowing the skin to heal on its own. Some surgical wounds actually heal best and have a good cosmetic outcome if left to heal open. This can be a common closure method for **surgeries on or near the lip**.

Caring for your Surgical Wound and What to Expect After Mohs Surgery

When should I get the stitches (sutures) out after surgery? Can I take them out myself?

Depending on the site, visible sutures (on the surface of the skin) should be removed 7-14 days after surgery (our team will tell you the timeline on surgery day). If you (or a family member/friend) are comfortable removing the sutures, you can do so at home and we will provide you with a suture removal kit. Here is a link to a video on our website about how to remove sutures:

<https://www.bvderm.com/suture-removal-instructions/>

Or if you prefer, you can come back to our office and we will remove them.

If you are ever unsure about the status of your wound or the suture removal process, please contact our office at 303-604-1444 for a free wound check or suture removal.

How should I take care of the bandage after the surgery?

This depends on the type of closure and bandage chosen for your skin. Our medical team will provide you with this information at the end of the surgery day.

What do you recommend for pain after the surgery?

On the day of surgery after you return home, we recommend icing the surgical site (on top of the bandage) for 10 minutes every hour until bedtime and repeat only as needed the following day. This will help reduce pain and swelling. Also, over-the-counter pain medications such as Tylenol® can be helpful. For very large

procedures, prescription pain meds may be recommended. If you have any questions about pain control, ask our team.

What can I expect in the first 24 hours after surgery?

- You may experience some swelling and minor discomfort after surgery; this may worsen up to roughly 48 hours after surgery, and then it should start to improve.
- Mild redness around the surgical site is also normal and should improve.
- You may note clear-yellow drainage, clear-pink drainage and/or a small amount of blood on your bandage if you are instructed to change your bandage. These are NORMAL; however, thick yellow liquid (pus) is a sign of infection and you should call our office **303-604-1444 at any time of day/ night.**
- If your surgery is on the forehead or close to your eye, there is a chance you could develop a black eye (for one or both eyes). Although the appearance can be unsettling, do not worry; this is normal for a procedure on the forehead or near the eye. The black eye will slowly dissipate over about one week's time.
- We recommend rest, ice and, for some patients, pain medication (see above). While pain is different for each person, you should not expect to be in severe pain.

If you have any concerns about your recovery, call our office 303-604-1444 at any time of day/ night.

What should I do if I experience bleeding after surgery?

If any bleeding is noted, apply firm direct pressure to the area for **20 minutes by the clock** without looking underneath. If this does not stop the bleeding, call 303-604-1444. If the office is closed, follow the instructions given on the recording for contacting the on-call provider.

What signs of infection should I be aware of?

Signs of infection include:

- redness that is worsening/ spreading,
- heat or swelling that is worsening,
- thick yellow liquid (pus) draining from the surgical site (thin yellow/ pink drainage is NORMAL)
- if you develop a fever, chills or extreme fatigue.

If you have any concerns about infection, call our office at 303-604-1444 at any time of day or night.

What restrictions do I have after surgery?

- You should not engage in rigorous exercise (activity that raises your blood pressure) for 14 days after surgery. Light walking is fine.
- Do not immerse the surgical site in a bathtub, pool, hot tub or swimming pool for 14 days.
- Remember that surgical wounds are not as strong as normal skin yet, so:
 - If you had surgery on an arm/ leg/ hand/ foot, do not lift anything heavier than 10 lbs with that extremity for 2 weeks.
 - Do not stretch the skin tightly in the area of your surgery for 2 weeks. Ex. If you had surgery on your back, do not make large stretching movements with your arms that could cause your surgical site to open up.

When do I need to return to the office after surgery?

If we are removing your sutures after surgery, you will need to return to our office between 7-14 days (depending on what our team tells you).

ALL surgical patients should follow up 3 months after the surgery (or sooner for concerns) to ensure there is no recurrence of skin cancer.

Who can I call if I have questions?

Please call our office with any questions at 303-604-1444.

Read more about Basal cell carcinoma:

<https://www.aad.org/public/diseases/skin-cancer/types/common/bcc>

Read more about Squamous cell carcinoma:

<https://www.aad.org/public/diseases/skin-cancer/types/common/scc>

Read more about Melanoma:

<https://www.aad.org/public/diseases/skin-cancer/types/common/melanoma>

Read more about Mohs surgery here:

<https://www.aad.org/public/diseases/skin-cancer/types/common/melanoma/mohs-surgery>

Watch a video to about Mohs surgery here:

<https://www.youtube.com/watch?v=F6TxdvjPk5I>