



Mohs Micrographic Surgery Patient Information

Mohs Micrographic Surgery (MMS) is one of the methods used to remove a variety of skin tumors. It is different from other procedures used to treat skin cancers because of the meticulous checking of 100% of the surgical margins to assure that the entire tumor has been eliminated. Although MMS is a time-consuming and complex procedure, it provides the best chance for curing the cancer and also results in the smallest amount of skin being removed. Therefore, MMS is typically used for aggressive tumors, tumors in areas of function/cosmetic concern (nose, eyelid, lip, face), or those cancers which have not responded to other treatment methods.

The surgery is performed with local anesthesia in the office surgical suite. One of our surgical team members will review your medical history. Your surgeon will next meet with you and discuss important points about your specific skin cancer, the MMS procedure, anticipated plans for reconstruction, and probable postoperative requirements. The site of the tumor is then cleaned, marked and numbed. A thin layer of skin is removed. A dressing is next placed and you are escorted back to the waiting room. While there, you may relax, eat, drink, visit with family, read, or listen to music. The surgeon will draw a map to correspond exactly to the wound which has been made. The tissue which was removed is immediately taken to the lab, where it is cut into sections, placed on slides, stained, and returned to the surgeon for interpretation. Your surgeon will then view the slides under the microscope, determine if the cancer is still present, and illustrate the site and amount of cancer on the map. This process requires 30-90 minutes, depending on the size and type of tissue removed. If any remaining tumor is noted, you will then return to the operating room, where additional tissue will be removed only where the cancer persists. The tissue is again mapped, prepared, and interpreted. This process continues until the entire tumor has been removed. Although all patients hope to be cleared of tumor with a single stage, the average number of stages for a given tumor is two or three.

Once the entire tumor is removed, MMS has concluded, the process of reconstruction begins. In the vast majority of cases, this can be accomplished on the same day in the office setting. For unusually large or difficult wounds, reconstruction may be delayed or staged, or referral to a specific specialist may be required. Your surgeon will consider reconstructive options and illustrate those to you. Although the doctor will recommend what is considered the best procedure, your input will be an important consideration in the final decision.

Following the reconstructive procedure, you will be given explicit written and verbal instructions regarding activity restrictions, wound care, medication usage, and what to expect in the postoperative period. All of your questions will be answered. If further questions arise, the written material provided to you will commonly answer these. For additional questions or problems, you will be able to contact a member of our surgical team at any time.

For those patients who desire more information, the following website is well written and provides correct, useful information: www.skincancermohssurgery.org.



Practical Guidelines for Mohs

Preparation for Surgery

- Prescription blood thinners are NOT commonly discontinued prior to your surgery. Although continuing such medications does increase your risk for NON-life threatening bleeding after the surgery recent evidence has shown that stopping these medications can increase the risk of stroke and heart attack. Therefore, unless otherwise specified, continue on your current blood-thinning drugs. If you have any questions, please do not hesitate to contact us.
- All other prescription medications should be continued as prescribed up to and included the day of your surgery.
- Non-prescription drugs including ibuprofen (Motrin, Advil, and Nuprin), Aleve, Vitamin E, Ginkgo Biloba, Fish Oil, and other supplements should be avoided 3 days prior to surgery (if possible) to reduce bleeding. **IF THESE MEDICATIONS ARE REGULARLY TAKEN FOR OTHER HEALTH REASONS PLEASE CONTINUE THEM AS NORMAL, THIS INCLUDES ASPIRIN.**
- Discontinue alcohol 3 days before surgery to reduce bleeding.
- Smoking increases the likelihood of complications following the surgery. If you smoke, please decrease or stop for the 5 days prior to the procedure.

Day of Surgery

- Please arrive 15 minutes prior to your scheduled surgical time to complete the registration process.
- Bring a detailed list of your medications. Also bring your insurance cards.
- If possible, bring a friend or family member with you. Much of your time will be spent in the waiting room, and it helps to have company. Although most patients do not require it, someone should at least be available to provide you a ride home if necessary.
- Please eat breakfast or bring a snack with you. A refrigerator is available for a bagged lunch if you would like. Alternatively there are a number of restaurants close to our office.
- Our office tends to be chilly, so bring a sweater or light jacket.
- Remember, many tumors addressed by Mohs are unpredictable and make take several stages for removal followed by reconstruction. Therefore...
- Although your surgical procedure may be completed earlier, please plan on spending SEVERAL HOURS with us.

Please feel free to contact our office with any other questions or concerns.

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