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Diplomate American Board of Dermatology
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MOHS MICROGRAPHIC SURGERY

PATIENT INFORMATION SHEET

What is Mohs surgery?

Mohs surgery is a specialized technique for removing skin cancers that was developed by Dr. Frederic Mohs at the University of Wisconsin in the 1940's. It differs from other treatments for skin cancer in that it permits the immediate complete microscopic examination of removed cancer tissue so that all roots and extensions of the cancer can be eliminated. Also, although no technique has a 100% cure rate, Mohs surgery has the highest cure rate of all treatments for skin cancer.

Mohs surgery is practiced only by physicians who have the training, medical facilities and staff to perform this specialized technique. Dr. Malott has used Mohs surgery to treat hundreds of skin cancer patients.

Mohs surgery is usually reserved for skin cancers that have recurred (grown back again after previous treatment), are at high risk for recurring, or which are located in cosmetic areas where preservation of maximum amount of normal skin is important.

Why remove skin cancers with Mohs surgery?

Some skin cancers are deceptively large, being far bigger under the skin than they appear to be from the surface. These cancers send out roots both in the skin and along the blood vessels, nerves, or cartilage. Moreover, skin cancers that grow back after previous surgery may send out extensions deep under the scar tissue that was formed. Mohs surgery is specifically designed to remove these cancers by tracking down and removing the cancerous roots.

How is Mohs surgery performed?

There are three steps involved in Mohs surgery:

- 1) The skin is first completely numbed using a local anesthetic. The visible cancer and a thin layer of additional tissue are then removed. This takes only a few minutes and the patient may then return to the waiting room.
- 2) A detailed diagram of the removed tissue is drawn. The specimen is carefully divided and color-coded to distinguish top, bottom, left, and right. A technician then freezes the tissue and cuts it along the entire undersurface so that microscopic slides can be made. This is the most time consuming part of the procedure, often requiring an hour or more to complete.
- 3) Dr. Malott then carefully examines these slides under the microscope, allowing him to examine the entire surgical margin of the removed tissue. All microscopic extensions of the cancer can thus be identified and pinpointed on this map.

This process allows the surgeon to remove additional tissue only where additional cancer is present. Thus Mohs surgery results in the smallest possible surgical defect, because there is no guesswork involved in deciding where to remove additional tissue. Only tissue around the roots and extensions of cancer is removed.

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How long does it take?

Most cases can be complete in three or less stages, requiring less than four hours. However, one cannot predict in advance how extensive a given cancer will be. We therefore ask that you reserve the entire day for surgery, in case additional surgical sessions are required.

Will it leave a scar?

Yes. Any form of surgery leaves a scar. Mohs surgery however, will leave the smallest possible surgical defect and therefore a smaller final scar.

What happens after the Mohs surgery is completed?

When the cancer is removed, Dr. Malott will discuss with you your options. These include 1) allowing the wound to heal naturally, which often produces the best cosmetic result. 2) Having him repair the wound. 3) Having your referring doctor repair the wound or make arrangements for its repair, or 4) Referring you to another surgeon for wound closure.

Will I have pain or bruising after surgery?

Most patients do not complain of significant pain. If there is any discomfort, Tylenol is usually all that is necessary for relief. However, be assured that stronger pain medications will be prescribed when needed. You may have some bruising around the wound, especially if surgery is being done close to the eyes.

Will my insurance cover the cost?

Most insurance policies cover the cost of both Mohs surgery and surgical reconstruction of the wound. You should check with your insurance carrier for exact information related to your surgery.

How do I prepare myself for surgery?

Get a good night's rest and eat normally the day of surgery. If you are taking prescription medications, continue to take them unless otherwise directed. However, avoid taking any medications containing aspirin for ten days prior to your surgery. Also, please do not take any aspirin substitutes, such as Advil, Motrin, Nalfon, Naprosyn, etc. within ten days of surgery.

You may want to bring a book or magazine with you to occupy your time while waiting for your slides to be processed and examined. Also it is recommended that you arrange for someone to drive you home after surgery is completed.