

Mohs Micrographic Surgery

Michelle Legacy, DO, FAOCD, FASMS

WHAT IS MOHS SURGERY?

Mohs surgery is a specialized, highly effective technique for removing skin cancers. It was developed in the 1930s by Dr. Frederick Mohs at the University of Wisconsin and is now practiced throughout the world. Mohs surgery differs from other skin cancer treatments in that it permits the immediate and complete microscopic examination of the removed cancer tissue so that all roots and extensions of the cancer can be eliminated. Mohs surgery has the highest reported cure rate of all treatments for skin cancer.

Treating all skin cancers with Mohs surgery is not necessary. Mohs surgery is reserved for skin cancers that grow back after previous treatment, cancers that are at high risk of recurring, or cancers that are located in cosmetic areas where preservation of the maximum amount of normal skin is important.

WHY REMOVE SKIN CANCERS WITH MOHS SURGERY?

Some skin cancers are deceptively large – far bigger under the skin than they appear to be from the surface. These cancers may have cells along blood vessels, nerves, or cartilage. Also, skin cancers that recur after previous treatments may send out extensions deep under the scar tissue that has formed. Mohs surgery is specifically designed to remove these cancers by tracking and removing all the cancerous cells.

HOW IS MOHS SURGERY DONE?

1. The skin is made completely numb using a local anesthetic. The visible cancer is removed in a thin layer and then a map diagram is drawn. This only takes a few minutes.
2. The specimen is color coded to distinguish top from bottom and left from right. A technician freezes the tissue and removes very thin slices from the entire edge and undersurface. These slices are placed on microscope slides and stained for examination under the microscope. This is the most time-consuming part of the procedure, often requiring an hour to complete.
3. The doctor then carefully examines these slides under the microscope. This allows examination of the entire surgical margin of the removed tissue. That is, the entire undersurface and the complete edge of the specimen is examined. All microscopic cells of the cancer can thus be precisely identified and pinpointed in the Mohs map.
4. If more cancer is found on the microscopic slides, the doctor uses the Mohs map to remove additional tissue *only where cancer is present*. This allows the Mohs surgery technique to leave the smallest possible defect because no guess work is involved in deciding where to remove additional tissue.
5. Once all the cancer cells are removed, the physician closes the defect with sutures most of the time. For large tumors, some patients may be referred to plastic surgery.

HOW LONG DOES IT TAKE?

Several Hours.

Most cases can be completed in 1-2 stages, requiring less than four hours. However, no one can predict how extensive a cancer will be and cannot be estimated in advance. We therefore ask that you reserve the entire day for surgery, in the case that additional surgical sessions are required.

WILL IT LEAVE A SCAR?

Yes.

Any form of surgery in which the skin is cut will leave a scar. Mohs surgery, however, will leave one of the smallest possible surgical defects, and therefore a smaller final scar. Plastic Surgery concepts are used to prevent noticeable and deforming scars. Sometimes grafts or referral outside the practice is required for closure if the defect is very large.

WHAT HAPPENS AFTER THE MOHS SURGERY IS COMPLETED?

When the cancer is removed, the doctor will discuss with you your options.

These may include:

1. Allowing the wound to heal naturally, without additional surgery (often produces the best cosmetic result)
2. Wound repair by the doctor
3. Wound repair by the referring physician or making arrangements for wound repair
4. Referral to another surgeon for wound closure such as a plastic surgeon.

WILL I HAVE PAIN, BRUISING, OR SWELLING AFTER SURGERY?

Most patients do not complain of significant pain. If there is discomfort, Tylenol is usually all that is necessary for relief. You may have some bruising and swelling around the wound, especially if being done close to the eyes. You will have access to an after hours contact for any issues after surgery

You will have to refrain from intense physical activity, exercise and heavy lifting for up to 4 days to allow skin to heal.

WILL MY INSURANCE COVER THE COST?

Most medical insurance policies cover the costs of Mohs surgery and the surgical reconstruction of the wound. Please check with your insurance carrier for exact information relating to your surgery. Legacy Dermatology Group accepts Medicare assignment for cancer surgery.

Please note, deductibles and copays are due at the time of service.

HOW DO I PREPARE FOR SURGERY?

1. Get a good night's rest. Eat normally on the day of surgery, especially breakfast.
2. Take all prescribed medications as directed by your doctor. If your surgery is in the morning, take all of your prescribed morning medications as directed by our doctor. If your surgery is in the afternoon take all of your prescribed afternoon medications as directed by your doctor.
3. If you are taking over-the-counter Aspirin, Motrin, Ibuprofen or fish oil that has not been ordered or prescribed by your doctor, we ask that you please try and avoid taking them 10 days prior to your surgery.
4. Tylenol or acetaminophen is allowed at any time before and after surgery.
5. Bring a book, magazines, or tablet to occupy your time while waiting for your slides to be processed and examined. You may also bring water and snacks.
6. Plan to be in surgery for most of the day, Mohs surgery is anywhere from an hour to several hours.
7. If you are having surgery near your eye, please arrange for someone to drive you home as the bandage may interfere with sight or corrective lenses.

