

WHAT HAPPENS AFTER MOHS SURGERY?

Reconstruction

Once the skin cancer is completely removed, Dr. Lee will examine the wound. If necessary, the wound will be repaired in one of these ways:

Spontaneous granulation lets the wound heal by itself.

Closing the wound with stitches is often performed on small lesions.

Skin grafts involve covering the wound with skin taken from another part of the body.

Skin flaps involve overlaying adjacent, healthy tissue to cover the wound.



Risks & Expectations

Minor discomfort or pain. You may take Tylenol (acetaminophen) for pain. Avoid aspirin or NSAIDs as they may promote bleeding.

Bleeding. Apply direct pressure for 20 minutes. If bleeding persists after continued pressure, call our office or seek emergency treatment.

Infection. A small red area around the wound is normal, but call us immediately if the redness increases or spreads, or if there is green or yellow drainage or a foul odor.

Swelling or bruising. These are common for 4-5 days following surgery, especially when surgery is performed around the eye area. Use of an ice pack in the first 24 hours may reduce swelling and bruising.

Nerve damage. Some numbness or tingling around the wound may occur for weeks or months, but is usually temporary.

HOW SHOULD YOU FOLLOW UP AFTER MOHS SURGERY?

Immediate Follow-Up Care

Do not consume alcohol for 48 hours following surgery. Do not smoke tobacco for 7 days following surgery.

Lifetime Care & Prevention

Having had skin cancer increases your risk for developing additional skin cancers. **Although prior sun damage—the chief cause of skin cancer—cannot be reversed, you can take precautions to lower your risk.**

- Avoid direct sunlight during the peak hours of 10 a.m. to 2 p.m.
- Apply a full-spectrum sunscreen of at least SPF 30 to all exposed skin every day.
- Wear protective clothing, hats, and eyewear.
- Perform regular skin self-exams.
- Obtain a full-body skin exam by your dermatologist at least once a year.

If you have any other questions, please do not hesitate to call our office.



Han. N. Lee, M.D.



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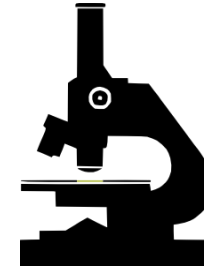
625 S. Fair Oaks Avenue, Ste 200
Pasadena, CA 91105
(626) 793-7790
(626) 793-9018 (fax)

info@compdermcenter.com
www.CompDermCenter.com



COMPREHENSIVE
DERMATOLOGY
CENTER OF PASADENA

MOHS MICROGRAPHIC SURGERY



HAN N. LEE, M.D.

*Diplomate, American Board of Dermatology
Clinical Assistant Professor of Dermatology,
University of Southern California
Fellowship-trained Mohs Micrographic Surgeon*

ACMS American College
of Mohs Surgery
*Fellowship trained skin cancer
and reconstructive surgeons*

WHAT IS MOHS SURGERY?

A Specialized Technique

Mohs Micrographic Surgery is a specialized, highly effective technique developed by Dr. Frederic E. Mohs in the 1930s for the selective removal of skin cancer. This technique allows for complete removal of the skin cancer—including the “roots” that lie beneath the surface—with the aid of a microscope, while preserving as much of the normal surrounding tissue as possible. **Due to the careful way in which the tissue is excised, mapped, and microscopically examined, Mohs Micrographic Surgery yields the highest cure rate.**

To learn more about Mohs Micrographic surgery, watch Dr. Lee’s YouTube video at <https://www.youtube.com/watch?v=lyY7gK215Vc>

Why Has Your Doctor Recommended Mohs Surgery?

Mohs Micrographic Surgery is reserved for skin cancers of the two most common types. **It is especially appropriate for skin cancers of the head and neck** where preserving as much healthy tissue as possible is important for cosmetic and functional reasons. The two most common types of skin cancers are basal cell carcinoma and squamous cell carcinoma. Your doctor has determined that Mohs surgery may offer the most effective treatment for you.

Your Consultation

Please bring any pathology reports or slides of your biopsy with you on the day of your consultation. We will take photographs of the skin cancer site before, during, and after surgical treatment. The photos will become part of your medical record. They may also be used for educational purposes, but all identifying details will be removed.

HOW SHOULD YOU PREPARE?

Prior to Surgery

Let us know if you have any of the following conditions:

- artificial joints
- artificial heart valve
- history of rheumatic fever
- mitral valve prolapse
- recipient of an organ transplant
- pacemaker or defibrillator
- take antibiotics before dental work

7 days prior to surgery:

- Stop taking aspirin, NSAIDs (e.g., Advil), herbal supplements, and Vitamin E unless your primary physician advises you otherwise.
- If you are on blood-thinning medications such as coumadin or plavix, check with your prescribing doctor whether you can stop taking them prior to surgery.
- Stop smoking tobacco.
- Continue taking all other prescribed medications, especially blood pressure medication.

24 hours before (and 24 hours after) surgery:

- Avoid consuming alcohol.

The best preparation for Mohs Micrographic Surgery is a good night’s rest the night before and a good breakfast on the morning of the surgery.

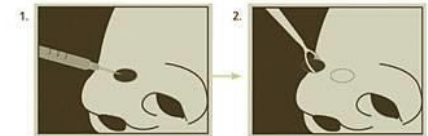
The Day of Your Mohs Surgery

Mohs Micrographic Surgery is an outpatient procedure. Because of the nature of the process, it is not possible to predict how long the surgery will take. **Please plan on spending at least 4 to 6 hours in our office.** Most of your time will be spent waiting for the tissue to be processed and evaluated, so you may wish to bring a book or magazine, headphones, and a light snack to help pass the time. **We recommend that you arrange transportation home after the procedure.**

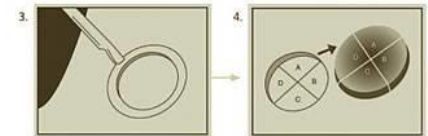
WHAT CAN YOU EXPECT?

In the Procedure Room

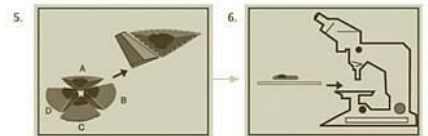
You will be escorted to a procedure room when you arrive. The site of the skin cancer will be cleansed and anesthetized. Dr. Lee will surgically remove a thin margin around the tumor, and then a dressing will be applied to the wound. Whenever possible, you will stay in a private waiting room for the duration of the procedure. While you are waiting, the tissue will be mapped, processed, and examined microscopically for any remaining tumor. If there is any remaining tumor, you will be escorted back to the procedure room for additional surgery. **This process will be continued until no tumor remains.**



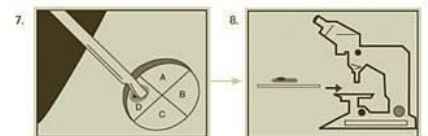
An injection numbs the area. The visible portion of the tumor is debulked.



A thin layer of tissue is excised from the surrounding skin and base. The removed tissue is mapped and sectioned.



The deep and peripheral margins of each section are thinly sliced with a microtome and mounted on microscope slides for examination.



If additional tumor is found, it is located on the map, marked and a subsequent layer is removed. The examination/removal process continues until no tumor is found.