

MOHS SURGERY INFORMATION PACKET

WELCOME

Thank you for choosing to receive your care at the Dermatologic Surgery Unit at the Beth Israel Deaconess Medical Center. Our Unit is located in one of the major teaching hospitals of Harvard Medical School. Our physicians and supporting personnel are highly trained and focused on providing you with the highest quality care possible. We are fortunate to be able to leverage the considerable resources of our academic medical center in the treatment of your skin cancer. **Your care is our first priority.**

APPOINTMENT TIME & LOCATION

Date/Time:	Surgeon: Dr. Do / Dr. Frank / Dr. Heller Dr. Olbricht / Dr. Weiss
Location: We have two locations.	
<input type="checkbox"/> Carl J. Shapiro Center, 2 nd Floor 330 Brookline Avenue Boston, MA 02215	The entrance to the parking garage (underneath the Shapiro Center) is on the left at the end of Binney Street (off Longwood Avenue). Please do not park at the Children's Hospital Garage (the first garage on the right as you turn off of Longwood Avenue). That garage is less convenient as you will have to walk outside to reach the Carl J. Shapiro Center.
<input type="checkbox"/> BID Lank Cancer Center at Needham 148 Chestnut Street Needham, MA	Parking is at the Lank Cancer Center located on the ground level on School Street.

BE SURE TO BRING THE FOLLOWING TO YOUR APPOINTMENT

- Insurance card
- Insurance referral (if required by your insurance)
- Name and address of your primary care provider
- Name and address of your dermatologist or referring doctor
- List of all current medications, allergies and medical history
- Name and address of your preferred pharmacy. We have electronic prescriptions and can send most medication prescriptions directly to your pharmacy to be ready for pick-up to save you time.
- All your medications. Unless otherwise instructed, you should take all of your medications as you normally would. Please bring your medications with you in the event of an extended day.

PREPARING FOR YOUR SURGERY

- Do not take any Vitamin E, Fish Oil, or other over the counter supplements including herbal remedies and homeopathic medications 1 week prior to procedure. Tylenol is OK to take.
- If you take blood thinners, continue to take them as usual. If you take Coumadin, continue to take it and have your INR checked within one week of your surgical procedure and forward to our office. For this procedure, the INR should be 3.0 or less. Fax # 617-667-7435
- Do not drink alcohol for 3 days prior to surgery and 2 days after surgery. It can thin your blood.

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- If you have an artificial heart valve, joint replacement, organ transplant or heart murmur please call our office. You may need to take an antibiotic before your surgery.
- Smoking can slow down wound healing. Please do not smoke. If you cannot stop completely, cut back as much as you can.
- If you have any other implanted electrical device (e.g. vagal nerve stimulator, bladder stimulator, etc.) please call our office. You may need to have this switched off prior to surgery.
- If you have been instructed to take antibiotics prior to surgical procedures (not common), please contact us or your primary care doctor for a prescription.
- If you have been prescribed Ativan (lorazepam) or Valium (diazepam), do not take it until after you have signed your consent form or the procedure will be cancelled.

SCHEDULING CONSIDERATIONS

- Expect to wear a bandage for at least 2 days and up to 7 days following your surgery. You will not be able to get it wet for the first two days. The exact details of your bandage and wound care will be addressed on the day of your surgery.
- You may experience bruising and swelling around your wound for several days after surgery.
- Reduce your physical activities, including exercise for 1 – 2 weeks following surgery. Again the exact details will be discussed with you on the day of your surgery and will depend on the site of your surgery.
- You may need to return in 1 - 3 weeks to have your stitches removed.
- Rarely, the surgery needs to be postponed due to medical issues identified during the preoperative evaluation (which will be done the day of surgery). To avoid this possibility, you can elect to have a consultation visit before scheduling the surgery. Please call us if you would like to schedule a consultation appointment.
- The duration of surgery is difficult to predict. You should expect to be at our office for several hours and possibly for the entire day.
- Do not schedule any trips or vacations in which you will be away from the Boston area until at least 1 week after your surgical appointment. Complications, though rare, are easier to handle if you are available to come into our surgical suite.
- If the surgical site is near your eye, it may be necessary for us to cover your eye with a bandage after surgery. In this case, for your safety, please arrange to have a ride home. You should not drive.

THE DAY OF YOUR APPOINTMENT

- If your surgical site is located on your leg, please wash your entire leg with antibacterial soap to reduce the risk of post-surgical infection. We recommend Hibiclens which can be found over-the-counter at most drugstores.
- Get a good night's rest.
- Take all of your medications and have a light breakfast/lunch unless otherwise instructed.
- Since you may be with us for the day, you should bring reading materials or a tablet/phone with earphones to help pass the time while waiting. A companion is welcome to stay with you in the waiting area.
- We have free wireless internet access available in our reception area and throughout most of the hospital. Feel free to bring your laptop and/or other internet capable device.
- All surgery is performed under local anesthesia. Most people are able to care for themselves following the procedure. However if your case is lengthy or if the surgical area is around your eyes you may need a ride home.

Please call if you have any questions. We look forward to seeing you.

MOHS SURGERY

INTRODUCTION

This unique form of surgery was developed over 50 years ago by Dr. Frederick Mohs, a professor of surgery at the University of Wisconsin. Since that time the technique has been refined and advanced so that today it is offered in most major medical centers throughout the country. Its wide acceptance stems from the fact that, for certain types of skin cancer, it offers a cure rate of approximately 98%.

Mohs surgery is performed by a team specially trained in this technique. The team includes a physician, nurses, surgical technicians, technicians who are responsible for preparing the tissue for microscopic examination, and the office staff. You will meet the entire team at the time of your surgery.

TECHNIQUE

Except for rare circumstances, Mohs surgery is done on an outpatient basis. After checking in at our front desk, you will be brought into one of our surgical suites. We will review your medical history, allergies, and medications. You will be asked to sign a consent form to allow us to perform the procedure. Your surgical site will be identified (usually with your help), and you will be asked to confirm that the site has been correctly identified. Local anesthesia is then used to numb all feeling in the area around the skin cancer. Once the area is numb, as much of the skin cancer as possible is removed by scraping it with a special instrument. Then a thin layer of skin at the tumor site is removed. This layer is marked, frozen, and stained so that it may be examined under a microscope. The processing takes approximately one hour. Larger specimens will take even longer to process. In the meantime, a pressure bandage will be placed over your surgical wound so that you can wait in our reception area in comfort. During this time you may read your book, watch TV, or take a walk to the coffee shop downstairs. If you will be leaving our reception area, please leave your cell phone number (and make sure your cell phone has good reception) so that we may contact you when it is time to proceed with your surgery.

If skin cancer is found at the edges of the specimen, the surgeon will repeat the process of removing another layer of skin, preparing it for the microscope and examining it. These steps or "stages" will be repeated until all the skin cancer that can be detected under the microscope is removed. Depending on the extent of the skin cancer, there may be several stages of surgery. Since we cannot determine ahead of time how many stages you will require, it is necessary to assume that you will spend the day with us. Rarely, it may take more than one day to remove your tumor.

BENEFITS

The major advantage of this technique is that by using a microscope to guide us, we remove only tissue that the skin cancer has already invaded, sacrificing little of the surrounding healthy skin. This is especially important if the cancer is on the face. Of course any procedure will leave a scar, but by preserving the maximum amount of healthy skin we hope to allow the best cosmetic result. In addition, we can be sure that the entire skin cancer has been removed because we track it under the microscope, giving the highest cure rate possible.

Since we cannot know ahead of time the extent of the tumor, it is difficult to discuss how the wound will be repaired until the surgery is completed. There are several ways of repairing the skin: 1) let it heal by itself, 2) stitch the wound together, and 3) make a graft or flap, which involves moving healthy skin from elsewhere to cover the wound. When the tumor has been completely removed and we know the size and shape of the wound, we will discuss with you the best options for repair.

MOHS SURGERY

RISKS

As with any kind of procedure, there are risks with surgery. Although these complications are rare, you should know about them. In general, the benefits of surgery are believed to outweigh the risks.

- *Post-operative bleeding:* Some bleeding during the procedure is expected, but rarely occurs after surgery. If this should happen, the bleeding can usually be controlled by the use of pressure.
- *Infection:* Infection rarely occurs, but if it does it can be treated with antibiotics.
- *Nerve damage:* Most scars are numb because sensory nerves have been cut. This may persist for several months or longer. Very rarely, the tumor may infiltrate a nerve or come close to the nerve so that tumor removal results in motor nerve damage.
- *Allergic reactions:* Allergic reaction can occur due to the local anesthesia or bandaging material.
- *Pain:* There is usually minimal post-operative discomfort. If discomfort does develop, it usually responds to Tylenol. If your procedure occurs on the forehead or scalp, you may develop a headache for 1 - 2 days following surgery.
- *Scarring:* A scar will always result from the procedure. It usually matures over several months and becomes cosmetically acceptable. Our physicians are highly trained to minimize the appearance of scarring and to hide it within natural skin lines and wrinkles when possible.
- *Recurrence:* Rarely, some patients will have tumors recur even after Mohs surgery has been carefully performed. Recurrences are almost always treated by Mohs surgery again because it has the highest cure rate for recurrent tumors.

At the time of your visit with us, there will be time to ask any questions that you might have. Please call us if you need to discuss anything with us beforehand.

SKIN CANCER

Skin cancers are the most common tumors in the United States, with over 3.5 million cases diagnosed each year. There are three major types of skin cancers: basal cell carcinoma (BCC), squamous cell carcinoma (SCC), and melanoma. This document discusses only BCC and SCC since they are treated with Mohs surgery.

BCC and SCC begin with a few cells in the skin that grow abnormally and more aggressively than the other neighboring cells. They create small bumps on the skin that often bleed and heal poorly. As they grow, they may invade neighboring skin and parts of the body adjacent to them. It is exceedingly rare that part of the tumor breaks off and spreads through the body (metastasize).

HOW DID I DEVELOP SKIN CANCER?

Most skin cancers occur on the head or neck. These areas are the most frequently exposed to the ultraviolet light contained within sunlight, which is the most important factor in causing skin cancer. Very fair skinned people tend to develop more skin cancers than those with dark skin. Other factors also related to the development of skin cancers include radiation, arsenic exposure, illnesses or medications that cause immunosuppression, and Human Papillomavirus infections (certain types of warts).

DIAGNOSIS

Once a suspicious bump appears, the doctor usually samples it by doing a biopsy to determine if it is a skin cancer and which type it is. A biopsy is designed to remove only a small piece of the tumor, large enough so that the pathologist can make a diagnosis, but small enough so that little scarring is produced. Only rarely does the biopsy remove the entire tumor.

TREATMENT

Once the pathologist has made a diagnosis of skin cancer, we can choose a method of therapy that would be appropriate for treating it. The various methods include:

- Cryosurgery (freezing the tumor)
- Electrodesiccation and curettage (burning the tumor with an electric needle)
- Radiation therapy
- Excision (removing the tumor surgically with a predetermined wide margin)
- Mohs surgery (surgically removing the tumor with microscopic guidance to minimize margins and spare normal tissue)

Since most BCC and SCC are contained in the skin and do not metastasize, removing them is the treatment. The most appropriate treatment choice depends on the type, location and size of the tumor as well as the special characteristics of the patient.

Now that you have had at least one skin cancer, you are at risk of developing others. Early detection is key. It is important to inspect your skin regularly for any changes and to see your dermatologist periodically. In addition, minimizing your exposure to the sun is the best defense against skin cancer. If you have questions about detecting skin cancer and practicing sun protection please let us know.