

METRO EAST
DERMATOLOGY & SKIN CANCER CENTER

Surgery Date: _____ **Time:** _____

Office Phone: 618-622-SKIN (7546). **Fax** 618-622-7546. Dr McGinness's Cell: 573-268-6330
Website: www.dermskincancercenter.com

1. Prepare for your Mohs surgery.

- Read** the surgery instructions and any literature prior to your surgery appointment.
- Purchase** the dressing materials listed and have these available before your surgery day
 - 4x4 Gauze
 - Medical paper Tape
 - Non-stick dressing (ie. Telfa)
 - Aquaphor ® ointment (over the counter) or Vaseline petrolatum ointment (Do not use Neosporin/Polysporin)
- Consider** the activity restrictions after surgery (ie. no heavy lifting, exercise- usually one week or more). If you cannot follow these restrictions, then your surgery may be rescheduled.

2. Your surgery may last **all day** (from morning to evening). Plan for the full day

- Bring** all of your medications. Include any medications prescribed for your surgery AND any that are taken during lunch or dinner. Continue all of your medications.
- Bring** a small blanket or throw, as the rooms may feel cold. **Wear** comfortable clothing (button or zipper up front, avoid pull over clothing).
- Bring** lunch and drinks (ie. water, juice, non-alcoholic beverages). We usually have some snacks and drinks available but there is no cafeteria in the building.
- Bring** music (MP3 player, IPod, etc), reading materials, or other items to pass the time.
- Bring** someone or arrange for someone to drive you home (unless your doctor agreed *beforehand* that you may drive home yourself).

3. You will not be able to bathe for 1-2 day after surgery.

- Shower** and shampoo your hair the day before or morning of surgery. If you were given an antibacterial wash, then use this in the morning before your surgery.

4. You do not need to fast, unless you are specifically instructed to.

- Eat** a light breakfast. Bring food and drinks as mentioned above.
- Avoid** more than 1 cup of coffee.

5. On the day of your surgery,

- Arrive** at least 15 minutes earlier than your appointment time.



Date & Time of your Mohs surgery: _____

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Website: www.dermiskincancercenter.com

After hours contact: Jamie McGinness 573-268-6330

About Your Mohs Surgery

Mohs surgery is a specialized, highly effective approach to removing skin cancers. First developed by Dr Frederick Mohs in the late 1930s, Mohs surgery has become a gold standard for treating certain skin cancers. Mohs surgery differs from other options in that it achieves cancer removal, clear margins, and reconstruction (if needed) all in one appointment and all by one physician, your Mohs surgeon. In some instances another reconstructive surgeon will be utilized for repair of the surgical wound. The benefits of Mohs surgery are many and include:

1. **Peace of mind.** Mohs surgery has one of the best cure rates possible (up to 99%) when compared to other techniques (excision, freezing, curettage, etc). This makes the skin cancer less likely to come back.
2. **Preservation.** It removes the entire skin cancer while saving the greatest amount of normal tissue. By maximally sparing normal tissue, Mohs surgery creates a smaller wound, which usually results in a smaller scar. This is essential especially if the skin cancer is on the face or other sensitive part of the body (scalp, fingers, etc).
3. **Rapid recovery.** Mohs surgery is performed completely under local anesthesia. As an outpatient, you return home the same day and recover more quickly than if you had general anesthesia.

Almost all Mohs surgeons are dermatologists. Not all dermatologists, however, perform Mohs surgery. Physicians who have completed a fellowship in Mohs surgery spend 1-2 years developing expertise in skin cancer, dermatopathology, and reconstructive surgery. Dr. McGinness is nationally recognized in Mohs surgery. His training has included a Dermatology residency at University of Virginia (2003-2006), a Mohs surgery fellowship at the Dermatology & Skin Cancer Center in Leawood, KS (2006-2007), advanced Dermatopathology training at the University of Cincinnati (2010-2011), and advanced Mohs and Reconstructive Surgery training in Houston, TX under the direction of a world renowned Mohs surgeon, Dr. Tri Nguyen.



What to expect on the day of Mohs surgery

1. After reviewing your health history and checking your vital signs (blood pressure, heart rate, etc), the skin cancer site will be confirmed with you, marked and photographed. This site will then be numbed with a local anesthetic.
2. The visible cancer is removed with a thin layer of additional tissue. This takes only a few minutes and you may then return to the waiting room with a temporary dressing.
3. Your cancer tissue is prepared on slides and then examined under the microscope for remaining skin cancer. This is the most time consuming step for meticulous evaluation of all the margins.
4. If Dr. McGinness detects more cancer cells, then another layer of tissue is removed but only where the cancer roots are present, saving as much normal skin as possible.
5. Local anesthesia is added at each step to keep you comfortable.
6. Steps 2-4 are repeated until your margins are clear of skin cancer.
7. Once clear, Dr. McGinness will discuss with you the options of wound healing. Any repair (stitching, reconstruction, flaps, grafts, etc) is usually done on the same day.

Preparation for Mohs Surgery

1. Tell your doctor if;
 - a. You have any major events planned (parties, weddings, etc.) before or after your surgery date.
 - b. You are taking aspirin, Vitamin E, or blood thinners (Coumadin, Plavix)
 - c. You have a pacemaker or defibrillator
 - d. You have been advised to take antibiotics prior to surgery
 - e. You have artificial heart valves or joints
2. Avoid alcohol use for several days and tobacco use for several weeks before your surgery date (alcohol increases your risk of bleeding and smoking interferes with wound healing).
3. Shower and shampoo the morning of your surgery because you cannot wet the dressings for 1-2 days after surgery.
4. Do not apply any makeup if the surgery is on your face, or any hair spray or hair gel if the surgery is on your scalp.
5. Wear a top that buttons up the front instead of a pullover.
6. Medical offices are always **COLD**. Please bring blankets/throws to keep warm.
7. Eat a light breakfast unless Dr. McGinness asked you not to. Although snacks are usually available, please bring food and drinks for the day *especially if you are a diabetic*. We do not have a cafeteria in the building but restaurants are nearby.



8. Take all regular medications including any blood thinners unless instructed otherwise. If you are taking Vitamin E, please discontinue it 14 days before surgery. Bring any medications you need to take during the day.
9. Mohs surgery may take a full day to clear your cancer and reconstruct the wound. Do not plan for any meetings or other appointments on your surgery day. Please plan for the full day with us.

What to bring on the day of Mohs surgery

- Lunch, drinks, and snacks unless you plan to leave to get something
- Current medication and allergies list
- Medications that you need to take during the day
- Blanket, quilts, throws to keep warm
- A book, reading materials, or something to pass the time
- A companion, friend, or family member (you may be able to drive after surgery, but please confirm this prior to your appointment)

Commonly asked questions about Mohs surgery

Which skin cancers are best treated with Mohs surgery?

95% of all skin cancers are either basal cell cancers or squamous cell cancers. There are many good options to treat these cancers and not all require Mohs surgery. Mohs surgery is ideally suited for skin cancers that meet certain criteria, which include;

- Vital locations where preserving normal tissue is critical. These areas include the head (scalp, nose, eyelids, ears, lips), face, neck, hands and feet, or private areas.
- Recurrence (came back after previous treatment)
- Incompletely removed (positive margin after non-Mohs surgery)
- Aggressive growth pattern based on biopsy (i.e. infiltrative, sclerosing, invasive, morpheaform, micronodular, basosquamous, perineural, poorly differentiated)
- Poorly defined borders- some skin cancers are deceptive. They are far bigger under the skin than on the surface (like an iceberg that has most of its bulk under water). These cancers have “roots” that can extend beyond what is visible.

Mohs surgery may also be indicated for skin cancers in patients who are immune suppressed, have poor wound healing, or have certain genetic conditions.



How many skin cancers can be treated on the same day?

The answer depends on the complexity of your first skin cancer. Only one skin cancer is treated if your lesion is large, recurrent, or needs complex reconstruction. Generally, no more than 2 separate skin cancers are treated on the same day.

How Long Does Mohs Surgery Take?

At least half to a full day is needed for Mohs surgery. It is best to plan for a full day. Remember that Mohs surgery occurs in two parts. Part I clears your tissue of cancer and Part II repairs your wound if needed. To complete both portions well several hours are needed and sometimes a full day depending on your skin cancer. For the best possible outcome, please devote your full day with us.

Does Mohs Surgery Leave a Scar?

All surgeries will leave scars. Generally, Mohs surgery results in the smallest wound possible as it maximally conserves healthy tissue.

Is Mohs Surgery Painful?

Most patients do not report significant pain. Any discomfort is generally limited to the first 48 hours and decreases with each passing day. It is normal to have bruising (even a black eye) and swelling for 1-2 weeks after surgery.

- You may take Extra Strength Tylenol® for pain relief. You may call our office for stronger pain medications if needed but this is uncommon.
- Avoid aspirin-containing products, since these products thin the blood, making bleeding after surgery more likely.

When am I healed?

If your wound has stitches (sutures), your wound will be sealed in 1 to 2 weeks after surgery. When stitches are removed or dissolve, the wound is closed but it is still healing underneath. Even after all sutures have dissolved, continue keeping a thin layer of Aquaphor® ointment on the wound for another 1-2 months. Firmness and healing sensations (mild itching, tingling, pulling) may still be felt 4-6 months later. Final healing will not be complete until 12 months or more after surgery. If your wound was not stitched, then it may take 2 to 12 weeks or more for the site to close by itself. Patience, following wound care instructions, avoiding stress on the wound, and keeping your follow up appointments is all essential to optimize your results.



At Metro East Dermatology & Skin Cancer Center our goal is excellence and we are committed to optimizing your care. Please discuss with us any questions or concerns you may have about your condition or treatment recommendations.

Dressing Materials & Instructions

- Telfa® or non-adherent dressing pads
- 4 x 4 gauze or cotton pads (like those for removing make-up)
- Gloves
- Micropore paper tape or Band-aids
- Topical ointment such as Vaseline™ petrolatum, Aquaphor®
- Do not use Polysporin®, Neosporin®, or other antibiotic ointments.

Other: _____

- ✓ Do not remove our pressure dressing until 24 hours after your surgery.
- ✓ **Wounds heal best when kept covered and moist. Avoid crusting or scabbing.** Keep your wound covered unless instructed otherwise.
- ✓ ***Remember, STRESS the wound and it will stress YOU!***
 1. For 24 hours; do not remove our pressure dressing unless soaked. Keep the wound dry.
 2. After 24 hours; Wash your hands, wear gloves, and remove the dressing. If there is crusting or scabbing, then get in the shower and soak it off. Do NOT forcefully rub the crust or your wound.
 3. Gently wash the wound with clean water (tap water or saline) and pat dry with a clean Gauze or cotton pad. Do not use hydrogen peroxide.
 4. Apply a generous amount of ointment (Vaseline™, Aquaphor®) on all suture lines using a clean Q-tip each time.
 5. Cover the wound with Telfa® or nonstick gauze and secure with tape. Band-aids may also be used, but make sure the sticky part of the Band-aid does not touch the wound.
 6. Repeat your dressing changes (steps 2 through 5) based on the amount of drainage. More drainage = more dressing changes. Leg wounds drain more than wounds on the chest or higher.
 7. As long as your drainage is not pus-like (thick yellow, sometimes smelly), then it is unlikely to be infected.
 9. If your dressing was sewn on, then steps 2-5 are not needed. Keep the edges of the sewn on dressing moist with Vaseline™ petrolatum or Aquaphor® to prevent scabbing.

Activities after Surgery

- For 24 hours: 1) have someone with you if you took any medication to help you relax. 2) Do not get the dressings wet. You may shower after 24 hours. 3) Avoid alcohol.



- For one week after surgery, avoid any activity that pulls or stretches your wound, increases your heart rate, or rubs against your dressing (avoid sports, sex, vacuuming, bending below your waist, lifting more than 10 lbs).
- Face Surgery: do not bend your head below your waist. Elevate your head with 1 to 2 extra pillows when sleeping or lying down. Arm or Leg Surgery: raise the limb as much as possible above your waist when you are resting. Lip Surgery: eat soft foods. Keep your lip well lubricated with ointment (Vaseline™ petrolatum, Aquaphor®).
- Baths/Swimming/Hot Tub: avoid submerging the wound under water until it has sealed over.

Swelling, Redness, Bruising and Drainage

It is normal to have some swelling, redness, and bruising - all of which will improve over time (days to weeks). A black eye is common if you had surgery around or above the eyes. **Elevating** the wound on extra pillows will reduce swelling. Applying a **cold compress** (bag of frozen peas) will also help reduce swelling. Once you get home, hold the ice pack against the dressing for about 10 minutes, several times an hour. You may continue this until bedtime and even the following day. Do not apply the cold compress directly on your skin.

There may be some clear wound drainage, which should stop after a few days. The drainage may be pinkish-yellow in color, which is normal. The drainage may last longer if your wound was not stitched closed completely.

What About Bleeding After Surgery? Bleeding after surgery is uncommon but may be seen in the first 48 hours after surgery. If you have any bleeding, follow the instructions below.

1. Lie down, elevate the wound if possible, and apply **continuous, firm pressure** for at least 20 minutes. Do not stop applying pressure until 20 minutes have passed. Repeat up to 3 times.
2. If the bleeding has soaked your dressing, it should be removed and a new one placed.
3. If the bleeding has not stopped after three applications of 20 minute pressure, call our office. For after hours, call your physician at the number on page 1. We may ask you to return to the office to assess and care for your wound.
4. Do not go to the emergency room unless it is a true emergency. Most issues related to your surgery may be addressed in the office setting.

**When Should I call the Office or Dr. McGinness 618-622-(SKIN) 7546 after hours
573-268-6330**

- Fever of 101° Fahrenheit or higher (38.3 ° Celsius)
- Bleeding not controlled by direct pressure
- Pain that increases each day or that is not relieved by over-the-counter medications
- Rapid or increasing swelling, heat, and pain around the wound
- Reopening of the wound at any time
- Increased or enlarging redness and warmth around the wound
- Pus drainage from the wound

