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Adult & Pediatric Dermatology

Cosmetic, Cutaneous & Mohs Surgery

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Cutaneous & Cosmetic Surgery

DIPLOMATS, AMERICAN BOARD OF DERMATOLOGY

**MOHS MICROGRAPHIC SURGERY**

**What is Mohs surgery?**

Mohs surgery is the most effective and advanced treatment for skin cancer today. Mohs surgery has the highest success rate of all treatments for skin cancer, offering cure rates of up to 99%.

Originally developed in the 1930s by Frederic Mohs, this type of surgery treats skin cancer with a highly specialized and precise technique that removes the cancer in stages, one layer at a time. With the Mohs surgery technique, physicians can precisely identify and remove an entire tumor while leaving the surrounding healthy tissue intact and unharmed.

Mohs surgery is so unique and effective because of the way the removed tissue is microscopically examined, evaluating 100% of the surgical margins. The pathologic interpretation of the tissue margins is done on site by the Mohs surgeon, who is specially trained in the reading of these slides.

**What should I expect on the day of my surgery?**

The surgery will be performed in our office in one of our surgical suites. First, you will confirm the site to be operated on with Dr. Newlove. Then, we will numb the area with local anesthesia. After the area has been numbed, Dr. Newlove will remove the visible tumor along with a thin layer of surrounding tissue. This tissue is prepared and put on slides by a technician. Dr. Newlove will then examine the tissue under the microscope. If there is evidence of cancer, another layer of tissue is taken from the area where the cancer was detected. These steps are repeated until all samples are free of cancer.

When the cancer has been fully removed, Dr. Newlove will assess the wound and discuss options for repair. Mohs surgeons have specialized training in surgical reconstruction to provide an optimal cosmetic and functional outcome. Some wounds may be allowed to heal by themselves but most wounds will require stitches. These stitches will then need to be removed 1 – 2 weeks after surgery.

**PREPARING FOR MOHS SURGERY**

**DO's:**

* Do plan on spending the day with us here at the office. It is a good idea to bring a book, magazine, lap top, tablet, etc. to keep you occupied while you wait during the day.
* Do eat a normal meal before surgery (unless you are having general anesthesia in a hospital and the doctor has told you not to eat). It is a good idea to bring some food with you to the office for snacks and/or lunch.
* Do shower either the night before or the morning of your surgery because you will have a bandage in place that cannot get wet for 48 hours.
* Do bring a complete list of all your medications. Take ALL your regular medicines unless the doctor tells you not to.
* If your surgery is on the face or neck, do wear an old shirt that buttons all the way down, or has a loose fitting collar.
* Do tell the doctor if you have a cold or don't feel well.
* If surgery is on or near the eye, do have someone drive you home from the doctor's office after surgery. This person may keep you company in the reception area throughout the day, or we can call him or her to pick you up after your surgery.
* Do have TYLENOL (acetaminophen) at home for pain relief after your surgery. Also have some ice packs (bags of frozen peas or corn also work well) at home to apply to the site after surgery.

**DON'TS:**

* Don't drink ALCOHOL for 2 days before and 2 days after surgery.
* Don't take vitamin E, fish oil tablets (Omega-3 acids) or non-steroidal anti-inflammatory medicines (Motrin, Advil, Aleve, etc.) for one week prior to surgery. These medicines increase the risk of bleeding.
* Don't SMOKE excessively before or after your surgery. It is best not to smoke at all. Smoking slows wound healing and may affect your final result.

Please ask if you have any questions before, during or after surgery. We want to work together with you to make your surgery and after care successful.

**POST-OPERATIVE INSTRUCTIONS**

**BANDAGING YOUR WOUND**

The bandage should remain clean, dry and in place for 48 hours after surgery.

After 48 hours you may remove the bandage and get the area wet. Cleanse the area gently with soap and water and pat dry with a clean towel. Do NOT use hydrogen peroxide or alcohol to cleanse the area. Apply a thin layer of ointment (vaseline, aquaphor, polysporin but not Neosporin) with a cotton swab. Cover the wound with a non-stick gauze and paper tape so the wound is covered completely.

Change the bandage daily until suture removal.

(If your doctor has placed steri-strips, leave these in place until suture removal. It is okay to get them wet in the shower and cover them with a bandage if desired. If they fall off prior to your suture removal visit, follow the instructions above).

**REST, ICE AND ELEVATION**

Please go home and rest the day of your surgery. This is important to minimize complications.

Apply an ice pack to the surgical site for 10-15 minutes every hour for the next 3-4 days. You may use a plastic bag filled with ice or a bag of frozen peas or corn. Wrap the ice pack in a towel so the condensation doesn’t get the bandage wet. We strongly recommend you use ice as directed the day of surgery to minimize swelling, inflammation, bruising, bleeding and pain. If you would like to use ice after that you are welcome to do so but it is not required.

If your surgery was on a leg or arm, please elevate the affected extremity on pillows to minimize swelling and speed up healing.

**PAIN MANAGEMENT**

Do not take non-steroidal anti-inflammatories (Advil, Motrin, Aleve, ibuprofen, aspirin, naproxen etc.) for the first 72 hours after surgery. These medications increase the risk of bleeding.

We recommend extra-strength Tylenol (500 mg acetaminophen) for pain control. The maximum daily dose of acetaminophen is 6 tablets (3,000 mg). If you have tried Tylenol and need something stronger, please call the office at (520) 886-4199 and we will provide you with a different medicine.

**POTENTIAL CONCERNS**

If you experience bleeding from the surgery site, lie down and apply steady, constant pressure for 20 minutes. Then release the pressure and leave the bandage in place. If bleeding continues after 20 minutes of pressure, call (520) 886-4199.

If you experience severe pain, redness, warmth, yellow-green drainage, foul odor or fevers, these are signs of a potential wound infection. This typically occurs 5-7 days after the procedure. Please call the office immediately if this should occur.

**ACTIVITY RESTRICTIONS**

Do not do any exercise that increases your heart rate or blood pressure until your sutures are removed as this can lead to bleeding complications. This includes running, hiking, biking, swimming, golfing, lifting weights, yard work, etc. Do not lift anything heavier than a gallon of milk until your sutures are removed. Do not get in a hot tub while sutures are in place.

**Please the office at (520) 886-4199 with any questions at any time. If you have an emergency related to the surgery after hours our answering service will direct you to the doctor on call.**