



Please read this information carefully

We know there is a lot to read, but it has been prepared to help you understand the Mohs surgery procedure and repair. Call us if you have any questions (386) 677-9044 Option 4

Check List Before Mohs Surgery:

- Stop smoking 1 week *before* surgery and for 2 weeks afterwards.
- No alcohol for 2 days *before* surgery and 2 days afterwards.

The Day of Your Mohs Surgery:

- You are going to the **400 Lakebridge Plaza Drive office in Ormond Beach** (which may not be the same office you had your biopsy in). **See Page 8 for map and directions.**
- Be prepared to spend up to 4 hours with us and have someone drive you to and from the office.
- Bring a complete list of your medications (i.e., med name, strength, taken how often).
- Take your normal medication as directed (bring with you any medications you may need to take while in our office).
- Eat normal meals the day of surgery.
- Wear a loose comfortable button up shirt, avoid white colors.
- If the procedure is on your face, please do not wear make-up or sunscreen to your appointment.
- We ask that you go home and rest after the procedure. Do not plan on shopping, going out to eat, or any other activity for the rest of the day.

After Your Mohs Surgery:

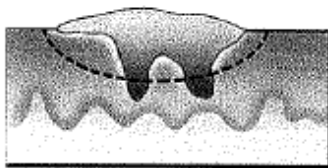
- Be prepared to take it easy for 1-2 weeks after surgery. NO Exercise, NO Golf, NO Yard Work, NO Heavy Lifting, NO bike riding.
- Stitches will be removed in 1-2 weeks; make sure you will be available (no vacations or important events around the procedure time).

What is Mohs surgery?

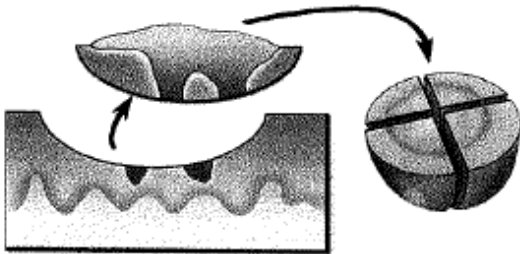
This is a technique of surgery developed by Dr. Fredrick Mohs for treating skin cancer when he was a medical student in Wisconsin in the 1930s. It allows a skin surgeon to operate on a skin cancer and have a greater certainty that the tumor is completely removed. Mohs surgeons are Board Certified Dermatologists who have undergone additional training in the Mohs technique.

Skin Cancers grow like icebergs; there is more below the surface than can be seen on top usually. If only the visible tumor is removed microscopic cells can be left behind. With Mohs surgery we cut around a cancer and examine every edge under the microscope to make sure it is all removed. If cancer is seen, we remove more skin but only from the area with cancer. In this way we get rid of all the skin with tumor while leaving the normal skin alone.

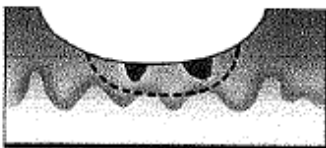
Using this technique we get 99% cure rate for most skin cancers. The following examples show what happens in Mohs surgery. The process is described again in detail below.



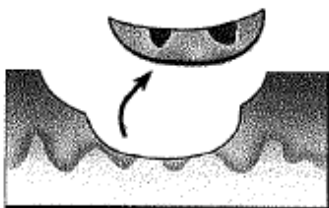
(1) A tumor within the skin (dark grey), the first Mohs layer is taken (dotted line) with a scalpel.



(2) The first section is divided to make processing easier. The skin is then processed and examined under a microscope by the surgeon.



(3) The microscope shows that there is still tumor left at the base of first layer (dark grey).



(4) A second stage is taken which removes the remaining tumor. The tumor is now completely removed and the wound can be repaired.

What Medication(s) Can I Take?

The following Over the Counter Medications (OTC) medications will increase the risk of bleeding during and after the procedure: Ibuprofen (Aleve, Advil), Vitamin E, Gingko, Garlic, Ginseng, Ephedra (Ma Huang). Stop these 2 weeks before surgery date and for 1 day afterwards

Antibiotics - If you have been advised that you need antibiotics before surgical or dental procedures because you have an implant or abnormal heart valve, please let our nurses know ahead of time so we can arrange for you to have the antibiotics on the day of your surgery.

Heart and Cardiovascular Conditions – Patients with a history of cardiovascular (heart) disease, problems with blood circulation or blood flow, atrial fibrillation or have had heart valve surgery, for example, should continue taking any prescribed anticoagulation and/or antiplatelet medications. Medication examples include but are not limited to: Aspirin, Plavix, Coumadin (Warfarin). Previously we advised to stop these medications before surgery; however, new research shows that it is safe to continue them.

If you are taking any of these medications just as a health measure or have NOT been diagnosed with any cardiovascular condition then check with your primary care doctor or internist to see if they think it is safe to stop them. **DO NOT stop them without checking first.**

What can I expect on the day of Surgery?

- Be prepared to spend up to 4 hours in our office as we cannot predict how long the surgery will take.
- The front desk will register you in and verify all paperwork is initialed and signed.
- The nursing staff will take you back to one of the procedure rooms and ask you about your past medical history, current medications, and allergies.
- We will take a close up photograph of the area to be operated on.
- The skin will be cleaned with alcohol and then numbed with an injection of lidocaine anesthetic. This may burn and sting for a few seconds: then the area will become numb. We buffer our lidocaine with sodium bicarb to make the numbing more like your own body's pH to lessen the sting. We aim to make this part as painless as possible.
- Then the first layer of skin is removed with a scalpel: any bleeding is stopped.
- The nurse will put a bandage on the wound and you will wait in that room until the slides are made and examined under the microscope by Dr. Parks. This process takes approximately 15-20 minutes for basal cell and squamous cell carcinoma.
- If any tumor is left, Dr. Parks will mark that area on a map. We use this map to direct us where to take the next stage.
- If any cancer remains, we will remove the dressing and inject more local anesthetic (Lidocaine). Dr. Parks will remove further skin from the area where the cancer is still present; the process is then repeated as above.
- The average number of these cycles that need to be taken is two.
- Once the cancer is completely removed we will take another photograph of the wound and discuss the repair.
- We will ask you if you want to look at the wound; we encourage most people to, so that you can better understand the extent of the tumor, but you do not have to.

Wound Closures

If the wound left by the surgery is closed with stitches, they will need to be removed in 1 to 2 weeks. Stitches on the face or neck are in for 7-10 days. The ears, arms, legs, back, chest, and scalp for 2 weeks.

Our skin has a remarkable ability to heal. Sometimes a wound is allowed to heal in by itself without stitches. In the right area, this can lead to an excellent result. This process can take up to 4-6 weeks.

The next simplest way of closing the skin is stitching it side to side in a straight line. On the face the stitches stay in for 6-8 days. If the skin will not close side to side, we may need to do either a graft or a skin flap.

A flap borrows skin next to the wound and moves it over to fill the wound.

A graft is a piece of skin removed from a site away from the wound, usually from around the ear, above the collarbone or the front of the thigh.

We will explain all the methods of closure with you that we think will give you the best result.

Once wounds are healed and stitches taken out, the scar that is left will continue to heal and improve over the next 12 months.

Sometimes a second procedure is needed to help the scar be less noticeable. This is typically done 8 weeks or more after the surgery. This can include topical medications, injections of anti-inflammation medication, laser treatments, or a dermabrasion procedure to the scar.

What will happen after surgery?

After the wound is closed, you will have a bandage in place. We will give you detailed written wound care instructions and a list of phone numbers to call if you have questions. To give yourself the best chance for healing well, we strongly advise that you follow the written wound care instructions.

Most wounds are not painful after surgery. If there is discomfort then take an acetaminophen (Tylenol) based pain killer, not aspirin or ibuprofen based. If we suspect a wound will be more painful we shall give you a prescription for a stronger medication.

Our objective is to put you at ease before, during, and after your surgery while curing you of skin cancer with the least scarring possible.

Commonly Asked Questions:

1. Since the biopsy the area appears to have healed. Do I still need surgery?

Most of the skin cancers have roots under the skin that cannot be seen with the naked eye. The biopsy is performed to sample the tumor, not to remove the entire tumor. Even though the surface of the skin has healed there is still tumor underneath.

2. I have a wedding/graduation/vacation/reunion/special event within 2 weeks of the surgery; should I still have the surgery?

Depending on how dangerous the tumor is, many cases can be delayed by 2-3 weeks without problems. It is not advisable to have surgery around the time of major events, as bandages and bruising can ruin photographs.

3. Will my cancer become a melanoma?

Basal cell carcinoma, squamous cell carcinoma and melanoma are all completely different types of skin cancer. One does not become the other. Each of them has early stages and more advanced stages of the disease, but they are still their own cancers.

4. Why did it take so long for my cancer to be diagnosed?

Your cancer may have been looked at by a doctor in the past that reassured you that it was nothing to worry about or that it was a precancer and only needed a freezing treatment. It was not until the area began to change that the diagnosis was made. Some skin cancers are easy to spot; they look like the pictures in the brochures and textbooks. But many are very difficult to detect; they can look just like non-cancerous skin growths or like areas of irritated skin. This inevitably leads to delay in diagnosis.

5. What would happen if I leave this area and do nothing?

There are rare instances where a biopsy may cure a cancer but by far the majority of tumors are not removed by the biopsy. If left alone the cancer continues to grow. Basal cell carcinoma rarely spreads to other parts of the body, it keeps growing locally and eats away at the skin and surrounding tissues. Squamous cell carcinoma does have a risk of spreading to other body parts. The longer the tumor is left the more the risk increases.

6. What are the chances of me getting another cancer?

Several studies have looked at this and suggest that about 4 out of 10 people (40%) will get another cancer in the next few (2-4) years. The cancer may not necessarily be on the face. Once you have had your surgery we do recommend regular checks by a dermatologist. Initially every 6 months, then if no other tumors are found, then once a year. Some people with multiple tumors may have to be seen more often. The goal of doing frequent skin checks is to catch tumors at an early stage so they are smaller and easier to treat.

7. Why do I need to bring someone with me?

It is preferable for you not to drive on the day of surgery. Some tumors on the face can require larger bandages on the first day that may interfere with vision or wearing glasses. Often people feel quite tired after having surgery and would rather have someone else drive. Usually it is fine to drive the next day as you will change to a smaller bandage.

8. What training has a Mohs surgeon had?

Mohs surgeon is a board certified dermatologist who has undergone additional training in skin cancer surgery. Modern day fellowship training programs last 1-2 years during which time the surgeon is closely supervised while learning the removal of skin cancers, interpreting the findings under the microscope then repairing the defect left by the tumor removal. Mohs surgeons who train via this route are members of the Mohs College (<http://www.mohscollege.org>).

Not all Mohs surgeons go to a fellowship training program. Others learn their surgery during their residency or while spending time with other surgeons. They take a test and pass an exam to become members of the American Society for Mohs surgery (<http://www.mohssurgery.org/>).

Dr. Parks trained for 3 years under Mohs surgeons at the University of Florida/ Shands Hospital. He has been doing Mohs for over 20 years and currently performs over 1200 Mohs cases per year.

9. What are the alternatives to Surgery?

Mohs surgery is not appropriate for all types of skin cancer. There are many different ways of treating skin cancers. The decision to use Mohs depends on a number of factors relating to the cancer, its location, patient factors and prior treatments used. Other methods that we use for treating skin cancer include the following:

Freezing it with liquid nitrogen: this is painful, can leave large scars and there is no microscope proof that the tumor has been removed. The degree of freezing needed is much greater than when we treat pre-cancerous lesions.

Scraping and Burning (electrodessication and curettage): this is often used on the trunk, arms, and legs where we have skin to spare, but the recurrence rate on other areas can be quite high, and the scars are often quite wide. Again, there is no microscope confirmation that the tumor is gone; any recurrent tumor will be mixed in with scar tissue, making it more difficult to remove using this method a second time.

Simple Excision: When a lesion is excised, we use a fixed margin, usually 4 mm around the tumor. Sometimes this is fine, again where we have skin to spare, but on the face and areas where the skin is very tight we prefer to take narrow margins. When the specimen is sent to the pathologist they only examine a few sections through it, so the recurrence rates are higher.

Anti-Cancer Creams: There are creams that have been around for many years, and new creams coming on the market that are being used to treat skin cancers. Obviously the idea of using cream instead of surgery is very appealing. These creams have to be used for several months to work; they cause a lot of irritation on the skin and recent studies have shown that 1/3 of the tumors will come back. The creams do not penetrate deep enough into the skin, so deep tumors will not be affected; in addition, some tumors wrap scar tissue around themselves which acts as a barrier to the cream.

Radiation: Usually requires 5 treatments per week for approximately 6 weeks. Avoids surgery, but again would not have microscopic confirmation that the tumor is gone.

Your doctor has referred you for Mohs as they feel that this is the most appropriate method of treatment for the tumor you have. If there is an alternative treatment that may be more appropriate your Mohs surgeon will let you know.



Be aware that depending on your insurance coverage you may be responsible for payment up to \$5,000. This cost varies between insurance carriers. If you would like to contact your insurance company, the most common procedure codes are listed below.

17311- Mohs Stage 1

17312- Mohs Stage 2

17313 and 17314 Stage 3 and 4

14040 or 14060 or 15240 or 15260- closures

Please contact your insurance company if you have question about your deductible. The number of stages and closure codes cannot be predetermined, but if you have any questions, please feel free to call our office at **(386) 677-9044**.

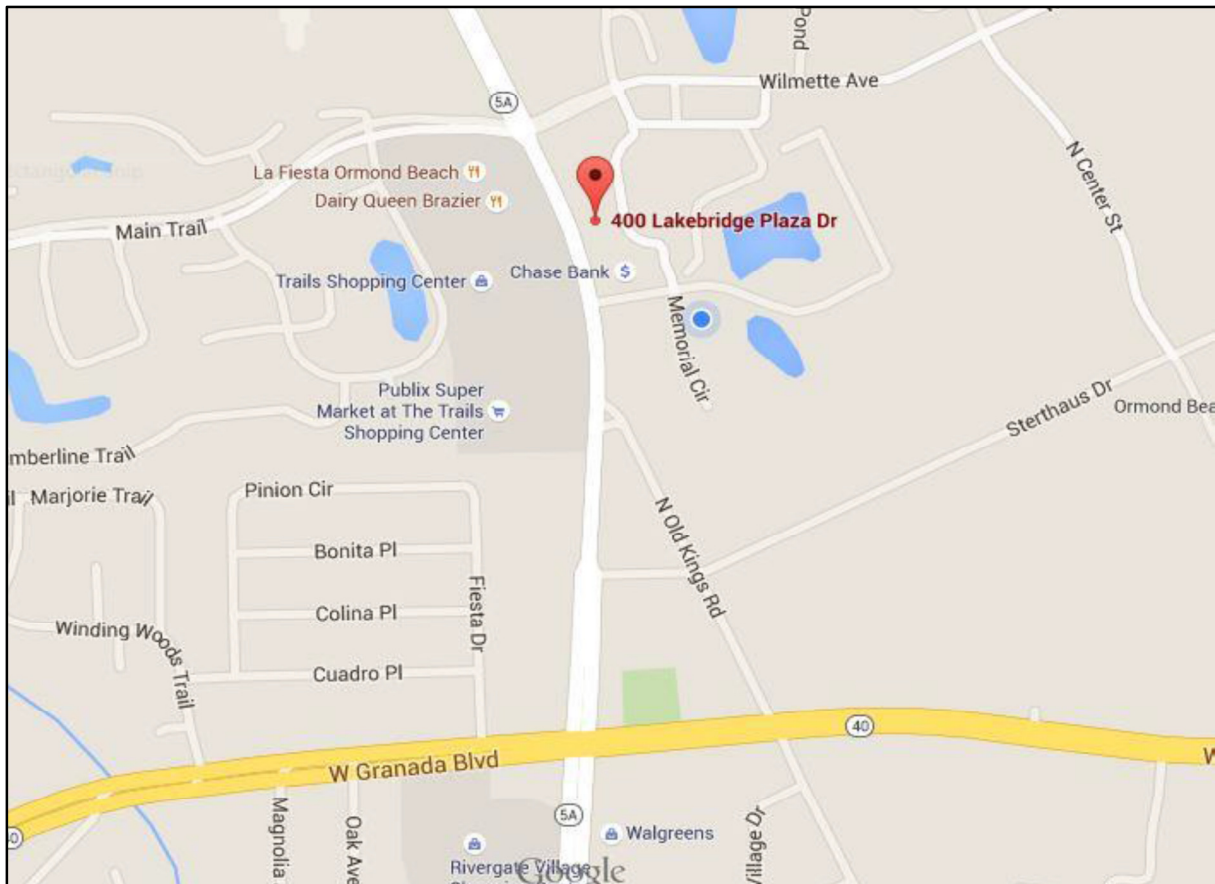
MAIN LOCATION ORMOND BEACH

400 Lakebridge Plaza Drive
Ormond Beach, Fl. 32174
386-677-9044 fax: 386-677-3083

Office Hours:

Monday – Thursday: 8:00 am – 12:00 pm, 12:45 pm - 5:00 pm.

Friday: 8:00 am - 12:00 pm.



From South: I-95 to exit 268 Granada Blvd. Exit heading east. Travel east, until you get to Nova road. Make a Left onto Nova and head north until you get to Wilmette. When you get to Wilmette make a right, and then make the first right onto Lakebridge Plaza Drive. (It runs right behind Bank of America). Come around sharp turn and you will see our building on the right side, next door to Bank of America.

From North: I-95 to exit 273 US1. Exit left heading east traveling until you get to Nova road. Turn right onto Nova. Travel south until you get to Wilmette. Turn left onto Wilmette then make the first right onto Lakebridge plaza drive. (It runs right behind Bank of America). Come around sharp turn and you will see our building on the right side, next door to Bank of America.