Options For Post-Surgical Reconstruction

Your “Fellowship Trained” Mohs surgeon has received extensive and advanced training in facial reconstructive surgery and will consider all options to ensure that the optimal cosmetic result and healing will be achieved.

When your Mohs surgery is complete, there will be a defect in the area that the skin cancer occupied. In the vast majority of cases, your Mohs surgeon will perform your reconstruction on the same day as the skin cancer removal. Extremely advanced, time consuming reconstructions may be scheduled for another day.

You will be given written instructions for any wound care needed at home.

Mohs Micrographic surgery is a specialized, highly effective technique used to treat skin cancer. The goal of Mohs surgery is to remove as much of the skin cancer as possible, while sparing surrounding healthy tissue.

Mohs surgery differs from other skin cancer treatments in that it allows an examination of the removed cancerous tissue, so that all “roots” and extensions of the cancer can be eliminated.

Mohs surgery is recognized as the skin cancer treatment with the highest cure rate.

Mohs has a cure rate of up to 99%, as compared to a cure rate of 85% to 92% for standard skin cancer surgery.

Tri-Cities Skin & Cancer
1009 North State of Franklin, Access Rd.
Johnson City, TN. 37604
Phone-423 722 0563

www.tcskincare.com
**Patient Preparation for Surgery**

The best preparation for Mohs surgery is a good night’s sleep.

The morning of your surgery, follow your normal routine. Bathe or shower — Wash your hair before surgery, as your wound and dressing may have to remain dry for 48 hours.

Please DO NOT wear any makeup.

Eat breakfast and take any prescription medications. If you need any additional medications throughout the day, please bring them with you. **Please DO NOT DISCONTINUE any blood thinning medicines such as Coumadin® (warfarin), Plavix® (clopidogrel), Ticlid® (ticlopidine), or aspirin if they WERE prescribed by another physician.**

However, use of aspirin (Anacin®, Bufferin®, etc.) or ibuprofen (Motrin®, Advil®, etc.) products should be stopped ten days prior to your surgery if they WERE NOT prescribed or recommended by another physician. These medications may thin your blood and cause more bleeding. You may substitute acetaminophen (Tylenol®) if required.

**Dress comfortably and refrain from wearing perfume or cologne.** Wear loose fitting, comfortable clothing; a button down shirt may be your best option, as to not disturb bandages. You may want to bring a sweater or jacket, so you can easily adapt if the room is warm or cold.

**Bring a friend to your appointment.** Having someone come to your appointment with you is a good idea. If you do not have someone with you, it may be advisable to arrange for someone to drive you home following surgery, if needed.

**If you are scheduled for Mohs at our office and have questions; please call our Surgery Coordinator at 423 722 0563.**

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**Expect some waiting time during your Mohs surgery, this procedure can sometimes last several hours. Plan ahead by bringing a light snack to tide you over and a book, magazine or other activity to help you pass the time.**

**The Mohs Surgical Procedure**

Mohs surgery is done on an outpatient basis in a procedure room with a nearby laboratory that allows the surgeon to examine the tissue after it is removed.

Multiple measurements and photos of the treatment site will be taken throughout the day.

“With this in mind, most procedures can be completed in three or fewer stages, requiring less than four hours. However, it is not possible to predict how lengthy the procedure will be, as the extent of the skin cancer “roots” cannot be estimated in advance.

**Step 1**

To prepare you for surgery, the area to be treated is cleansed and injected with a local anesthetic. The anesthetic numbs the skin, so you won’t feel any discomfort during the procedure.

**Step 2**

The surgeon uses a scalpel to remove the visible cancer, along with a thin layer of additional tissue.

**Step 3**

The tissue, once removed, is then divided into sections. The surgeon then brings this tissue to the laboratory for analysis. This portion of the procedure typically takes the longest amount of time, often requiring one hour or more to complete. These slices are then processed and placed on slides and stained for examination under the microscope.

**Step 4**

Upon microscopic examination, if the residual cancer is found, the Mohs surgeon may direct the removal of additional tissue. Additional tissue is removed only where cancer is present.