

# Mohs Micrographic Surgery and Reconstruction

## Your appointments

You will be seeing 2 doctors—1 for your Mohs surgery and 1 for your reconstruction. You will have 2 different appointments.

### Appointment 1

Arrive: \_\_\_\_\_ a.m./p.m.  
Day Date Time

#### Doctor

- Dane R. Christensen, MD
- Jeannie Larson, MD
- Peter K. Lee, MD, PhD
- Robyn Wetter, MD

#### Location

##### Park Nicollet Clinic & Specialty Center

- 3800 Park Nicollet Boulevard  
4th Floor  
St. Louis Park, MN 55416  
952-993-3987
- 9555 Upland Lane North, 2nd Floor  
Maple Grove, MN 55369  
952-993-3987

### Appointment 2

Arrive: \_\_\_\_\_ a.m./p.m.  
Day Date Time

Doctor \_\_\_\_\_

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Skin cancer is the most common type of cancer, with more than 1 million cases diagnosed each year. The 2 most common types of skin cancer are basal cell carcinoma and squamous cell carcinoma.

These cancers first develop in the top layers of the skin. The cancers slowly enlarge, spreading along the skin surface and down into deeper layers in the skin.

Skin cancer has a structure with roots similar to that of a tree. Often, what you and your doctor see is only the “tip of the iceberg.” The “roots” of the cancer can be extensive and only seen with a microscope.

To cure skin cancer, the root system must be completely removed. If the root system is not completely removed, the cancer can continue to grow.

## **The Mohs micrographic surgery technique**

Mohs micrographic surgery was developed by Dr. Frederic Mohs in the 1930s.

The technique involves removing the skin cancer in stages or layers and examining the tissue under a microscope to check for cancer. This process is repeated until the microscopic exam reveals clear margins. Clear margins means there are no cancer cells at the edge of the tissue that was removed.

Mohs micrographic surgery provides the highest cure rate (98 to 99 percent) of all methods used to remove skin cancers, while also removing a minimal amount of normal skin. The technique is useful for removing tumors that:

- Are large
- Have infiltrative growth patterns (root-like extensions that spread into surrounding tissue)
- Are recurrent (returning)
- Are in hard-to-treat or cosmetically important areas

Visit [www.mohscollege.org](http://www.mohscollege.org) or [www.skincancermohssurgery.org](http://www.skincancermohssurgery.org) for an informational video on Mohs surgery.

## **Preparing for surgery**

If possible, avoid anti-inflammatory medications, such as ibuprofen (Advil or Motrin) and naproxen (Aleve), for 7 days before surgery. Do not drink alcohol for 24 hours before surgery.

## **The day of surgery**

Eat your regular meals the day of your surgery. Take all of your daily medications as usual, unless your clinician tells you otherwise. Bring a list of your medications with you to the surgery.

Bathe before your surgery as you may be asked to avoid getting the area of your surgery wet until 48 hours after surgery. Dress comfortably and do not wear makeup in the area of the surgery site.

You can drive yourself to your appointment. However, you may want to have someone come with you, so you do not have to worry about driving home. If your skin cancer is near an eye, plan to have someone else drive you. You may have swelling around your eye or need to wear a patch.

You may want to bring a book, magazine, computer or handicraft project with you, as there is some waiting during the procedure. Wi-Fi is available. You also may want to bring a snack or lunch to eat while you are waiting, as some procedures extend into the afternoon. At the St. Louis Park site, there is a café on the 2nd floor of the clinic for your convenience.

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## During the surgery

The surgery is done in a surgical room at the clinic. Surgery will continue until a cancer-free layer of skin is uncovered. The entire procedure could take several hours, depending on the size and depth of your cancer.

The area around your skin cancer will be numbed using a local anesthetic. Once the area is numbed, the first layer of skin will be removed.

A dressing will be applied to the area. You will return to the reception room.

The removed tissue will be carefully mapped and inked by your Mohs surgeon and sent to the lab in the clinic. In the lab, a laboratory technician will prepare microscopic slides.

The process of preparing the slides takes about an hour. Once the slides are prepared, your surgeon will read the slides under the microscope and determine if there is still any tumor remaining. Most people having Mohs surgery need 2 to 4 stages. Each stage requires removing the affected area of skin and preparing slides.

## Reconstruction

When your skin cancer has been fully removed and clear margins are seen, a decision is made on the best method for repairing the wound. Possible methods include closing side-to-side with stitches, a skin flap or a skin graft. Some wounds may be left open to heal naturally. The best method is determined on an individual basis.

To provide you with the best possible result, we are coordinating your 2nd appointment with a specialist.

## Follow-up

- Your clinician will give you written instructions specific to where the wound is on your body and the way your wound was closed. Follow these instructions carefully.
- You will have a follow-up appointment to have your stitches removed 1 week after your surgery.

## Frequently asked questions

### ***Why is there such a big surgical wound for what looked like such a small cancer spot?***

What you saw on the top layer of your skin was only the "tip of the iceberg." Often, the cancer extends much farther underneath the skin surface with roots that only can be seen by a microscope.

### ***Will there be a scar?***

Unfortunately, there is no such thing as "scarless surgery." Fortunately, Mohs surgery fully removes the cancer with the smallest possible wound, which creates the best possible appearance.

### ***Why do I have so many stitches?***

Mohs surgery usually leaves a round wound after the cancer is removed. Simply stitching this circle would leave unsightly puckering of your skin. To fill in this area, new skin must be taken from other areas to fill the hole. This requires more extensive stitching.

### ***Is some dried red blood on my bandage normal?***

A small amount of oozing in the early postoperative period is completely normal. If you have bleeding that wets through your bandage, apply direct pressure with another gauze pad over the surgical site for 15 minutes without peeking. If bleeding fails to stop, contact us at the telephone number on your wound care instruction sheet.

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**Should I expect any bruising?**

Bruising around the surgical site is common, especially in people who take an anticoagulant medication, such as aspirin or warfarin (Coumadin). Bruising normally goes away in 7 to 10 days.

**How long will I be at the clinic on the day of surgery?**

Plan to spend at least several hours at the clinic for the surgery and slide preparation time. On rare occasions, the entire process may last most of the day.

**Checklist**

- Consider bathing before surgery because you might not be able to bathe again until 48 hours after surgery
- Wash your hair only with shampoo and conditioner. Do not use products that are flammable, such as hair gel or hair spray. These may contribute to a surgical fire.
- Eat your usual meals before surgery
- Take all regular medications the day of surgery unless instructed otherwise by your doctor. Please also bring a list of your medications with you.
- Dress comfortably
- Avoid anti-inflammatory medications, such as Advil, Aleve or Motrin, if possible, for 7 days before surgery
- Notify us if you have:
  - » Joint replacements in the past 2 years
  - » Artificial heart valves
- Do not wear makeup in the area of the surgical site
- Bring something to read or pass the time. Wi-Fi is available.

**Special instructions**

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