
What happens once the skin cancer has been removed?

Dr Larsen will evaluate the wound after all of the cancer has been removed and will discuss her recommendations with you on the best way to proceed so that healing is optimal.

Options include:

- Healing without stitches (best for small, shallow wounds).
- Stitching the wound together side-to-side.
- Performing a skin graft or skin flap.
- Referral to another surgical subspecialist such as a plastic surgeon for reconstruction.

How long does the surgery take?

It is impossible to predict how many stages of Mohs surgery a patient will need. Each stage can take 1 – 2 hours to process, and reconstruction can take an hour or more.

Therefore, you should plan on being in our office for the entire day.

What should I expect after the surgery?

- Stitches will need to be removed approximately one week later.
- Bruising, swelling, and mild to moderate discomfort are common for the first couple of days after surgery.
- You must rest to heal properly. No exercise or heavy lifting will be allowed for at least one to two weeks after your surgery.
- You may need to take time off work after the surgery
- The staff will provide detailed, written, instructions on how to care for the wound.
- You should plan on being in town for at least the first week after surgery in case complications occur.

How do I prepare for Mohs surgery?

- Do not discontinue taking aspirin, warfarin or other blood-thinners if these are prescribed by a doctor for medical reasons.
- Do discontinue the elective (non-physician directed) use of non-steroidal anti-inflammatory medications (Voltaren, Nurofen), vitamin E and herbal supplements for 10 – 14 days before the procedure.
- Avoid alcohol for 48 hours before and 48 hours after the surgery; alcohol causes excessive bleeding.
- Prepare to be at the office for an entire day on the day of Mohs surgery – bring a book, computer or other activities to keep you busy while you are waiting
- You may be instructed to have someone drive you home from surgery, but in most cases you can drive yourself home. The waiting area is limited, so please bring no more than one person with you. Please no young children.
- Do your best to get a good night's rest prior to surgery.
- Unless instructed otherwise, you are free to eat and drink prior to local anaesthetic; however we advise that you have a light meal.
- If you are having surgery on your face, please do not wear makeup on the day.
- Smoking delays wound healing and increases the risk of wound infection. Please do not smoke prior to your surgery.
- You may experience mild discomfort after surgery; therefore we advise that you have some Paracetamol or Panadeine available at home.
- Please wear loose and comfortable clothing.

**Highest
cure rate.**

**Smallest scar
possible.**

**Precise
technique.**

Dr Fiona Larsen

BHB, MBCHB, FRACP, ICDP-UEMS DERM PATH

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Mohs

MICROGRAPHIC SKIN CANCER SURGERY

 **FIONA LARSEN**
DERMATOLOGY

What is Mohs Surgery?

Mohs surgery is a specific type of skin cancer removal procedure named after Dr. Frederick Mohs who developed the technique in the 1930s. With this technique specially trained dermatologists remove skin cancers one layer at a time. This ensures all the cancer has been completely removed prior to reconstruction while also removing the least amount of non-cancerous tissue possible.

What are the advantages of Mohs surgery?

Mohs surgery offers the highest cure rates for skin cancer, which are usually 95 - 99%. In contrast, other methods available to treat high risk skin cancers have cure rates of 50 - 90%.

The reason that Mohs surgery is so effective is because it allows for evaluation of 100% of the surgical margin and allows the surgeon to detect any "roots" of cancer that were left behind. In addition, it is very safe since it is performed using only local anaesthesia.

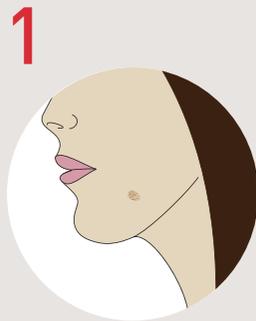
Why does my skin cancer need Mohs surgery?

Mohs surgery is used for skin cancers which are at higher risk of forming subclinical extensions or "roots" which are invisible to the eye. These cancers can be bigger than they look on the surface, much like the tip of an iceberg.

Mohs surgery is indicated in the treatment of skin cancers:

- Located on or in close proximity to the nose, eyelids, lips, ears, hands or feet.
- That are recurrent (have come back after being treated before).
- That have aggressive pathology on the biopsy.
- That are large.
- That are rapidly growing.
- That can not be clearly defined.
- That occur in immunosuppressed patients.

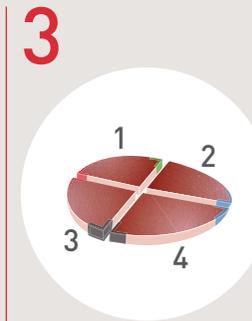
How is Mohs surgery performed?



1
Tumour is identified by your Mohs Micrographic surgeon who is also your pathologist.



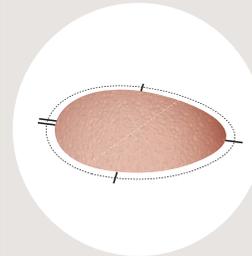
2
Area is numbered. Visible tumour is removed.



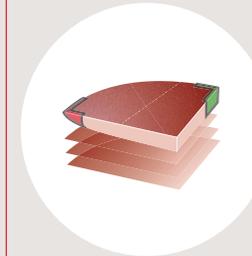
3
Tissue is sectioned and edges are colour coded to respond to areas on your body.



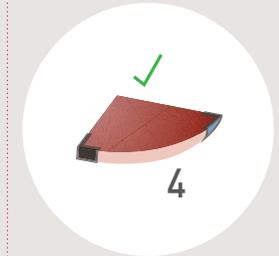
If tumour is identified on any plane the Mohs surgeon will go back to that exact area only to remove further tissue, minimizing healthy tissue removal.



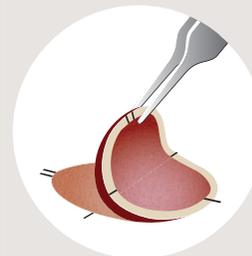
Surgical area is mapped. The smallest possible area of healthy tissue beyond the tumour is removed.



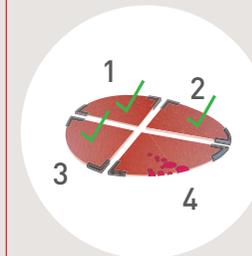
Each section is frozen, thinly sliced from the undersurface and examined under the microscope.



Processes 2 and 3 are repeated until a tumour free plane is reached.



Tissue layer is removed.



Each section is examined thoroughly for remaining areas of tumour on any plane.