



Arizona Dermatology Specialists, PLLC

Preparing for Mohs Surgery

- **Please quit smoking at least 2 weeks prior to your surgery to ensure the best wound healing.**
- If you need to take a pain medication before or after the surgery, take Tylenol, which does not thin the blood; try to avoid ibuprofen if able. Stop taking vitamin E and herbal supplements two weeks prior to surgery. **If you take prescribed aspirin, Coumadin (Warfarin), Plavix, or other medically necessary blood thinners PLEASE DO NOT STOP THEM.** If you require prophylactic antibiotics before your surgery, take them as recommended, typically one hour before. Before your surgical appointment date, purchase wound care supplies including antibiotic ointment, telfa dressing, and paper tape.
- Because Mohs surgery utilizes local anesthesia instead of general anesthesia, you may eat normally before surgery. On the day of the procedure, plan to be in the office for several hours. Eat a normal breakfast and bring a water bottle and a lunch.
- Shower before the surgery and don't apply any type of cosmetics including lotion, makeup, or perfume. Dress comfortably, wearing a shirt that unbuttons or unzips, but not one that pulls over your head.
- Bring reading material to keep you occupied between surgical stages, which can last as long as an hour. Be sure to talk about any questions or concerns you have to the staff upon arrival at the office.
- Please have someone come with you to drive you home after your surgery.

What to Expect the Day of Surgery

Mohs micrographic surgery is an outpatient procedure in our office. We have an on-site surgical suite and a laboratory for immediate preparation and microscopic examination of tissue. Typically surgery appointments start early in the morning. Most patients spend at least two to four hours in the office but sometimes longer, depending on the extent of the tumor and the amount of reconstruction necessary.

Local anesthesia is administered around the area of the tumor. The use of local anesthesia in Mohs surgery versus general anesthesia provides numerous benefits, including the prevention of lengthy recovery and possible side effects from general anesthesia. After the area has been numbed, then Dr. Barlow removes the visible tumor along with a thin layer of surrounding tissue. This tissue is prepared and put on slides by a technician and examined under a microscope by Dr. Barlow. If there is evidence of cancer, another layer of tissue is taken from the area where the cancer was detected. This ensures that only cancerous tissue is removed during the procedure, minimizing the loss of healthy tissue. These steps are repeated until all samples are free of cancer. While there are always exceptions to the rule, most tumors require 1 to 3 stages for complete removal.

When the surgery is complete, the Dr. Barlow will assess the wound and discuss options for ideal functional and cosmetic reconstruction. If reconstruction is necessary, then Dr. Barlow will usually perform reconstructive surgery to repair the area the same day as the tumor removal. Depending on the size of the tumor, depth of roots, and location, one of the following options will be selected:

- Small, simple wounds may be allowed to heal by themselves (process known as secondary-intention healing).

- Slightly larger wounds may be closed with stitches in a side-to-side fashion.
- Larger or more complicated wounds may require a skin graft from another area of the body or a flap which closes the defect with skin adjacent to the wound.
- On rare occasions, the patient may be referred to another reconstructive surgical specialist.

Post-Operative Management

You will have post-surgical check-ups after Mohs surgery to monitor your recovery and spot any possible cancer recurrence as soon as possible. Since 2 out of 5 patients with one skin cancer will develop another within 5 years, follow-up is extremely important for early detection of any new lesions. We are committed to providing quality care and if any questions arise please ask us.