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Questions and Answers

1. **Introduction**
    a. In the 1930s, Dr. Frederic Mohs developed a technique to remove skin cancers. The large number of cases which have been cured clearly demonstrate that Mohs' Surgery is a high successful method of treatment for skin cancer.
2. **What is skin cancer?**
    a. The most common types are basal and squamous cell carcinomas. Both types enlarge from the point they first occur and usually do not spread (metastasize) to distant parts of the body. If not completely removed, both can invade and destroy adjacent structures such as the eyes or nose. Compared to other forms of cancer, these types of skin cancer are generally recognized in their early stages and therefore more easily cured. If left untreated, skin cancer will form a non-healing ulcer which gradually enlarges.
    b. Malignant melanoma, other the other hand, may be life threatening if not treated early. It usually appears as a brownish-black spot or bump on the skin which enlarges and sometimes bleeds. Sometimes melanomas arise in moles which have been present for many years.
3. **What causes skin cancer?**
    a. The cause of skin cancer, like other forms of cancer, is not completely known. Excessive amounts of sunlight exposure is the single most important factor associated with the development of these skin cancers, which appear most frequently on the face and arms. Fair skinned people develop skin cancer more frequently than dark-skinned people.
    b. Skin cancer also tends to be seen often in certain ethnic groups, especially those with fair complexions such as English, Irish, Scottish, and Scandinavians. Thus, the tendency to develop skin cancer is inherited along with your type of complexion.
4. **How does skin cancer start? How does it grow?**
    a. Skin Cancer begins in the uppermost layer of the skin and invades downward with roots and to the sides on the surface of the skin. Unfortunately, these extensions cannot be directly visualized. What is apparent to the naked eye may actually only be "the tip of the iceberg."
5. **How may skin cancer be treated?**
    a. There are several methods of treating skin cancer, all highly successful in the majority of patients. These methods include excision (surgical removal) and suturing (sewing), curettage and electrodesiccation (scraping and burning with an electric needle), radiation (x-rays), cryosurgery (freezing), and Mohs' Surgery (microscopically controlled excision). Which method used depends on several factors, such as the location of the cancer, the size of the cancer, and previous treatments of the cancer.
6. **What types of cancers are treated by Mohs' Surgery?**
    a. Cancers on the face and neck, especially those around the nose, ears, or eyes which have not been treated before.
    b. Cancers which have been treated but have recurred.
    c. Cancers with have a scar-like appearance and feel.
    d. Large cancers.

e. Cancers with hard to judge borders.

7. **How is Moh's Surgery performed?**
   a. Until about 1975, a chemical fixative was applied to the cancer prior to removal. The procedure was then referred to as Mohs' "Chemosurgery." Advances in technique and methods over the past forty years have eliminated the need for this chemical fixative.
   b. Mohs' Surgery is performed in an office setting under local anesthesia. Mild sedation may be given if necessary. The skin that appears to be involved with cancer is then removed and the edges are color-coded for later identification and orientation under the microscope.
   c. After preparation in the laboratory, the entire periphery and undersurface of the specimen is examined microscopically to detect any residual cancer. If cancerous cells remain, more skin is removed, but only from the area where cancer remains. Usually two to three layers are removed in a typical case.
8. **How long does it take?**
   a. The average case lasts two to four hours. Most of the time you will spend waiting while the tissue is prepared and examined. Bring reading material or something else to occupy your time on the day of the scheduled surgery.
9. **How effective is Mohs' Surgery in the treatment of cancer?**
   a. The success rate is 96 to 99% using the Mohs' technique, even if other forms of treatment have failed. This technique has an excellent chance of cure. However, no one can guarantee an 100% chance of cure.
10. **What are the advantages of Mohs' Surgery?**
    a. The Mohs' Surgeon can pinpoint with the microscope the areas where there is cancer can selectively remove tissues only from those areas. In this way, the skin cancer is traced out of its roots with no guesswork involved. This results in a) the removal of as little normal tissue as possible; b) the highest chance of curing the patient. Studies have indicated that other forms of therapy have only a 50 to 75% chance of success in curing skin cancers that have had previous treatments fail. The success rate for these recurrent cancers is 96 to 99% with the Mohs' Technique.
11. **What happens at the preoperative consultation visit?**
    a. The preoperative visit gives me an opportunity to examine your skin cancer, takes a pertinent history, and determine whether the technique of Mohs' Surgery is the most suitable way of treating your cancer. Also, it gives you an opportunity to learn about the procedure.
    b. Each skin cancer is different and careful scheduling is necessary. A suitable date for surgery that is mutually acceptable will be arranged.
    c. When a patient has been referred, sometimes the biopsy has been performed and the pathology report indicating which type of cancer is present. If this information is not available, a biopsy will be performed after the initial visit. Because not all skin cancers are alike, I need to know exactly what type you have before I can decide the best course of action.

12. How should I prepare myself for Mohs' Surgery?

a. Try to get a good night's rest, eat a light breakfast, and get to the office on time. If you are taking any medications, take it as usual unless otherwise directed. Avoid aspirin (or medications that contain aspirin) for at least two weeks prior to surgery. Aspirin tends to prolong bleeding during the operation.

13. Will I have pain after the surgery?

a. Most patients do not complain of significant discomfort. However, pain is an individual phenomenon and if you are uncomfortable, take two tablets of Tylenol (acetaminophen) every four hours. Avoid aspirin and aspirin compounds (such as Anacin and Bufferin) as these may produce bleeding. Alcohol also may predispose to bleeding.

14. What about bleeding after surgery?

a. Very occasionally there is continued bleeding following surgery. If this occurs, lie down, remove all of the bandages except the layer closest to the skin, and place steady, firm pressure over the wound as close as possible to the bleeding area. Apply the pressure continuously for 15 minutes. Do not lift the bandage to check on the bleeding. If the bleeding persists after 15 minutes, notify my office or go to the emergency room.

15. What is the next step after surgery?

a. When the skin cancer has been determined to be completely removed, a decision will be made about managing the wound. Usually there are four options:
   i. Close the wound with stitches.
   ii. Let the wound heal by itself.
   iii. Cover the wound with a skin graft or flap.
   iv. Referral to a second surgeon (head and neck, ophthalmic, or plastic) for repair.

16. What are the major advantages of Mohs' Surgery?

a. It assures complete removal of the skin cancer while preserving as much normal skin as possible.
b. It is done as an office procedure, avoiding operating room or hospital fees.
c. It is safe, reliable, and has a significantly higher cure rate than any other available technique, when dealing with the most difficult cases.

17. How often must I return for follow-up visits?

a. A follow-up visit or period of observation at intervals for at least five years is essential. After the wound has healed, patients return at three to four months, then six month intervals for five years, and once a year after that. There are two reasons why this is important.
   i. If there is a recurrence of the skin cancer, it may be detected at once and treated. Experience has shown that if there is a recurrence it usually will be within the first year of surgery.
   ii. Studies have shown that once you develop a skin cancer, there is a high risk that you will develop others in the years to come. I recommend that you be seen at least once every six months during the first five years to determine whether you have developed any new skin cancers. Also, you should watch for an open sore which does not heal and bleeds easily. If you notice any suspicious areas, it is best to check with me or your referring doctor to see if a biopsy is indicated.