Mohs Surgery

Mohs surgery is a highly specialized procedure used to remove skin cancer, most commonly basal cell and squamous cell carcinoma. Mohs surgery is named in honor of Dr. Frederic Mohs, the physician who developed the technique. It is typically a one day, outpatient procedure which involves the selective removal of skin cancer while maintaining as much uninvolved surrounding tissue as possible. This technique differs from other methods by microscopically evaluating the entire margin/edges to ensure adequate and complete tumor removal. Using detailed mapping techniques, Dr. Cowan can pinpoint areas of persistent tumor and return to the exact location on the patient in order to remove more involved tissue. Thus, the patient has the advantage of a 99% cure rate for primary non-melanoma skin cancers (i.e. basal cell and squamous cell carcinoma) while limiting the amount of tissue removed from the patient. After the skin cancer is removed, Dr. Cowan will reconstruct the area in the most cosmetically appealing manner.

What are the advantages of Mohs surgery?

By using detailed mapping techniques and complete microscopic evaluation, Dr. Cowan can pinpoint residual skin cancer areas that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic roots of the cancer can be removed. This results in the following: highest cure rate possible, least amount of healthy uninvolved tissue removed from the patient, and, in most cases, a procedure which is performed in one day.

Please visit our website at www.bowlinggreendermatology.com to watch an informative video about Mohs surgery. Additional information, links to helpful websites and before & after photos of cases performed by Dr. Cowan can be found on the website as well.
Preparing for the surgery day:

1. Medications:
   - To minimize bleeding during surgery, avoid medications containing aspirin, ibuprofen and all other non-steroidal anti-inflammatory agents for 10-14 days prior to your procedure. However, if you are on aspirin following a heart attack or after heart-related surgery (i.e. stent placement, bypass surgery), you should NOT stop aspirin. Additionally, if a physician has recommended that you take aspirin for your heart disorder, again, please continue the medication.
   - Use of Tylenol is permitted before surgery.
   - Avoid alcoholic beverages for 24 hours prior to surgery as they can increase the risk of postoperative bleeding.
   - Avoid vitamin E as well as certain herbal medications (i.e. gingko, ginseng, papaya, sweet clover, tamarind and garlic) as they too may increase the risk of postoperative bleeding.
   - However, in general, you should continue all prescribed medications unless instructed otherwise, and please take your medications as you normally do on the morning of surgery. Please consult with your Primary Care Physician prior to discontinuing any prescription medication.
   - If you require antibiotic prophylaxis before dental procedures or other surgeries, please call our office so we can call in a prescription for you.

2. Smoking should be stopped for 7-14 days prior to surgery as well as 2 weeks after surgery to avoid postoperative complications and improve wound healing. Failure to stop smoking can result in the failure of the reconstructive efforts of the surgeon.

3. Eat a good breakfast or lunch on the day of surgery as you may be in the office for several hours. It is not necessary to fast for the procedure.

4. Wear comfortable clothes. **Make sure your shirt buttons in the front and does not slip over your head, as this can disrupt bandages.**

5. Be well rested with a good night’s sleep.

6. Bring reading material (i.e. book, iPad, Nook, Kindle, magazine). The length of the surgery can vary from 3 to 5 hours so please plan ahead in terms of bringing material to occupy your attention between the stages of the procedure. **For planning purposes, we recommend that you clear your schedule for at least half a day.**

7. Do not wear cologne or perfume.

8. **Women** are asked to not wear makeup, moisturizer or excessive jewelry as the surgical site and surrounding area will be prepped with an antibacterial agent before surgery.

9. **Men** are asked to shave any areas near/adjacent to the biopsy site one day prior to surgery. This includes shaving sideburns, beards or moustaches if necessary.

10. Usually you will be capable of driving yourself home after surgery, but sometimes a driver is needed especially if surgery is near the eye. Additionally, some patients may feel light-headed or tired following surgery. If possible, having someone accompany you on the day of surgery is best. However, please inform them that the procedure can take several hours to complete.

11. You will likely have activity restrictions for several days following surgery. This includes strenuous exercise, sports, etc which are best avoided for several weeks.
12. The procedure room is kept cool so please be sure to bring a jacket, sweater or small blanket to keep warm during breaks in the procedure. Our staff will also provide you with an extra blanket if necessary.

13. On rare occasions, surgery may be more extensive than originally expected. There are times when a patient will be asked to come back to the office the following day for additional surgery. If this occurs, the patient will be appropriately bandaged and pain management will be addressed until the following day. Several hotels are within walking distance from the office and, if necessary, you may stay at these locations.

- Holiday Inn University Plaza--- phone# 270.745.0088
- Hilton Garden Inn--- phone# 270.781.6778
- Courtyard by Marriott--- phone# 270.783.8569

14. If you are unable to keep your Mohs surgery appointment, the practice must know as far in advance as possible so other patients with skin cancer can be scheduled. Please be courteous to other patients and observe this policy. Failure to cancel your surgery appointment at least 24 hours in advance will result in a $100.00 no-show fee.

**What to expect the day of surgery:**

1. You will be asked to sign a procedural consent form and preoperative photographs will be taken. Dr. Cowan will discuss the procedure and answer any last minute questions.

2. The area to be treated will be cleansed with an antibacterial solution and then anesthetized (numbed or deadened) using a local injection. You will not be put under general anesthesia (i.e. “put to sleep”). The alleviation of pain during surgery is of utmost importance to Dr. Cowan and you will be made comfortable at all times during the procedure. Most patients find the procedure relatively painless.

3. The area containing skin cancer will be removed, photos again will be taken, and a temporary bandage placed on the wound. You may remain in the procedure room until the removed tissue is processed in our laboratory and read microscopically. This process may take 30 to 45 minutes to complete. If the microscopic examination reveals additional tumor that must be removed, then Dr. Cowan will take another layer of tissue and repeat the steps above. Several layers are sometimes necessary and Dr. Cowan is unable to approximate the number required before the procedure begins.

4. Once the tumor has been completely removed, a decision will be made on the best reconstructive option for repairing the wound created by surgery. These methods include allowing the wound to heal by itself (a process called granulation), closing the wound side to side with stitches, or repairing the wound with a skin graft or flap. The best method is determined only after the skin cancer is removed and the size of the wound is known.

5. Once the reconstruction is complete, a pressure bandage will be applied. The medical assistant will explain the postoperative care instructions to you.

6. The length of the surgery can vary depending on the size and location of the tumor as well as the type of reconstruction necessary. The average length of the procedure is approximately 3 to 5 hours. However, please plan on being at our office most of the day.

7. We ask all family members and friends to remain in the lobby during the procedure. However, when waiting for the tissue to be processed between stages one person may wait with you in the surgical suite.
**What to expect after having Mohs surgery:**

1. A thick pressure bandage will be applied to the surgical site and remain in place for 24 to 48 hours postoperatively.

2. Swelling (especially after surgery near the eye), redness, and bruising (especially if you are on a blood thinner such as aspirin, Coumadin, etc) is common postoperatively and does not represent a surgical complication in most cases.

3. Avoid strenuous activity for one to two weeks following surgery.

4. Most patients report minimal pain following surgery. If present, pain typically responds well to Tylenol. However, in cases of postoperative pain, Dr. Cowan will make sure you are comfortable following surgery and, if necessary, prescribe appropriate pain medications.

5. Tightness, numbness, and abnormal sensations surrounding the surgical site are not uncommon for several months after the surgery. In rare cases, these symptoms may be permanent. Additionally, itching at the surgical site is a very common complaint postoperatively. Please do your best to refrain from scratching the surgical site as it may traumatize the area and compromise wound healing.

6. You will be asked to return in 1 to 2 weeks for suture (stitch) removal if necessary.

7. Apply a liberal amount of mupirocin (you will receive a prescription for this topical antibiotic after surgery), to the wound several times per day. The goal is to prevent the surgical site from drying out and developing a scab. The latter delays wound healing. Additionally, you will be asked to clean the surgical site with a mixture of ½ hydrogen peroxide and ½ water beginning 24 to 48 hours after the surgery. Do not use alcohol, iodine, Neosporin, Polysporin or other topical agents unless instructed by our practice. A small amount of drainage from the surgical site is not uncommon following surgery.

8. Scar formation. Surgery without a scar does not exist. There will be a scar regardless of who removes the skin cancer. Dr. Cowan will reconstruct the area in an effort to reduce the appearance of the scar in the most cosmetically conscientious manner. Because Mohs surgery removes as little normal tissue as possible, scarring is minimized.

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**If you have any questions or concerns following your surgery, you can contact the practice during business hours. If a problem emerges after regular business hours, again, contact the practice phone number. Your call will be answered by an on-call service who will then contact Dr. Cowan to address your concern.**

![Bowling Green Dermatology & Skin Cancer Specialists, PLLC](image)

270-783-8003