

The Skin Cancer Surgery Center

a division of Anne Arundel Dermatology

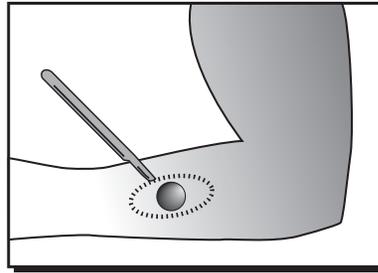
Excisional Surgery Information

SKIN CANCER

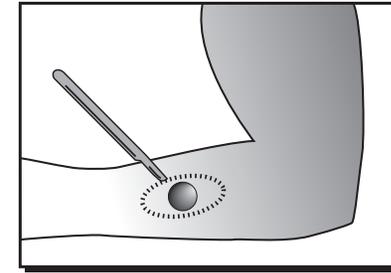
Skin Cancer is by far the most common malignant tumor in humans. The most common types of skin cancer are basal cell carcinoma, squamous cell carcinoma, and melanoma. These begin as a single point in the upper layers of the skin and slowly enlarge, spreading both along the surface and downward. These extensions cannot always be directly seen. The tumor often extends far beyond what is visible on the surface of the skin. Skin cancer may invade and destroy structures in their path. Although these skin cancers are locally destructive, basal cell and squamous cell carcinomas do not tend to metastasize (spread) to distant parts of the body. Metastasis of basal cell carcinoma is extremely rare and usually occurs only in the setting of long-standing large tumors where the patient's immune system is compromised. Squamous cell carcinoma is slightly more dangerous, and patients must be observed for any spread of the tumor. Such spread is still infrequent. Melanoma is a very different and more dangerous kind of skin cancer. Other testing and close long-term follow-up is warranted after its removal.

Excessive exposure to sunlight is the single most important factor associated with the development of skin cancers. In addition, the tendency to develop these cancers appears to be hereditary in certain ethnic groups, especially those with fair complexions and poor tanning abilities. Fair-skinned people develop skin cancers more frequently than dark-skinned people, and the more sun exposure they receive, the more likely they are to develop a skin cancer. Other factors, including exposure to radiation, trauma and exposure to certain chemicals, may also be involved in the development of skin cancers.

The vast majority of skin cancers are present for more than a year before being diagnosed and their growth is rather slow. Skin cancers may be more aggressive in certain instances: patients whose immune system is compromised, patients with a medical history of leukemia or lymphoma, cancers in certain locations such as the ear, lips, lower nose, or around the eyes.



The abnormal tissue is removed with a margin of normal appearing tissue.



The wound is stitched in a side-to-side manner, often with internal and external sutures.

EXCISIONAL SURGERY

There are five standard methods for the treatment of skin cancers. The two nonsurgical treatments are cryotherapy (deep freezing) and radiation therapy. The three surgical methods include simple excision, physical destruction (curettage with electrodesiccation) and Mohs Micrographic Surgery. Newer methods include photodynamic therapy and immunochemotherapy.

PREOPERATIVE VISIT

If you would feel more comfortable meeting your doctor and our staff, we welcome the opportunity for a preoperative consultation. However, if you feel comfortable with the explanation provided by this pamphlet and your referring doctor, feel free to schedule your surgery directly and a preoperative consultation will be done on the day of surgery. If you take Coumadin or blood pressure medications or if you normally take an antibiotic prior to dental work, please bring this to our attention so that there is no delay in your surgery.

BEFORE EXCISIONAL SURGERY

Be well rested and eat a good breakfast. Take your usual medications, unless directed otherwise. Please do not take Ibuprofen (Motrin, Advil, etc.) or Vitamin E supplements. These medications may "thin" your blood and cause more bleeding. You may substitute acetaminophen (Tylenol) if required. Do not drink any alcoholic beverages for 24 hours before surgery.

Shampoo your hair before surgery, as your wound and initial dressing may have to remain dry for 24 hours thereafter. The length of the procedure varies depending on the size and location of the skin cancer and the type of reconstruction to be done. Expect to be in our office for 1-2 hours. We ask that you limit the number of people accompanying you to one other because of the limited space in our waiting room.

THE DAY OF SURGERY

Appointments for excisional surgery are generally scheduled in the afternoon. It is a good idea to wear loose fitting clothing and avoid "pullover" clothing. Tylenol may be taken before surgery in order to reduce discomfort. Also, if the operative site is on the face, please do not wear make-up on or around the area and do not use any fragrance or scented toiletries. We will obtain your written consent for the procedure, photographs will be taken, and your blood pressure will be recorded. If you have any additional questions, please feel free to ask them at this time.

The area surrounding the site will be cleansed with an anti-bacterial soap. The doctor will then anesthetize (numb) the area of skin containing the cancer by a small local injection. This injection will probably be similar to the one you received for your biopsy. We will be as gentle as we can when administering this. After the site has been anesthetized the tumor will be removed and the specimen will be sent to an outside laboratory for examination.

RECONSTRUCTION

After the tumor has been removed, a decision is made on the best method for treating the wound created by the surgery. These methods include letting the wound heal by itself, closing the wound in a side to side fashion with stitches, or closing the wound with a skin graft or a flap. The best method is determined on an individual basis. Wound repairs are performed while the site is still anesthetized.



AFTER EXCISIONAL SURGERY

Your surgical wound will likely require care during the weeks following surgery. Bruising and swelling, for up to a week, is common after surgery. Detailed written instructions will be provided. Plan to return to our office in 5-7 days. You should also plan on wearing a bandage and avoiding strenuous physical activity for a week.

Most of our patients report minimal pain, which responds readily to Tylenol. You may experience a sensation of tightness across the area of surgery. Skin cancers frequently involve nerves and months may pass before your skin sensation returns to normal. In rare instances, the numbness may be permanent. You may also experience itching after your wound has healed. Complete healing of the surgical scar takes place over 12-18 months. Especially during the first few months, the site may feel "thick," swollen, or lumpy, and there may be some redness. Gentle massage of the area (starting no sooner than 1 month after the surgery) will speed the healing process.

An indefinite follow-up period of observation is necessary after the wound has healed. You may be asked to return to ensure proper healing. Studies have shown that once you develop a skin cancer, there is a strong possibility of developing other skin cancers in the future. Should you notice any suspicious areas, it is best to check with your dermatologist for a complete evaluation. You will be reminded to return to your dermatologist on a frequent basis for continued surveillance of your skin.

OUR DOCTORS

Mark L. Welch, M.D.
Andrew D. Montemarano, D.O.
Jason D. Marquart, M.D.
Christopher K. Dolan, M.D.
Jonathan S. Smith, D.O.

All doctors are Board Certified in dermatology and are members of the American Academy of Dermatology and the American College of Mohs Surgery. Only fellowship-trained surgeons are admitted to the ACMS.

Collectively our doctors have performed over 100,000 surgeries to remove skin cancer.

RISKS OF EXCISIONAL SURGERY

Because each patient is unique, it is impossible to discuss all the possible complications and risks in this format. The usual risks are discussed here. Our doctors will discuss any additional problems associated with your particular case. Please understand that these occurrences are the exception and not the rule.

- The defect created by the removal of the skin cancer may be larger than anticipated.
- There will be a scar at the site of the removal. We will make every effort to obtain optimal cosmetic results, but our primary goal is to remove the entire tumor.
- There may be poor wound healing. At times, despite our best efforts, for various reasons (such as bleeding, poor physical condition, smoking, diabetes, or other diseases), healing is slow or the wound may reopen. Flaps and grafts utilized to repair the defect may at times fail. Under these circumstances, the wound will usually be left to heal on its own. The scar may be revised at a later date if necessary.
- There may be a loss of motor (muscle) or sensory (feeling) nerve function. Rarely, the tumor invades nerve fibers. When this is the case, the nerves must be removed along with the tumor. Prior to your surgery, the doctor will discuss with you any major nerves, which might be near your tumor.
- The tumor may involve an important structure. Some are near or on vital structures such as the eyelids, nose or lips. If the tumor involves these structures, portions of them may have to be removed with resulting cosmetic or functional deformities. Furthermore, repairing the resulting defect may involve some of these structures.
- Rarely, wounds become infected (fewer than 1%) and require antibiotic treatment. If you are at particular risk for infection, you may be given an antibiotic during surgery.
- There may be excessive bleeding from the wound. Such bleeding can usually be controlled during surgery. There may also be bleeding after surgery. We have never had a significant amount of blood loss, but bleeding into a sutured graft or flap may inhibit good wound healing.
- There may be an adverse reaction to medications used. We will carefully screen you for any history of problems with medications; however, new reactions to medications may occur.
- There is a small chance that your tumor may regrow after surgery. Previously treated tumors and large, longstanding tumors have the greatest chance for recurrence.

IMPORTANT REMINDERS

- DO advise us as soon as possible if you must cancel or change your appointment.
- DO bring your insurance card(s) and valid picture identification.
- DO get a good night's sleep prior to surgery.
- DO take your usual medications on schedule unless instructed otherwise.
- DO eat your meals as usual.
- DO dress comfortably.
- DO ask any questions you might have.
- DO let our staff know if you take Coumadin, Plavix or antibiotics before dental work.
- DO plan to return 5-7 days after your surgery.
- DO NOT take aspirin, any aspirin-containing products (unless prescribed by a physician), or Vitamin E for ten days prior to the surgery. Please read the label on all over-the-counter medicines.
- DO NOT wear fragrances or perfumes.
- DO NOT consume alcohol 24 hours prior to or 24 hours after surgery.

Please review this handout. We want you to be as comfortable, relaxed and informed as possible.

Locations

MARYLAND

The Champlain Building
Skin Cancer Surgery Center
6410 Rockledge Drive, #300
Bethesda, MD 20817-7811
301-564-3131 tel
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VIRGINIA

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