



Date of Surgery:

PRE-OP INSTRUCTIONS – MOHS

Dear Patient:

Before your scheduled surgery, there are a number of important precautions and positive steps you should take to help prepare yourself for a successful treatment and speedy recovery.

Some of the steps, which are listed in the attached document, may seem unnecessary and inconvenient, but they are important. For example, when you stop smoking, you increase your ability to heal. Occasionally, there may be valid reasons, personal or medical, why you can't comply. In such cases, please call the office so we can discuss possible ways to overcome any obstacles you may be encountering.

If you have any questions about the surgery, or remember additional medical information that you forgot to mention to our staff, please contact the office prior to your surgery.

Respectfully yours,

PRIYA S. THAKKER, MD, FAAD, FACMS



GENERAL INFORMATION REGARDING MOHS MICROGRAPHIC SURGERY

Mohs surgery is a specialized technique for the removal of skin cancer developed by Dr. Frederick Mohs over 50 years ago to improve the cure rates of skin cancer. Traditionally, skin cancers are treated by destructive methods (radiation, freezing, scraping, and burning) or excision (cutting out the tissue with standard margins and sending it to an outside laboratory for testing). These methods all yield cure rates between 65%-94%. However, for cancers located in cosmetically sensitive areas, large tumors, or tumors unsuccessfully treated by other means, Mohs surgery offers a higher cure rate. In most cases, Mohs surgery provides you with a 99% cure rate for primary (previously untreated) basal cell cancer and a 95% cure rate for primary squamous cell cancer. In Mohs surgery, tissue is removed and processed in a way that we are able to check 100% of the margins, giving the **highest cure rate** for any method of treating skin cancers while providing **maximal preservation of normal skin**. This allows the surgeon to produce an **optimal cosmetic result** for the patient by maximizing the amount of tissue removed yielding as small a scar as possible.

On the day of surgery, you will be given local anesthesia only (similar to what was given to you during your initial biopsy). You will remain awake. You will verify the location of the skin cancer prior to the onset of the surgery. Once the area is numb, the tissue containing the skin cancer will be removed, taking a small safety margin. This margin is usually smaller than what would be taken with a standard excision. Once the tissue is removed, it is marked and oriented. The first layer ("Stage I") will be processed in our laboratory. The wound will be treated for bleeding and a bandage will be placed to keep you comfortable while you wait an approximate 45 minutes-1 hour (for the processing of the tissue) in the reception area. Dr. Thakker will examine the pathology in the lab, checking all the margins. If any tumor remains, you will be escorted back to the surgical suite for a second layer ("Stage 2"). The area will be re-anesthetized and Dr. Thakker will remove more skin only in the area where the tumor exists. This process will continue until all the skin cancer is removed. Unfortunately, there is no method to predict how many layers or stages will be taken.

Once the tumor has been removed completely, we will discuss the best ways to close the defect. Most wounds may be closed with stitches. A larger wound may require a skin graft or a flap. In rare instances, especially for cancers around the eye or for larger cancers, we may work with another surgeon (oculoplastic, ENT, vascular) with special skills to assist with reconstruction.



Medications: Please take all your normal medications the morning of your surgery. If you are a diabetic, please bring your insulin or medications with you, as well as a snack to avoid having low blood sugar during your day with us.

1) Blood Thinners

- Most people should stop all aspirins, aspirin-containing medications (Alka-Seltzer, Anacin, Ecotrin, etc), and non-steroidal anti-inflammatory medications (Motrin, Naproxen, Advil, Midol, Aleve, etc.) for 7 days prior to your scheduled surgery and 2 days after. You may take Tylenol for pain.
- **VERY IMPORTANT:** If you take aspirin because you have had a stroke, heart attack, heart disease, other condition, or your physician has prescribed you to take it, please continue your aspirin.
- Ask your doctor if prior to surgery you should stop your prescribed blood thinners, such as Coumadin/Warfarin, Plavix, or Aggrenox. NEVER stop them without your doctor's permission or knowledge. If you have had a stroke, heart attack, or have an irregular heartbeat, your doctor may want you to continue your medication. We can still do your surgery. You may have more bruising.

2) Antibiotics

- If you usually require antibiotics prior to dental work, please let the office know at least 24 hours prior to your surgery. Medical conditions that sometimes require preoperative antibiotics include artificial heart valves, heart murmurs, artificial joints, and related problems. We will give you a different medication than the dentist, so please contact us for the correct antibiotic.
- If you were prescribed pre-operative antibiotics by our office, please take the medication 2 hours prior to your procedure.

3) Vitamins and Supplements

- Avoid taking any supplements with Vitamin E, Fish Oil, Gingko, Ginseng, and Garlic for 2 weeks before and 2 days after your surgery.

Alcohol: Avoid drinking alcohol for 2 days prior to your surgery, and for 2 days afterwards (it thins the blood and causes more bruising and swelling).

Smoking: Try to STOP or reduce smoking significantly the week before your surgery, and especially the week afterwards (it greatly improves how well you heal). Tobacco smoke deprives the blood of oxygen, which is urgently needed by the wound during the healing process.

Contact Lenses: Do not wear them on the day of the surgery. Instead, wear glasses and bring your case, in case we need to remove them.

Clothing: Do not wear your nicest clothing on your surgery day. We recommend wearing a button down shirt that will not disrupt your post-operative dressing when changing later that night.

Bathing: On the morning of your surgery, you may bathe or shower normally. If you get your hair done on a weekly basis, remember to get your hair washed the day before surgery. You will need to keep your surgical site dry for a minimum of 48 hours.

Makeup: If your surgery is on the face, please do not wear any makeup on the day of the surgery.

Jewelry: Please try to avoid wearing jewelry on the day of surgery.

Food: On the morning of surgery, have breakfast but limit your intake of caffeinated beverages. They are diuretic and may inconvenience you during surgery. If you are following up with another surgeon the same day as your Mohs surgery, you must receive permission to eat breakfast from that surgeon.



What to bring with you on the day of your surgery:

- *Bring snacks* – Since you could be at the office long, you may bring snacks and/or lunch with you.
- *Bring a sweater* – Bring a sweater or jacket that buttons or zips down the front and will not disturb your wound dressing during removal.
- *Bring something to do* – You will be spending much of the day in our office. There will be 45-60 minute waiting periods between layers/stages, so it is nice to have something to keep you occupied such as books, magazines, knitting, music, or work.

Planning Ahead:

- **Other Appointments** – It is important to realize that no matter how small the skin cancer appears to be, looks can be deceiving. Since your surgery may last the entire day, you should not schedule any other appointments that day.
- **Special Occasions** – Surgery often creates swelling and bruising. Also, the post-op dressing may be rather large and obvious. Keep this in mind as you arrange your social/work schedule. If an important event is already planned, please check with your referring physician or Dr. Thakker to see if the surgery can be postponed.
- **Activity Limits after Surgery** – If surgery was performed on your face, we recommend that you keep your activity level to a minimum for 2-3 days (the blood pressure elevation related to exercise can lead to bleeding). If you have stitches in an area that will be under tension or significant movement (neck, back, arms, legs), you will need to avoid heavy lifting (anything over 5 lbs) or exercise for at least 2 weeks and possibly longer. We also advise that you limit out of town travel for the first 7 days after surgery. You should also wait at least 7 days before going into a pool or the ocean.
- **Housework** – Since you will need to minimize activity after surgery, plan to do your groceries, laundry, gardening, and other heavy household chores prior to your surgery. Please make arrangements for assistance during the post-op period. If surgery is around your mouth area, you may need to eat soft foods, such as soup, milkshakes, or yogurt for 48 hours.

Purchasing bandage supplies: Prior to surgery, please purchase the following items to care for your surgical wound properly.

- Hydrogen peroxide solution (3%) (do not use if wound is close to eye/eyelid)
- Cotton swabs (Q-tips)
- Vaseline or Aquaphor
- Telfa pads (or any non-stick dressing)
- Paper tape
- Gauze pads (3x3)

Transportation: It is often reassuring and comforting to have a companion drive you to and from the surgery. He or she is welcome to wait in the office during the surgery. Please note that for safety reasons, only the patient is allowed in the procedure room during surgery. Thank you for your cooperation.

Rescheduling: If you need to reschedule your surgery, please notify the office as soon as possible.