



## **Mohs | Skin Cancer Information**

Q&A Guide

### **WELCOME**

We at Arrowhead Dermatology treasure your trust. If you are at a point where surgery is a recommended course, we are here to help. We are dedicated to you and your quality clinical care. As we review treatment options; our goal is to make these options completely clear and understandable and your subsequent choice of treatment simple, sensible, and straightforward. This form was created by our surgical team to help educate and guide you as you make important decisions. We will assure and encourage you as we walk through this... together.

Keith J Haar MD | Founder

## 1 SKIN CANCERS

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There are three common types of skin cancer;

1. **Basal Cell Carcinoma (BCC)**, the most common form of **non-melanoma skin cancer (NMSC)**, is not life threatening unless neglected for decades, but can grow slowly causing significant deformity and disfigurement if left untreated.
2. **Squamous Cell Carcinoma (SCC)**, the second most common form of NMSC, is uncommonly life threatening when arising in the skin unless neglected or when encountering more rapidly growing, aggressive types. Early detection and appropriate treatment of non-melanoma skin cancers are critical to minimize unnecessary tissue destruction and deformity and the rare but possible loss of life in the case of SCC.
3. **Malignant Melanoma (MM)**, the least common of the three main skin cancers is the most aggressive and potentially life threatening. Early detection and removal is absolutely critical. You do not have this type if we are considering Mohs surgery, although a slow/modified Mohs technique is used in removing a form of early MM.

## 2 NMSC TREATMENT OPTIONS | CURETTAGE AND DESSICATION (C&D) TREATMENT

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Serial scraping (curettage) and burning (dessication) of BCC/SCC is a time honored and somewhat effective treatment enduring from a less surgically sophisticated era, giving a long-term cure rate of +/- 90%. There is no margin assessment or assurance of having removed all the irregularly growing cancer cells. There is typically slower healing of the C&D burn site, taking many weeks to even months to fully heal often resulting in less than desirable cosmetic result. Serial C&D is the quickest NMSC treatment, taking only 20-30 minutes.

## 3 NMSC TREATMENT OPTIONS | STANDARD EXCISION TREATMENT

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Standard excision of BCC/SCC is and has been the workhorse in removal of these tumors for years. The tumor site is typically scraped and curetted to better delineate the extent of the tumor cells. Cancer cells do not stick together as well as normal skin cells and scraping gives us a better awareness of the extent of tumor extension beyond what can be visually appreciated. A surgical margin of 3-5 mm, depending on body location, is then taken around the biopsy/curettage site and excised tissue is submitted for pathology evaluation. Pathology evaluation consists of several breadloaf cross sections of removed tissue examined resulting in incomplete margin assessment or sampling error. Irregularly growing tumor cells could be left behind resulting in tumor recurrence in months to years. Wide excision and surgical repair of the defect usually takes an hour or less.

## 4 TREATMENT OPTION | MOHS MICROGRAPHIC SURGERY

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Mohs Surgery is a technique where 100% of the surgical margin is examined methodically under microscopic control with the use of rapid frozen horizontal sections, contrast stained, with precise tissue mapping and orientation. This technique affords the highest long term cure rate of 97-99%, while potentially sparing tissue as a narrower margin is taken. This procedure progresses without the fear of leaving tumor cells behind which would result in tumor recurrence; which is quite possible with serial C&D, with no margin assessment, or standard excision, with incomplete margin assessment. Once Mohs tumor clearance is achieved with the highest level of certainty, more elaborate and appropriate repair can be performed as necessary which generally give better cosmetic results. Mohs is a much more methodical and time consuming process. The patient will typically spend the majority of a day in the office through the process of clearance of the tumor and subsequent same or next day repair as appropriate.

## 5 RISKS OF ANY SURGICAL PROCEDURE INVOLVING CUTTING OR DESTRUCTION OF THE SKIN

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Any invasive procedure or surgery will always carry with it risks. Mohs risks include; bleeding, infection, scar, deformity, recurrence (lowest possible with Mohs procedure), sensory and/or motor nerve damage resulting in numbness of skin or paralysis of muscles and loss of movement ability. When you leave from your surgery, the team will provide after care instructions. Remember we are here for you through the entire process.

## 6 WHAT IS MOHS SURGERY?

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Mohs surgery is a state-of-the-art treatment for the total removal of skin cancer. This technique was first developed by Dr Fredric Mohs, in which the physician serves as the surgeon, pathologist, and reconstructive surgeon. Using the accuracy of a microscope, the Mohs Surgeon precisely and methodically identifies and removes the tumor in its entirety leaving unharmed as much healthy tissue as possible.

## 7 WHAT ARE THE ADVANTAGES OF MOHS SURGERY?

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Mohs Surgery allows your surgeon to remove as little normal skin as possible while achieving the highest possible cure rate (1-2% five-year recurrence rate for most skin cancers)

## 8 WILL I BE HOSPITALIZED?

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The good news? NO! While it is time consuming, Mohs surgery is performed in a pleasant outpatient surgical suite and you may return home the same day. We encourage you to bring items to help pass the time.

## 9 WILL I HAVE PAIN AFTER SURGERY?

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Pain is a very personal and variable response. Most patients do not complain of substantial pain. If there is any discomfort, Tylenol will typically be all that is needed and recommended for relief. Lower level narcotic pain meds are given as deemed necessary and as tolerated by the individual.

## 10 WILL THE SURGERY LEAVE A SCAR?

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Any form of surgical treatment will leave a potential scar. However, because Mohs surgery removes as little tissue as possible, scarring and disfigurement is minimized. Most people heal well with minimally discernible scar within few months regardless of healing option elected. We at Arrowhead Dermatology are committed to giving you the best result possible.

## 11 YOUR TIME IN OUR OFFICE

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- Tissue removal of each Mohs stage takes only 10-15 minutes. However, it takes 60-90 minutes to prepare Mohs complete margin microscope sections and examine them carefully.
- Several Mohs surgical stages may be required. This cannot be predicted ahead of time.
- We have magazines and a television at your disposal; we encourage you to bring small electronic devices, work or reading materials, or small hobby items to help occupy your time.
- Due to space limitations, we ask that you limit your party to yourself and one other person.
- We hope your time with us will be as pleasant and comfortable as possible.

## 12 WHAT HAPPENS THE DAY OF MY SURGERY?

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- When you arrive for your scheduled Mohs procedure, our team will show you to your surgical suite where your necessary and required confirmation of the biopsy site and consent for Mohs surgical procedure will be completed. Any questions or concerns will be addressed before proceeding. Your surgical team will anesthetize the area around the confirmed cancer site by using local anesthetic after thoroughly cleansing the site.
- Once the area is numb, the confirmed biopsy site will be scraped/curetted and the area will be excised with a thin margin of normal surrounding tissue.
  - Following this, the tissue will be carefully oriented, mapped, and color coded by the surgeon. A dressing is placed on your Mohs wound site.
- You are then escorted to our private and comfortable Mohs waiting area.
  - While you wait the first Mohs stage tissue is taken to the adjacent in-office laboratory where a Mohs Certified Lab Technician will process the tissue and prepare horizontal, complete margin microscope slides.
- When microscope slide preparation is completed the Mohs surgeon will microscopically examine slides of the entire margin of removed tissue for evidence of any remaining cancer tumor cells.
- If no tumor, or any element which might conceal tumor cells, is present we are done and the cancer has been removed with the highest level of certainty available. If tumor cells, or elements which may potentially conceal tumor cells, are present at or near the Mohs margin, a thin rim of additional normal tissue is removed only where residual tumor was seen (tissue sparing/tumor directed).
- As many times as necessary, you will be re-called into the surgical suite:
  - This process will continue layer-by-layer until the cancer is completely removed.
- Statistically, we clear tumor in the first/single Mohs stage 65-70% of cases. 95+% of Mohs cases are cleared in the first two Mohs stages. We cannot predict the number of stages required to clear your tumor given the highly irregular and unpredictable nature of tumor growth

## 13 PREPARING FOR YOUR SURGERY

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- Bring a list of your medications and illnesses.
- Continue all your regular prescription medications including blood thinners such as Coumadin, Plavix, and prescribed aspirin unless otherwise directed.
- To minimize unnecessary bleeding or bruising; **please avoid** non-prescribed aspirin, vitamin E, fish oil, and products containing nonsteroidal anti-inflammatories (NSAID's) for two weeks prior to surgery.
- If you have been instructed to take antibiotics prior to dental or surgical procedures, please do so.
- If you require an antibiotic prescription, please contact either our office or your primary care physician in advance of your Mohs procedure.
- You may take Tylenol any time before or after surgery as needed for pain.
- Avoid alcoholic beverages 48 hours prior to and post-surgery.
- Do not wear make-up, perfume, nail polish or jewelry in proximity to surgery site.
- Wear comfortable clothing. **Dress warmly** in layers as surgery room and waiting areas are typically cold.
- You **may drive yourself** to and from Mohs procedure as procedure is performed under local anesthesia.
- If you are anxiety prone, a sedative can be prescribed ahead of time. In this case, you must have someone else drive you to and from your Mohs appointment.
- Eat breakfast the day of your Mohs procedure and consider bringing a snack. Juice, coffee, and water is available in the Mohs waiting area.

## AFTER CARE

### 14 HEALING/REPAIR

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Once the tumor site is cleared of all cancer cells to the highest level of certainty with Mohs there are several healing and repair options from which to choose. Your surgeon will provide their recommendation.

- **Second intent healing:** The site may be allowed to heal naturally without sutures/staples. The body is remarkable in how well it heals but this requires more time and patience. Optimal wound care is important in ensuring the best possible healing and outcome. Wound care instructions will be provided.
- **Repair:** Closure with sutures/staples may be recommended. This facilitates more rapid healing barring infrequent complication. There are two options for surgical repair within our office:
  1. **Same Day:** Whenever your particular case and time permits, your Mohs doctor or another highly qualified surgeon team member, may close your wound with stitches/sutures or staples in our office later the same day of Mohs tumor clearance. You may have to wait additional hours for surgical repair later the same day. This may eliminate additional co-pay requirement of next day closure or closure by another doctor.
  2. **Next Day:** Repair the following day may be advised to allow skin to be stretched by muscles or sutures facilitating simpler repair or to save additional hours of waiting time on Mohs tumor clearance day. Your doctor will explain in more detail. An additional copay may be required for next day repair.
- **Plastic Surgeon:** If you desire to have repair of your Mohs wound performed by a Plastic Surgeon, or if your Mohs Surgeon feels you would be best served by a Plastic Surgeon, you will be referred for repair. We have excellent Plastic Surgeons with whom we partner. We will coordinate your care with their team whenever necessary.

### 15 AFTER SURGERY

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Usually one return visit is all that is required to remove sutures/staples or to monitor the healing process. Subsequently, you may return to your referring dermatology physician/provider for routine checkups.

### 16 ANNUAL CHECKUPS

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After having one skin cancer, statistically you have a much higher risk of developing additional skin cancers than someone who has not had a skin cancer. We will schedule your semi-annual skin check-ups prior to departing our office. If something of concern arises on your skin prior to scheduled follow up you are encouraged to call our office to be seen earlier.

## 17 AN OUNCE OF PREVENTION

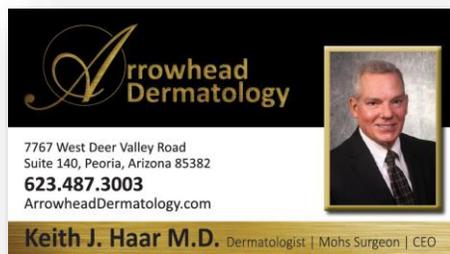
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- Use broad spectrum sunscreen with minimum SPF 30 with active ingredients Parsol 1789 (Avobenzone) or Zinc Oxide. Cover up with tightly woven garments and hats as much as possible. Take an oral vitamin D supplement.
- Avoid sun exposure during peak sun periods (9 am – 6 pm in Valley of Sun from April-Oct).
- Do not stay outdoors unprotected on cloudy days as damaging ultraviolet light penetrates through clouds.
- Report any new or changing skin lesions to our expert Providers.
- Regular annual checkups are important to monitor and/or prevent new skin cancer.
- Avoid tanning beds. A spray on tan is the ONLY safe tan. It does NOT protect you from burning. Consider Arrowhead Dermatology spray tan services available in our Carefree office.

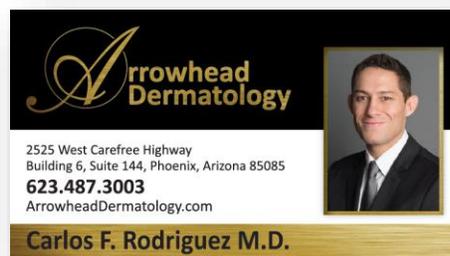
## 18 YOUR MOHS SURGICAL TEAM

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**Arrowhead Dermatology** is an industry and community leader founded by **Dr Haar** two decades ago. Now with four state-of-the-art facilities and an army of **Board Certified Professionals** behind it, **Arrowhead Dermatology** leads the way with community outreach and expertise. With a staff of over 70 people and still growing, we are happy and honored to serve you in your dermatologic care.



**Dr Haar** (founder & CEO) & **Dr Rodriguez**, are both Board-Certified dermatologists, and have completed the training and requirements for certification as a Fellow of the American Society of Mohs Surgeons. They have had extensive Mohs training in dermatology residency and has a wealth of knowledge after decades of professional dermatologic care and/or Mohs surgeries. Together they have treated many thousands of skin cancers with Mohs. They are pleased to offer advanced skin cancer removal techniques to their patients for optimal treatment and well-being.



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### Resources:

- [www.ArrowheadDermatology.com](http://www.ArrowheadDermatology.com)
- [www.ABetterSkinPlace.com](http://www.ABetterSkinPlace.com)
- [www.AAD.org/public](http://www.AAD.org/public)
- [www.MohsSurgery.org](http://www.MohsSurgery.org)

## Acknowledgement:

Signing below confirms you have, read this form, and have asked the referring provider any further questions you may have. Our medical team will remain available to answer any and all questions that may arise. In addition, your surgeon will be happy to answer any follow up questions prior to surgery.

Please note that your insurance is a contract between you and your insurance provider. We will provide estimated costs involved with your surgical care and follow up treatment. Arrowhead Dermatology is bound by law to collect any and all co-pay amounts, co-insurance amounts, and any follow up amounts dictated by your insurance carrier.

Should you have any further questions, you will have time to speak with your surgeon just prior to your Mohs procedure. You may also call the Mohs department at 623-487-3003 Ext. 127 with questions before and after your procedure.

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Patient Signature

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Date

Note: Please return this form prior to, or bring with you, the day of your Mohs procedure.