What is Mohs Micrographic Surgery?
Mohs surgery is a specialized treatment for removal of skin cancer in certain situations. This state-of-the-art treatment is usually performed on skin cancers that are large; that are recurrent and have not been effectively treated with conventional methods; or for skin cancers on the head, neck and face, where loss of healthy skin should be minimized. Mohs surgery is up to 99% effective in removing many skin cancers. In addition, it can be performed as an outpatient procedure.

Preparing for Surgery
If you are scheduled for Mohs surgery, most likely you have been diagnosed with a skin cancer such as basal cell or squamous cell carcinoma. These are the most common types of skin cancer, and comprise nearly 96% of all skin cancers.
Prior to surgery, you will have a consultation with the Mohs surgeon. During the consultation, the surgeon will need to know if you are taking any blood thinning medications such as Coumadin/Warfarin, Ticlid, Aspirin, Vitamin E, Ibuprofen or herbal medications. Please bring a list of your medications or the actual medication bottles for your visit. He will also need to know if you have a cardiac pacemaker or defibrillator, an artificial heart valve or a heart murmur, artificial joints, bleeding problems, or major illnesses. The surgeon will also ask if you have any allergies or sensitivities to medications, local anesthetics, or latex, or if you have fainting spells or other problems or issues related to your surgery. Please note: patients should not take any unnecessary (non physician-prescribed) aspirin products, other pain medications or herbal medications at least a week to two weeks prior to surgery.

Your surgery appointment will be scheduled early in the day. If you have an appointment in the afternoon, it might be for consultation only, and not for surgery. The surgery is performed with a local anesthetic to numb the area around the skin cancer. The visible cancer will be removed, mapped and coded by the surgeon, and then will be processed in the adjacent laboratory. While waiting for the results of this first "stage" of processing, your wound will be temporarily bandaged and you may be asked to re-turn to a small waiting area. Waiting times can be long, so please bring books or something to work on while you wait between stages. After reading the microscopic slide, if the surgeon determines there is more cancer to be removed, you will be taken back to the surgery room to remove another section of tissue. Because most cases require multiple stages to remove the skin cancer, please plan to spend the entire day with us. You should also eat breakfast in the morning and bring enough food or supplies to get you through the day.
**What Happens After Surgery?**
Once the margins are cleared, depending upon the size of the wound, it may be left to heal on its own, be repaired with sutures, or the area may need to be reconstructed with a skin graft or flap. Generally, patients will have the area bandaged for a week following surgery. Detailed wound care instructions will be provided. If you experience pain or discomfort after surgery, Tylenol usually provides relief.

**How Can I Minimize the Risk of Skin Cancer in the Future?**
The best way to prevent skin cancer is to minimize your exposure to sunlight. Wear protective clothing, wide brimmed hats, and avoid outdoor activities be-tween the hours of 10am and 4pm. Use of a sunscreen daily with an SPF of at least 30 liberally applied to all ex-posed skin is recommended.

After surgery, it is important to follow up regularly with your dermatologist. Re-search indicates that a recurrence of skin cancer often occurs within the first year, and a significant number of patients may develop another skin cancer somewhere on the skin within the next 5 years. Prevention and early detection are the best ways to minimize skin cancer in your future.