

## Information for Dermatology Patients Requiring Mohs Surgery

---

### What is Mohs surgery?

Mohs surgery is a specialised surgical method developed specifically for removing certain skin cancers (most often basal cell carcinomas). The visible skin tumour is removed with a small margin of skin and it is immediately examined under the microscope in the departmental laboratory. A map is drawn of the operation site and if skin tumour cells are still present the surgeon knows exactly where they are and can remove further tissue. Further samples are taken from any areas where tumour cells remain until all the skin cancer is removed. As the skin is removed in small samples, healthy skin is preserved and it keeps the wound as small as possible.

### Who is suitable for Mohs surgery?

Mohs surgery is suitable when the preservation of normal tissue is particularly important such as the central face, especially if the edges of the tumour are difficult to see. It is appropriate when previous skin cancers have been incompletely removed or have recurred, since these have a higher risk of incomplete excision with standard surgery.

### How effective is this treatment?

The cure rate for Mohs surgery is 99% in new tumours and 95% in recurrent tumours. Traditional surgical methods have a cure rate of 90%.

### What does the procedure involve?

The first phase of the surgery will take between 20-30 minutes. Local anaesthetic (Lidocaine) is injected to numb the skin and surrounding area, you will be fully awake during the procedure. The initial injection is uncomfortable but after this the procedure will not be painful. Lidocaine wears off after about 2 hours; longer acting anaesthetic will be injected at the first phase of surgery however more injections may be needed at later stages of the procedure. Paracetamol is available if required during your stay in the department. Once the first specimen has been removed you will have a temporary dressing applied and be asked to rest in the waiting room. The specimen will be taken to the laboratory to be analysed which can take up to two hours. The nurses will look after you in the waiting room and provide you with hot drinks and biscuits. Once the specimen has been analysed the procedure will be repeated as necessary (more samples of skin removed) until the skin cancer is removed. You will rest each time in the waiting room as the specimen is analysed. You may be in the department for up to eight hours; sometimes the skin tumour can be much larger than is first visible.

### What happens when the entire tumour has been removed?

The wound may be repaired on the day by the Mohs surgeon, often by moving adjacent skin (a skin flap) or by taking skin from another site (a skin graft). A dressing may need to be in place for at least a week following surgery; you will be given written aftercare instructions by the nurse.

In some areas wounds may be left to heal naturally as an open wound. If this is done you will be given written information on aftercare and dressings that may be required.

Some wounds may need to be repaired by another surgeon (e.g plastic surgeon or oculo (eye)-plastic surgeon). This will be planned before your surgery and will be performed within a couple of days. Dressings and wound care advice will be given and you will be allowed to go home if your surgery is at a later date.

## What should I bring on the day of surgery?

We suggest that you bring something to occupy your time whilst you await results. You should also bring a packed lunch with you, a supply of any medication due and a list of any current medications and allergies. You are welcome to bring a friend/relative for company; unfortunately it is not always possible for them to wait with you at all times as the department can get very busy. If this happens your friend/relative will be asked to wait in another waiting area. We do recommend that someone should drive you home. You can eat and drink normally before you come for your appointment.

## Are there any complications?

Bleeding will be stopped during the surgery but can restart afterwards. You will be given information on what to do if there is persistent bleeding after your procedure. Bruising and swelling is normal and may persist for a few days. If you take a blood thinning medication it is important to discuss this with your dermatologist before the day of surgery, people taking blood thinning medication are more at risk of bleeding after surgery. People taking warfarin should have an INR test about a week before their surgery to ensure their INR is below 2.5 (your GP may have to adjust your warfarin dose). It is likely that we will also test your INR level on the day if you have been unable to get an INR test within 24 hours of surgery.

Any skin surgery does carry a risk of infection. You will sometimes be prescribed antibiotics at the time of surgery if the doctor feels it is necessary.

Small nerves can be cut during surgery when removing the skin tumour, sometimes it is unavoidable. This can result in altered skin sensation or muscle paralysis which usually improves over weeks and months as new nerves regenerate. Very rarely nerves can be cut and they will not regenerate resulting in weakness of that muscle. If this occurs you can discuss this with the Doctor.

Sometimes wounds can be painful following surgery. We suggest taking paracetamol and advise rest for the next few days. Smoking impairs the skin's ability to heal. We strongly recommend that smoking and excessive alcohol is avoided for one week before and after your surgery, this is particularly important in the first 48 hours following surgery.

## Follow up

A nurse will normally contact you the day after surgery to answer any questions and give post operative advice. Usually we like to remove sutures here in dermatology about a week after your surgery so the nurse can check the wound and see that healing is progressing. You will be given an appointment to be seen in 3-4 months by the Consultant for a review as by this time the scar is usually settled.

*This leaflet should be read in conjunction with 'Information for Dermatology Patients Requiring Skin Surgery'.*

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

© Royal Devon University Healthcare NHS Foundation Trust

Designed by Graphics (Print & Design), RD&E (Heavitree)