What is Mohs surgery?

Mohs surgery is a specific type of skin cancer removal procedure named after Dr. Frederick Mohs who developed the technique in the 1930s. With this technique, specially-trained dermatologists remove skin cancers one layer at a time, ensuring all the cancer has been completely removed prior to reconstruction while also removing the least amount of non-cancerous tissue possible.

What are the advantages of Mohs surgery?

Mohs surgery offers the **highest cure rates** for skin cancer, which are usually 95-99%. In contrast, other methods available to treat high-risk skin cancers have cure rates of 50-90%.

The reason that Mohs surgery is so effective is because it allows for evaluation of 100% of the surgical margin and allows the surgeon to detect any "roots" of cancer that were left behind. In addition, it is very **safe** since it is performed using only local anesthesia.

Why does my skin cancer need Mohs surgery?

Mohs surgery is used for skin cancers which are at higher risk for forming subclinical extensions or "roots" which are invisible to the eye. These cancers can be much bigger than they look on the surface, much like the tip of an iceberg. Mohs surgery is indicated in the treatment of skin cancers:

- located on or in close proximity to the nose, eyelids, lips, ears, scalp, hands, or feet
- that are recurrent (have come back after being treated before)
- that have aggressive pathology on the biopsy
- that are large
- that are rapidly growing
- that cannot be clearly defined
- that occur in immunosuppressed patients

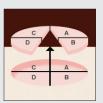
How is Mohs surgery performed?



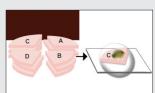
Step 1: After the area is numb from the local anesthesia, the doctor removes all visible skin cancer.



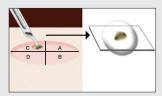
Step 2: A 2-3mm margin of normal-appearing skin is excised around the wound bed. After the area is numb, steps I and 2 usually take only 5-10 minutes.



Step 3: The tissue is marked in quadrants, inked, and mapped accordingly.



Step 4: The tissue is frozen and processed in the laboratory; the Mohs surgeon looks at the slides and examines them for any cancer still present at the edges. This step may take up to I-2 hours.



Step 5: If skin cancer is still present (as in section C in this example), the patient is brought back to the surgery room and more tissue is taken only in the area that still had skin cancer present. This tissue goes to the lab for processing as in step 4. This continues until all of the cancer has been removed.

Will I need stitches after Mohs surgery?

Dr. Zeikus will evaluate the wound after all of the cancer has been removed and will discuss her recommendations with you on the best way to proceed so that healing is optimal. Options include:

- Healing without stitches (best for small, shallow wounds)
- Stitching the wound together side-to-side
- Performing a skin graft or skin flap
- Referral to another surgical subspecialist such as a plastic surgeon for reconstruction

How long does the surgery take?

It is impossible to predict how many stages of Mohs surgery a patient will need. Each stage can take I-2 hours to process, and reconstruction can take an hour or more.

Therefore, you should plan on being in our office for the entire day.

What should I expect after the surgery?

Stitches will need to be removed in 6-14 days depending the location.

You should plan on being in town for at least the first week after surgery in case complications occur.

Bruising, swelling, and mild to moderate discomfort are common for the first couple of days after surgery.

You must rest to heal properly. No exercise or heavy lifting will be allowed for at least one to two weeks after your surgery.

You may need to take time off of work after the surgery.

The staff will provide detailed, written, instructions on how to care for the wound.

How do I prepare for Mohs surgery?

Once you have been referred by your provider to our office, please call us to schedule a consultation with the doctor. This appointment is important to evaluate your skin cancer, explain the procedure in detail, and make sure the doctor does not need to do any further testing or referrals prior to your Mohs surgery. Other things you should do or know prior to your Mohs surgery include:

- Do not discontinue taking Aspirin, Coumadin, Plavix, or other blood-thinners if these were prescribed by a doctor for medical reasons.
- Do discontinue the elective (non-physician directed) use of Aspirin (for pain or arthritis), Ibuprofen (Advil, Motrin, Aleve) Vitamin E, and herbal supplements for 10-14 days before the procedure.
- Avoid alcohol for 48 hours before and 48 hours after the surgery; alcohol causes excessive bleeding.
- Prepare to be at the office for an entire day on the day of the Mohs surgery – bring a book, computer, or other activities to keep you busy while you are waiting.
- You may be instructed to have someone drive you home from the surgery, but in most cases you can drive yourself home. The waiting area is limited so please bring no more than one person with you. Please, no young children.
- Do your best to get a good night's rest prior to the surgery. Unless instructed otherwise, you are free to eat and drink as usual.



Priya Zeikus, M.D, FAAD is a board certified dermatologist specializing in Mohs surgery and the treatment of skin cancer. She has performed over two thousand cases in Mohs Surgery, and is a member of the American College of Mohs Surgery and American Society of Dermatologic Surgery.

She received her bachelor's degree with honors from Johns Hopkins University and her M.D. from The University of Chicago Pritzker School of Medicine. She completed her dermatology training at Brown University and completed a fellowship in Mohs micrographic surgery and cutaneous oncology at Harvard Medical School.

Dr. Zeikus has received awards for her outstanding academic achievement and research. She is active in the Dallas Community and is a member of the Dallas Dermatological Society. She participates in local community sponsored events and skin cancer screenings.