What should I do before surgery?

- Eat a normal breakfast on the morning of surgery.
- Arrange to have someone drive you to and pick you up from the Surgery Centre.
- Please do not bring children to the Surgery Centre.
- Try to stop smoking one week before surgery and three weeks afterwards.
- If the procedure involves your face, please do not wear make up.
- Wear loose, comfortable clothing; avoid wearing light colours.

What medications can I take?

The following medications increase the risk of bleeding during and after the procedure. Stop two weeks before your surgery date and for one day afterwards.

- Ibuprofen (Aleve, Advil)
- Vitamin E
- Ginko
- Garlic
- Ginseng
- Ephedra (Ma Huang)

Otherwise, take any medication you would normally take.

- Bring any medication you would normally take during the day.
- Bring a list of the medications you take, including vitamins and herbal supplements.
- If you normally require antibiotics prior to having surgery or dental work, please ensure you take them before your Mohs surgery appointment as instructed by your primary care physician.

Aspirin, Plavix and Coumadin (Warfarin)

These medications ‘thin the blood’ by helping to prevent clotting. If you are taking them because you have had a stroke, artificial valve, atrial fibrillation, heart attack or a blood clot then you should remain on them for your surgery.

Increased minor bleeding is likely to occur during the procedure; however, it can be controlled and is less dangerous than having another stroke, heart attack or blood clot. In the past, these medications were stopped before surgery, but new research shows it is safe to continue them.

If you are taking them just as a health measure, but have NOT had a stroke, heart attack or blood clot, check with your primary care doctor or internist to see if it is safe to stop them. Do not stop these medications without checking first. Aspirin (including baby aspirin) should be stopped ten days before surgery, if possible; Coumadin, three days before surgery.

Preparing for Mohs Surgery

What can I expect on the day of surgery?

- Please try to arrive at Innovation dermatology 15 minutes before your appointment to complete any necessary paper work.
- Be prepared to spend the entire day with us, as we cannot predict how long the surgery will take.
- If you have limited mobility or other special needs, you are encouraged to have a friend or family member with you during the stages of surgery.

1. The front desk staff will register you.
2. Our nursing staff will take you to one of the procedure rooms and ask you about your medical history, current medications, allergies, and the name of your primary care physician or dermatologist.
3. You will be asked to sign a consent form that gives us your permission to undergo the procedure and to be photographed.
4. We will take a close-up photograph of the area to be operated on.
5. The skin will be cleansed and then numbed with an injection of a local anesthetic. We help to make this procedure as painless as possible.
6. The first step of Mohs surgery is to determine the extent of the tumour under the skin. This is usually done with a curette, an instrument used to scrape the skin. The tumour cells will come away while the normal skin stays intact.
7. The first layer of skin is removed.
8. Your nurse will put a bandage on the wound and show you back to the waiting room.
9. The removed tissue is taken to our lab where it is processed and examined under a microscope to see if the cancer has been completely removed. This process takes approximately 60-90 minutes for basal cell and squamous cell carcinoma.
10. Once the tissue has been prepared, Dr. Day will look at it under a microscope. If any tumour is left, the area is marked on a map, which is used to identify where the tumour is still present in your skin.
11. You will come back to the procedure room. We remove the dressing and inject more local anesthetic, if necessary. Further skin is removed from the area where the cancer is still present; the process is repeated as above until cancer-free margins are achieved.

• Once the cancer is completely removed, we will take another photograph of the wound and discuss your repair options.

• We will ask you to look at the wound for a better understanding of the extent of the tumour; however, you may decline if desired.

Wound closure and defect reconstruction with extensive, formal soft-tissue reconstructive training and experience, Dr. Day is able to perform effective repair of wounds. Our goal after the removal of skin cancer is to help restore healthy appearance and function to the affected area. Most repairs are completed the same day and within the same facility. Exceptionally large or complex reconstructions may be better performed at the hospital within a main-operating-room setting.

Skin has a remarkable ability to heal itself. Depending on the nature and location of your wound, it may be allowed to heal without stitches. If stitches are required, they will need to be removed in one to two weeks. Dr. Day will discuss your wound repair and closing procedure with you, as well as any follow-up appointments that may be necessary. Please do not schedule your surgery close to a vacation, travel for work, or a time when you will not be available for follow-up care.

Once the stitches are taken out and the wound is healed, the resulting scar will continue to heal and mature over the next six to twelve months. Further scar-revision procedures may be necessary to help reduce the scar’s visibility, often performed eight to twelve weeks after your initial Mohs surgery.

**What will happen after surgery?**

After the wound is closed, you will have a bandage in place. We will give you detailed, written wound-care and follow-up instructions; please follow these instructions carefully to help ensure proper healing. We will also provide you with a number you may call for access to Dr. Day or one of his qualified nursing staff, should you have any urgent questions or concerns.

Most wounds are not excessively painful after Mohs surgery and any pain is usually well controlled with acetaminophen (Tylenol) alone. Acetaminophen is preferred over aspirin or ibuprofen-based medications. You may be prescribed additional painkillers, if indicated.

Our objective is to put you at ease before, during and after your surgery, while curing you of your skin cancer and reconstructing the wound with the least scarring possible. Please let us know if you have any special concerns or questions.
Checklist before Mohs surgery

- Have breakfast and bring along a lunch or snacks.
- Wear loose, comfortable clothing; avoid wearing light colours.
- Arrange to have someone drive you to and pick you up from the Surgery Centre.
- Be prepared to spend the whole day with us.
- Check with your regular doctor before stopping aspirin or Coumadin.
- Stitches need to be removed in one to two weeks depending on surgery sites. Please make sure that you will be available for follow-up care.
- Stop smoking one week before surgery and two weeks afterwards.
- No alcohol two days before surgery and two days afterwards.
- Be prepared to take it easy for one-to-two weeks after surgery. No exercise, golf, yard work, or heavy lifting during this time, or as advised by the nurse or surgeon.

Medications

- Take your normal medications that morning.
- Bring medications needed during the day.
- Bring a list of your medications.

Call us with any questions or concerns you may have, and please remember to bring this entire package with you to your appointment.
Risks of Surgery Form

PLEASE READ, SIGN AND BRING THIS FORM TO YOUR APPOINTMENT.

Please read below for the most common risks of Mohs surgery.

1 Scarring: It is impossible to cut the skin without leaving a scar. The aim of any surgery is to leave the least-noticeable scar possible after the removal of tissue destroyed by the skin cancer. Scars continue to heal and mature for up to two years. Occasionally, a keloid or hypertrophic (thickened) scar may develop after a surgery. INITIAL _______

2 Infection: The rate of wound infection is very low with this kind of surgery, generally less than one person out of 100. We reduce this risk by cleaning the skin and occasionally recommending antibiotics after surgery. If you do develop a wound infection, we will treat it with antibiotics. INITIAL _______

3 Bleeding: There is a risk of bleeding whenever we cut the skin. We reduce this risk by cauterizing any blood vessels during the surgery. Rarely, bleeding may occur after the surgery. Please inform us if bleeding occurs so we can arrange further treatment as required. INITIAL _______

4 Bruising and swelling: Bruising and swelling is common and usually begins immediately after surgery. It may persist for up to two weeks while the skin is healing. INITIAL _______

5 Pain: Some discomfort is expected after surgery; usually it is minor and controlled with Tylenol. Occasional discomfort may be felt during the healing phase of any wound. INITIAL _______

6 Numbness or loss of muscle function: Occasionally, nerves can be damaged during surgery. This damage may lead to areas of decreased sensation (numbness) or a loss of muscle function. If the tumor involves or surrounds a nerve it must be removed regardless of injury to nerve function. INITIAL _______

7 Opening of the wound. Stitches stay in for one-to-two weeks. Rarely, the stitches may not hold and come out before you are due back, which can happen for a number of reasons. Please contact us if this develops. INITIAL _______

8 Recurrence of the tumour. Mohs surgery provides the highest cure rate of any form of skin cancer treatment. However, it is not a 100% cure rate and recurrences can occur, though very uncommon. If skin cancer recurs, then Mohs surgery would likely be performed again. INITIAL _______

9 Additional procedures. The need may arise for additional procedures that will help reduce scar swelling, redness or thickening. Your doctor will recommend further treatments, if indicated. INITIAL _______

I have read and understand the above.

Please sign __________________________________________ Date_________________________