MOHS SURGICAL CENTER

FRANKLIN DERMATOLOGY GROUP

Mohs Surgeon:

Vineet Mishra, MD

Mohs Surgical Center of Franklin Dermatology Group

Vineet Mishra, MD

Name: _____ Date: _____

Referred by: (check or fill in)

Telephone: ( ) _____ Provider: MD/NP _____

Patient/Friend: _____

Date of Birth:_____ Age: _____ Height: _____ Weight: _____ Other: _____

In order to understand your overall health status, we ask that you fill in this form describing your current health status.

Dentures: _____

Drug Allergies: _____

Are you currently taking any of the following medications?

	YES	NO	DATE LAST TAKEN
Warfarin	_____	_____	_____
Insulin	_____	_____	_____
Antibiotics	_____	_____	_____
Digoxin	_____	_____	_____
Steroids	_____	_____	_____
Aspirin	_____	_____	_____
Vitamin E	_____	_____	_____

Other medications, drugs (or vitamins) you are taking at the present time MEDICATIONS AND DOSAGE (please list):

_____ _____

_____ _____

Do you have or have you ever had any of the following conditions (please check):

	YES	NO
Diabetes	_____	_____
Heart trouble/disease	_____	_____
Heart surgery)	_____	_____
Asthma	_____	_____
Bleeding tendencies	_____	_____
Blood Clot	_____	_____
Hepatitis	_____	_____
Glaucoma	_____	_____
Rheumatic Fever	_____	_____
High blood pressure	_____	_____
Kidney trouble/disease	_____	_____
Cancer	_____	_____
Epilepsy	_____	_____
Other	_____	_____
Blood Transfusion	_____	_____
Prosthetic joint or valves	_____	_____

Please bring this questionnaire with you on the day of your surgery. If you have any questions, please call our office at (615) 771-1881

Medication Precautions for Skin Surgery Patients

Many medications (both prescription and non-prescription) can inhibit the blood's ability to clot and may increase the tendency to bleed during surgery and the post-operative period. Many of these medications are anti-arthritic, anti-rheumatoid, anti-coagulant, or circulation medications. Most of these medications contain aspirin or ibuprofen. If you are currently taking any of these medications please contact our office to speak with a nurse about your medications.

Please contact the prescribing health care provider prior to discontinuing any <u>PRESCRIPTION</u>, <u>DOCTOR-ORDERED</u> medication (i.e. warfarin, aspirin). Inform your provider of your scheduled surgery and ask if and when to stop your medication. They may also inform you when to resume the mediation post-operatively.

If you are taking any **<u>non-prescription</u>** medication (i.e. aspirin or other over the counter anti-inflammatory medications) that may increase your tendency to bleed, we ask you to discuss with the prescribing provider about the possibility of discontinuing these medications temporarily prior to the surgery. Your doctor must approve their discontinuation. After your surgery the doctor will inform you when to re-start your medications. **A list of common medications that contain aspirin or can increase your tendency to bleed may be found on the next page.**

Note: If you need minor pain medication, please take Tylenol (acetaminophen). If you are allergic to acetaminophen or are unable to take it for other reasons, please notify us to arrange for a suitable substitute.

Common Medications That Can Increase Your Bleeding Tendency

Advil (ibuprofen)
Alcohol
Aleve (naproxen)
Alka-Seltzer
Anacin
Anaprox (naproxen)
Ascriptin
Aspirin
B.A.C. (butalbital/aspirin/caffeine)
BC Powder
BufferiCataflam (diclofenac/potassium)
Children's Aspirin
Clinoril (sulindac)
Congesprin
Coumadin (warfarin)
Daypro (oxaprozin)
Diorinal (butalbital/aspirin/caffeine)
Disalcid (salsalate)
Doan's Pills
Dolene (propoxyphene/aspirin/caffeine)
Dolobid (difunisal)
Doraphen Compound
Doxaphene Compound
Dristan
Easprin
Ecotrin
Empirin
Excedrin
Feldene (piroxicam)
Fiorinal (butalbital/aspirin/caffeine)
Fiortal Caps (butalbital/aspirin/caffeine)
Fish Oil
Four-Way Cold Tabs
Garlic
Ginkgo
Ginseng
Goody Powder
Halfprin (aspirin)
Ibuprofen
Indocin (indomethacin)
Isollyl Improved
Lodine (etodolac)
Lortab ASA (hydrocodone/aspirin)
Mamal (butalbital/aspirin/caffeine)
Meclome (meclofenamate)
Medipren (ibuprofen)
Midol
Mono-Gesic (salsalate)
Motrin (ibuprofen)
Nalfon (fenoprofen)
Naprelan (naproxen)
Naprosyn (naproxen)
Norgesic (orphenadrine/aspirin/caffeine)
Nuprin (ibuprofen)
Ordis (ketoprophen)
Oruvail (ketoprofen)
Pemprin IB (ibuprofen)
Panwarfin (warfarin)
Percodan (oxycodone/asprin)
Persantine (dipyridamole)
Plavix Tabs (clopidogrel bisulfate)
Ponstel (mefenamic acid)
Relafen (nabumetone)
Robaxisal (aspirin/methocarbamol)
Roxiprin (oxycondone/asprin)
Salflex (salsalate)
Sine Aid
Sine Off
Soma Compound (aspirin/carisoprodol)
Talwin Compound (aspirin/pentazocine)
Tegratol (carbamazepine)
Ticlid (ticlopidine)
Tolectin (tolmetin)
Toradol (ketorolac)
Trental (pentoxifylline)
Trigesic
Trillsate (choline magnesium trisalicylate)
Vanquish
Vitamin E Supplements
Voltaren
Zorprin (aspirin)

Mohs Surgical Center of Franklin Dermatology Group

Vineet Mishra, MD

740 Cool Springs Boulevard, Suite 200, Franklin, TN 37067 P: (615)771-1881 F: (615)771-0050

Patient Education

The following information is provided to our patients and their families who are considering Mohs Skin Cancer Surgery. Mohs surgery was named after the originator, Dr. Fred Mohs.

SKIN CANCER

What is skin cancer?

Skin cancers are common tumors seen with a greater frequency as our life span increases and we receive more sun exposure. There are several types of skin cancer: basal cell carcinoma and squamous cell carcinoma (composing the most frequently diagnosed non-melanoma types of skin cancers) and melanoma. Basal cell carcinoma is by far the most common of the three. A variety of methods, including excisional surgery, surgery and curettage combined with electrical burning, freezing (cryosurgery), and radiation therapy techniques are used to treat skin cancer. Occasionally these methods are unsuccessful because the skin cancer has an extensive root system (like the roots of a tree).

What are the causes of skin cancer?

The causes of skin cancer, like other forms of cancer are not completely known. Excessive exposure to sunlight is the single most important factor associated with the development of skin cancers on the face and arms. Fair skinned people develop skin cancers more frequently than dark skinned people. Cancers of the skin are more common in the sunny area of the United States. Skin cancers also tend to be hereditary and occur very frequently in certain ethnic groups, especially those with fair complexions, such as Northern Italians and people from Northern Europe. Other possible factors contributing to the development of skin cancer include x-rays, trauma, a suppressed immune system, and certain chemicals.

How does the skin cancer begin?

Skin cancer begins in the uppermost layers of the skin and grows downward, forming roots and spreading horizontally along the surface of the skin. Unfortunately, these extensions cannot be directly seen. Therefore, what is apparent to the naked eye on the surface of the skin may be only the “tip of the iceberg”.

Is skin cancer dangerous?

The most common types of skin cancer are basal cell carcinoma and squamous cell carcinoma. Basal cell carcinoma enlarges locally from the point of origin and usually does not spread (metastasize) to distant parts of the body (although we see one or two cases per year where basal cell carcinoma has metastasized to the regional lymph nodes). If not completely removed, both types will frequently invade and destroy structures in their path of growth. Compared to other forms of skin cancer, these types of skin cancers (basal cell and squamous cell) are generally recognized in the early stages and are more easily cured. Squamous cell carcinoma does have the potential to metastasize to regional lymph nodes and beyond and should be evaluated and treated appropriately.

Melanoma may be life threatening if not diagnosed and treated in an early phase. It usually appears as a brownish-black spot or bump on the skin which enlarges and sometimes bleeds. Occasionally melanomas originate in moles which have been present for many years. The entire original lesion (primary site of the melanoma) is removed plus a safety margin of tissue. (NOTE: Most melanomas are removed by surgical excision. In some situations, melanoma may be removed with the Mohs technique. When this occurs, melanoma tissue evaluation requires 24 hours as opposed to 1 hour for basal cell carcinoma and squamous cell carcinoma).

MOHS SURGERY

What is Mohs surgery?

Mohs surgery is a highly specialized procedure for the total removal of skin cancer. There are three surgical steps to Mohs surgery:

1. The surgical removal of the visible portion of the skin cancer with the excision or curettage.
2. The surgical removal of a thin layer of tissue at the bed and complete outer margin of the cancer.
3. The examination of the excised tissue under the microscope.

By examining the bottom portion (i.e. entire outer margin: lateral, base, etc.) of the tissue, the surgeon is able to trace out and exactly locate any additional areas of cancer remaining. Before the tissue is examined, it is marked with colored dyes to distinguish top from bottom and right from left. By doing this, we are able to pinpoint the exact location of any remaining tumor at the surgery site during the microscope examination. If more cancer is present, the procedure is repeated and only the area of remaining cancer is removed.

Advantages of Mohs surgery

Using microscope examination, the surgeon pinpoints areas involved with cancer and selectivity removes only those areas. In this way, the skin cancer is traced out to its roots. This results in preserving as much normal tissue as possible with the highest chance for cure. Other forms of therapy have only a 50% to 70% chance for success in skin cancers that have previously been unsuccessfully treated. Using the Mohs surgery technique, the percentage of success is very high, often 97% to 99% even if other forms of treatment have failed. With this technique, an excellent chance of cure is achieved. However, no one can guarantee a 100% chance of cure.

The highest chance of cure – Mohs surgery

Mohs surgery provides patients with the highest chance for cure of even complicated skin cancers. Since this method is highly specialized, originally only a few medical centers in the United States were equipped with the personnel and training to offer this treatment. A frequent reason for being referred to us for Mohs surgery is that other forms of treatment have failed. This does not mean that you are cancer prone or have a hopeless case. It merely means that the methods that have been used to treat you in the past did not destroy all of your skin cancer cells. Because Mohs surgery uses complete systemic microscopic control to search out the roots of the cancer, it cures almost all patients- even those in whom skin cancer has persisted in spite of several other treatments.

The Mohs Surgical Center of Franklin Dermatology Group

The Mohs Surgical Center of Franklin Dermatology Group consists of many individuals who will assist you. In addition to Dr. Vineet Mishra, the team includes surgical assistants who are experienced in working with patients who have skin cancer and a laboratory technician who prepares the tissue for microscopic examination.

PREPARING FOR MOHS SURGERY

Pre-operative visits

There are times when a pre-operative visit will be requested by the surgeon or your referring physician. There could be many reasons the surgeon might request this visit (such as location of the lesion).

If you feel the need for a pre-operative consultation or your referring physician advises a consultation, we will be happy to schedule an appointment time for you. Otherwise, we will provide the consult as part of your surgery visit and appointment.

Will I need to be hospitalized?

Typically the surgery is performed on an outpatient basis in our office and you should be able to go home later that day. Rarely, we require that you stay in the hospital. It is extremely infrequent that a patient would require hospitalization. However, should your surgeon feel this is advisable, arrangements will be made for you.

Getting ready for Mohs surgery

- Try to get a good night's rest the night before the procedure
- In most cases, we allow our patients to eat a light breakfast unless informed otherwise by your repairing (reconstructing) physician (i.e. unless you are having a repair done by a surgeon where either the surgeon or the office has said you may not have anything after midnight.)
- If you are taking any medications, take them as usual unless directed otherwise (see Medication Precautions handout).
- We request that you do not take any aspirin or aspirin-containing products for two weeks prior to the surgery (again, see the Medication Precautions handout) unless these medications were specifically recommended by your health care provider. There are other medications that thin your blood and cause more bleeding, such as warfarin, etc. If you are on any of these medications, please consult the health care provider who is prescribing the medication to see if you can remove this medication for a few days. In any case, we will follow your physician's recommendation(s).
- Please do not drink any alcoholic beverages for 12 hours prior to your surgery. Alcohol causes blood vessels to dilate and could aggravate bleeding problems. '

It is a good idea to bring a book or magazine with you on the day of surgery. The procedure may take a full day, much of which you will spend in the waiting room. During this time your removed tissue will be processed in our laboratory and examined by your physician/surgeon under the microscope.

The day of the surgery

Please note that you might need to have someone drive you home from the procedure, depending on the location of the lesion (i.e. near the eye) and/or medications that might be required.

Surgery appointments are scheduled first thing in the morning or first thing in the afternoon. When you arrive for surgery, the surgical assistant will take you to the surgery suite and prepare the involved area of the skin for surgery. If you have any additional questions, feel free to ask them. The physician/surgeon will also see you at this time and review your case.

The area of skin (tissue) containing cancer will then be anesthetized with a local anesthetic. It usually takes a few minutes to anesthetize the involved area. The surgeon will then remove the cancerous area. After the tissue has been removed, the bleeding will be stopped with a cauterizing machine which generates heat. Before you leave the surgical suite, the surgical assistant will cover your wound with a bandage. The tissue will be sent to the laboratory for examination.

It will then take approximately one hour to prepare the tissue for microscopic examination. While you are waiting, you may have a snack or drink if you brought something (unless you have been told not to eat or drink anything). If examination of the tissue removed reveals that you tissue still contains cancer cells, the procedure will be repeated as soon as possible. Several excisions and microscopic exams may be done in one day. It is seldom necessary for you to return the following day for additional surgery. The average number of surgical sessions for most skin cancers is two to three, so most patients have their entire skin cancer removed by mid-day.

The surgical wound

When the skin cancer has been completely removed, a decision is made on the best method for treating the wound created by the surgery. The methods include:

1. Closing the wound directly with stitches (sutures)
2. Letting the wound heal by itself (granulation)
3. Closing the wound with a skin graft of flap.

We will recommend which of these methods will be best for your individual case. Repairs may be completed by us or by other surgical specialists. Each patient is unique and we must individualize your treatment to achieve the best results.

You may experience a sensation of tightness as the wound heals, which is normal. As time progresses, you will feel this less and less. On occasion, skin cancers involve nerves and it may be one to two years before the sensation in the treated area returns to normal. In some cases,

the numbness may be permanent. Any form of surgery will leave a scar. The Mohs procedure tends to minimize this as much as possible. We make every effort to obtain the optimal cosmetic results for you and work in conjunction with other surgical specialists in the field of cosmetic and cutaneous surgery.

The new skin that grows over the wound may contain many more blood vessels than the skin that was removed. The results in a red scar and the area may be sensitive to temperature changes. This sensitivity improves with time and the redness gradually fades. If you are having a lot of discomfort, avoid extreme temperatures. You may experience itching after your wound is healed, which is also normal. Petroleum jelly will help relieve the itching.

Follow-up after Mohs surgery

A follow-up period of observation for at least five years is essential after the wound is healed. Thus, you will be asked to return to either your Mohs surgeon or dermatologist in three months, six months, one year, and annually thereafter for five years. Should there be any recurrence of the skin cancer after the Mohs surgery, it should be detected at once and treated. Experience has shown that if there is a recurrence, it will usually be within the first year following surgery. Studies have shown that once you develop a skin cancer, there is a possibility that you will develop others in the years ahead. We recommend that you be seen at least once a year by your referring physician or your dermatologist so that they may evaluate for development of any new skin cancers. Should you notice any suspicious area, it is best to check with your referring physician to see if a biopsy is indicated.

Sun exposure after Mohs surgery

We do not think that sunshine is a harmful to you as long as you use adequate protection, avoid burning, and use discretion. As mentioned, sunlight probably is the main contributing factor in the development of skin cancer, and patients who have developed one skin cancer often will develop more at a later time. When you go into the sun, we recommend that you liberally apply a sunscreen with an SPF of 50 or higher to all exposed areas, including the tops of your ears. It is best to apply the sunscreen at least 15 minutes before going outdoors. Be sure to reapply it liberally after swimming or exercising since most sunscreens wash off with water or perspiration. In addition to a sunscreen, you may wish to wear a broad-brimmed hat and utilize UPF clothing to further protect yourself from the sun. Yes, you may lead a normal lifestyle if you take precautions.