



**Joseph P. Housel, MD**  
Mohs and Reconstructive Surgery  
235 Greenfield Parkway  
Liverpool, NY 13088  
Phone (315) 452-3376  
Fax (315) 452-3377

## Mohs Surgery Information Packet

Be sure to bring the following to your appointment:

- Insurance Card
- Insurance Referral ( If required by your insurance)
- Name and address of your primary care provider as well as your dermatologist or referring doctor
- List of all current medications, dosage, frequency, indication, allergies, and medical history.
- Name and address of your preferred pharmacy. We have electronic prescriptions and can send most medication prescriptions directly to your pharmacy to be ready for pick up and save you time.

## Preparing for your Surgery:

- Alcohol should be avoided for 3 days prior to surgery and 2 days after the procedure.
- If you have an artificial heart valve, joint replacement, organ transplant, or heart murmur please call our office and notify us prior to surgery. You may need to take an antibiotic prior to surgery.
- Smoking will inhibit wound healing. Please attempt to stop/ or greatly reduce smoking after surgery to allow for the best possible surgical outcome.
- If you have any implanted electrical device (e.g. vagal nerve stimulator, bladder stimulator, etc.) please call our office and notify us prior to surgery. You may have to have this switched off prior to surgery.
- If you have been instructed to take antibiotics prior to dental/surgical procedures, please contact us or your primary care doctor for a prescription.
- If you have been prescribed Ativan (Lorazepam) or Valium (Diazepam), do not take it until after you have signed your consent form or the procedure will be cancelled.

## Scheduling Considerations:

- Expect to wear a large bandage for 1 day following your surgery. You will not be able to get it wet for 24 hours. The exact details and of your bandage and wound care will be addressed on the day of your surgery.



**Joseph P. Houseel, MD**  
Mohs and Reconstructive Surgery  
235 Greenfield Parkway  
Liverpool, NY 13088  
Phone (315) 452-3376  
Fax (315) 452-3377

- You may experience bruising and swelling around your wound for several days after surgery.
- Do not apply Neosporin to the surgical site.
- Reduce your physical activities, including exercise for 1-2 weeks following your surgery. Please call if you have any questions on these restrictions prior to surgery. This information will be reviewed on the day of your surgery and the restrictions will vary depending on the site.
- You will need to return for suture removal 1-3 weeks following surgery. Please do not schedule a procedure if you will be leaving for vacation prior to that time frame.
- Rarely, the surgery needs to be postponed due to medical issues identified during the preoperative evaluation (done the day of surgery). To avoid this possibility you can elect to come for a consultation visit prior to scheduling the surgery. Please call if you would like to schedule a consultation appointment.
- The duration of the surgery is very difficult to predict. You should plan on being at our office for SEVERAL hours and POSSIBLY the ENTIRE day.
- If the surgical site is near your eye, it may be necessary for us to cover your eye with a bandage after surgery. In this case, please arrange to have a ride home. You should not drive.

#### The Date of your appointment

- If your surgical site is located on your leg, please wash your entire leg with antibacterial soap to reduce the risk of post-surgical infection. We recommend Hibiclens which can be found over the counter at most drug stores.
- Get a good night's rest
- Take all of your medications and have a light breakfast/lunch unless otherwise instructed.
- Since you will be here for 2-4 hours please bring light reading materials to pass the time while waiting.
- All surgery is performed under local anesthesia. Most people are able to care for themselves following the procedure. However if your case is lengthy or if the surgical area is around your eyes you may need a ride home. Please call if you have any questions. We look forward to seeing you!



**Joseph P. Housel, MD**  
Mohs and Reconstructive Surgery  
235 Greenfield Parkway  
Liverpool, NY 13088  
Phone (315) 452-3376  
Fax (315) 452-3377

## **Mohs Surgery**

### **Introduction:**

This unique type of surgery was developed over 50 years ago by Dr. Frederick Mohs, a professor of surgery at the University of Wisconsin. Since that time the technique has been refined and advanced so that today it is offered in most major medical centers throughout the country. Its wide acceptance stems from the fact that, for certain types of skin cancer, it offers a cure rate of 98%.

Mohs surgery is performed by a team specially trained in this technique. The team includes a physician, nurses, surgical technicians, technicians who are responsible for preparing the tissue for microscopic examination, and the office staff.

### **Technique:**

Except for a rare circumstance, Mohs surgery is done on an outpatient basis. After checking in with our front desk, you will be brought into one of our surgical suites. We will review your medical history, allergies, and medications. You will be asked to sign a consent form to allow us to perform the procedure. Your surgical site will be identified (usually with your help), and you will be asked to confirm that the site has been correctly identified. Local anesthesia is then used to numb the surgical site. A thin layer of skin at the tumor site is then removed. This layer is marked, frozen, and stained so that it may be examined under a microscope. The processing time takes approximately one hour and larger specimens require longer to process.

If skin cancer is found at the edges of the specimen, the surgeon will repeat the process of removing another layer of skin, preparing it for the microscope and examine it. These steps are repeated until all of the skin cancer that can be examined under the microscope is removed. Depending on the severity of the skin cancer, there may be several stages of surgery. Since we cannot determine ahead of time how many stages that you will require, it is necessary that you assume that you will need to spend the entire day with us. Rarely, it takes more than one day to remove your tumor.

### **Benefits:**

The major advantage of this technique is that by using a microscope to guide us, we remove only the tissue that skin cancer has already invaded, sacrificing little of the surrounding tissue. This is especially important if skin cancer is on the face. Of course any procedure will leave a scar, but by preserving the maximum amount of healthy skin we hope to allow the best cosmetic result. In addition, we can be sure that the entire skin cancer has been removed because we track it under the microscope, giving the highest possible cure rate.

Since we cannot know ahead of time the extent of the tumor, it is difficult to discuss how the wound will be repaired until the surgery is completed. There are several ways of repairing the skin: 1) Let it heal by itself 2) Stitch the wound together using a flap or graft which requires moving healthy skin from elsewhere. When the tumor has been completely removed and we know the size and the shape of the wound, we will discuss with you the best options for repair.



**Joseph P. Housel, MD**  
Mohs and Reconstructive Surgery  
235 Greenfield Parkway  
Liverpool, NY 13088  
Phone (315) 452-3376  
Fax (315) 452-3377

## Risks

As with any kind of procedure, there are risks with surgery. Although these complications are rare, you should know about them. In general, the benefits of surgery are believed to outweigh the risks.

- **Post operative bleeding:** Some bleeding during the procedure is expected, but rarely occurs after surgery. If this should happen, the bleeding can usually be controlled by the use of pressure.
- **Infection:** Infection rarely occurs and you will be prescribed a course of antibiotics at the time of your surgery.
- **Nerve Damage:** Most scars are numb because the sensory nerve has been cut. This may persist for several months or longer. Very rarely the tumor may infiltrate a motor nerve so the tumor removal may result in motor nerve damage and loss or diminished range of movement.
- **Allergic Reactions:** Allergic Reactions can occur due to local anesthesia or bandaging material.
- **Pain:** There is minimal post-operative discomfort. If discomfort does develop, it usually responds to Tylenol. If your procedure occurs on the forehead or scalp, you may develop a headache for 1-2 days following surgery.
- **Scarring:** A scar will be the result of the procedure. It usually matures over time and becomes cosmetically acceptable. Our physician is highly trained to minimize the appearance of scarring and to hide within the natural lines and wrinkles when possible.
- **Recurrence:** Rarely, some patients will have tumors recur even after Mohs surgery has been carefully performed. Recurrences are almost always treated by Mohs surgery again because it has the highest cure rate for recurrent tumors.
- **Bruising:** If you are currently on anticoagulant therapy e.g.(Coumadin, Warfarin, Aspirin, Levaquin) you will bruise. You should NOT adjust the dosage or discontinue any medication prior to skin cancer surgery. By stopping any prescribed anticoagulant therapy you put yourself at risk of a heart attack or stroke. You WILL be bruised and it can involve your entire face. If you have surgery on your face you could appear as though you have two black eyes, this can take days to weeks to dissipate. Bruising is a normal part of the healing process and is much less of a concern than the potential risk of heart attack or stroke.

Please sign and date as evidence that you have reviewed and understand the information provided to you prior to your surgery.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Skin Cancer

Skin cancers are the most common tumors in the United States, with over 3.5 million cases diagnosed each year. There are three major types of skin cancers; basal cell carcinoma (BCC), squamous cell carcinoma (SCC), and melanoma. This document discusses only BCC and SCC since they are treated by Mohs surgery.

BCC and SCC begin with a few cells in the skin that grow abnormally and more aggressively than the other neighboring cells. They create small bumps on the skin that often bleed and poorly heal. As they grow, they may invade neighboring skin and parts of the body adjacent to them. It is exceedingly rare that a part of the tumor breaks off and spreads through the body (metastasize).

### How did I develop skin cancer?

Most skin cancers occur on the head or neck. These areas are most frequently exposed to ultraviolet light contained in sunlight, which is the most important factor in causing skin cancer. Very fair skinned people tend to develop more skin cancers than those with dark skin. Other factors also related to the development of skin cancers include radiation, arsenic exposure, illnesses or medications that cause immunosuppression, and Human Papilloma Virus Infections (certain types of warts).

### Diagnosis:

Once a suspicious bump appears, the doctor takes a sample of the lesion by doing a biopsy to determine if it is skin cancer and which type it is. A biopsy is designed to remove only a small piece of tumor, large enough so the pathologist can make a diagnosis and small enough so that little scarring is produced. Only rarely does a biopsy remove the entire tumor.

### Treatment:

Once the pathologist has made a diagnosis of skin cancer we can choose a method that would be appropriate for treating it. The various methods include:

- Cryosurgery (freezing the tumor)
- Electrodessication and curettage (burning the tumor with an electric needle)
- Radiation therapy
- Excision (removing the tumor surgically with predetermined wide margin)
- Mohs surgery (surgically removing the tumor with microscopic guidance to minimize margins and spare normal tissue).



**Joseph P. Housel, MD**  
Mohs and Reconstructive Surgery  
235 Greenfield Parkway  
Liverpool, NY 13088  
Phone (315) 452-3376  
Fax (315) 452-3377

Since BCC and SCC are contained in the skin and rarely metastasize, removing them is the standard treatment. The most appropriate treatment choice depends on the type, location, and size of the tumor as well as other special characteristics of the patient. Now that you have at least one skin cancer, you are at risk for developing others. Early detection is the key. It is important to inspect your skin regularly for any changes and to see your dermatologist as often as they determine is appropriate. In addition to minimize your sun exposure and wear sun protection at all times while outdoors. If you have any questions about skin cancer or sun protection please let us know.