Because each patient is unique, it is impossible to discuss all of the possible complications and risks in this brochure.

- There may be an adverse reaction to medications used. We will screen you carefully for any history
- There may be excessive bleeding from the wound. Such bleeding can usually be controlled during
- The tumor may involve an important structure. Because tumors often occur on the head and
- There may be poor wound healing. At times, in spite of our best efforts, for various reasons (such
- There will be a scar at the site of removal. We will make every effort to obtain the best cosmetic

longstanding tumors have the greatest chance for recurrence.

blood loss, but bleeding into a sutured wound, graft, or flap may inhibit good wound healing.

given an antibiotic prior to surgery.

infected and require antibiotic treatment. If you have a particular risk for infection, you may be

deformities. Furthermore, repair of the resulting defect may involve some of these structures.

motor nerve is involved, microsurgical repair may be required.

The tumor may involve an important structure. Because tumors often occur on the head and

neck, many are near or on vital structures such as the eyes, nose, or lips. If the tumor involves these

structures, portions of them may have to be removed with resulting cosmetic or functional deformities. Furthermore, repair of the resulting defect may involve some of these structures.

The wound may become infected. A small number of surgical wounds (less than 5%) become infected and require antibiotic treatment. If you have any particular risk for infection, you may be given an antibiotic prior to surgery.

There may be excessive bleeding from the wound. Such bleeding can usually be controlled during surgery. There may also be bleeding after surgery. There is very rarely a significant amount of blood loss, but bleeding into a sutured wound, graft, or flap may inhibit good wound healing.

There may be an adverse reaction to medications used. We will screen you carefully for any history

of past problems with medications; however, new reactions to medications may occur.

There is a small chance your tumor may recur after surgery. Previously treated tumors and large, longstanding tumors have the greatest chance for recurrence.

The visible tumor may be only the tip of the iceberg.

Dr. Blalock are members of that organization (www.mohscollege.org). In addition, each is

their skills in a program approved by the American College of Mohs Surgery. Both Dr. Stasko

and Dr. Blalock have completed a comprehensive fellowship in Mohs Micrographic Surgery, spending an extra year honing their skills in a program approved by the American College of Mohs Surgery. Dr. Stasko and Dr. Blalock are members of that organization (www.mohscollege.org). In addition, each

is board certified in Dermatology by the American Board of Dermatology. With their extensive training and unique pathological skills, they are able to identify and treat any unusual, unusual dysplasia, tissue, preserving healthy tissue and minimizing the cosmetic impact of the surgery.

Dr. Stasko is the Director of Dermatologic Surgery and Cutaneous Oncology.

Dr. Blalock is an Adjunct Professor of Surgery.

The highly-trained surgeons that perform Mohs Micrographic Surgery are specialists in dermatology, pathology, and reconstructive surgery. Dr. Stasko and Dr. Blalock have each completed a comprehensive fellowship in Mohs Micrographic Surgery, spending an extra year honing their skills in a program approved by the American College of Mohs Surgery. Dr. Stasko and Dr. Blalock are members of that organization (www.mohscollege.org). In addition, each is board certified in Dermatology by the American Board of Dermatology. With their extensive training and unique pathological skills, they are able to identify and treat any unusual, unusual dysplasia, tissue, preserving healthy tissue and minimizing the cosmetic impact of the surgery.

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THE PREOPERATIVE EVALUATION

The preoperative evaluation includes a discussion concerning your skin cancer, obtain your medical history and determine whether the technique of Mohs Micrographic Surgery is the most appropriate treatment for you. Please bring a list of your medications with you. It is helpful to meet with a nurse to assist you with your preoperative preparations. The skin and surrounding tissue will be photographed before the treatment, as well as during and immediately after the surgery and again after healing. These photographs become part of your medical record and may be used for teaching purposes.

Mohs Micrographic Surgery utilizes a team approach. Your team may include your surgeon, surgeon, nurse and technicians. Dermatology or Plastic surgery will be the educational practice of the Dermatologic and Dermatologic Surgeon. These specialists may also be involved in your care after the direct supervision of your surgeon.

Mohs Micrographic Surgery is performed in our dedicated operating rooms at The OU Physicians Dermatology Clinic.

Please write down any questions you may have about your Mohs Surgery or your care in the space below:

THE SURGERY

Before surgery, you will change into hospital clothing if necessary. It is good to know about your post-surgery clothing and to avoid any “sweatbands” or elastic clothing. Before the procedure begins, the doctor will again discuss the procedure with you and obtain your written consent for the procedure. If you have any additional questions, please feel free to ask before this time.

Once you are in the operating room, we will clean the area surrounding your skin cancer with a sterile antibacterial soap, and we will place several sterile drapes over you. In addition, a sticky pad or an arm board may be placed on your arm or leg to providehampering for the electrosurgical unit (this machine is used to stop bleeding). You may also have a cap or a mask on your face. The area(s) of skin cancer is photographed before surgery to document the size of the lesion. The excised area is processed and examined by the Mohs pathologist in the operating room while the surgery continues. Depending upon the amount of skin removed, processing usually takes 30-60 minutes to ameliorate the involved area and return the tissue to you.

One of the major advantages of Mohs is that you are present in the operating room while your skin cancer is removed. You will be asked to remain in the operating room while the tissue is processed and examined by the Mohs pathologist. If the microscopic examination of the removed tissue reveals the presence of additional microscopic cancer, we will go back and remove more tissue. More skin cancers are removed in two or three surgical stages.

RECONSTRUCTION

After the skin cancer has been completely removed, a decision will be made on the best method for treating the wound created by the Mohs surgery. These methods include letting the wound heal by itself, closing the wound in a side to side fashion with stitches, and sometimes the wound is covered with a skin graft or a flap. During the postoperative evaluation, the methods which might be appropriate to your case will be discussed with you, however, in most cases, the best method is determined on an individual basis after the removal of the cancer is complete. We may complex the reconstruction, or other surgical specialists may be called on to use their unique skills. Occasionally, a small amount of skin will be initially amputated. When that happens, it is possible the surgeon may have to wait a few days after surgery for the postoperative swelling to subside.

If the reconstruction is completed by other specialists, it may place on the same day or a few days later. If the reconstruction is extensive, it is best to check your physician’s postoperative evaluation.

Please feel free to ask any questions you may have about the procedure or your care in the space below:

ADDITIONAL RESOURCES

Mohs Micrographic Surgery and additional educational materials will be provided after your surgery. Detailed written instructions will be provided after your surgery is completed. An emergency contact number will also be provided to you should you have any concerns, questions or equipment issues. Your surgeon will be available either by telephone or email in the days after your surgery. Skin cancers frequently involve nerves, and months may pass before your skin sensation returns to normal. In some cases, nerve damage may be permanent. You may also experience itching after your wound has healed. Complete healing of the surgical cut can take up to 12-18 months.

Especially during the first few months, the area may turn to a larger than normal, swollen, or lumpy, and there may be some discomfort associated with the area. Once you have completed the first stage of surgery, you should refer any suspicious areas, it is best to check with your physician’s postoperative evaluation.

Submitted for publication to you long as you understand protection. Follows to thirty minutes before going outdoors. You also apply a sun screen with a sun protection factor (SPF) of 15 or higher to all exposed areas. Since many conduct fall off with water or precipitation, nearly after using a sun screen or water, use a broad-brimmed hat and use clothing to further protect yourself against sun. Remember, sun exposure is most intense between 10 AM and 3 PM. You should apply sunscreen liberally at all exposed areas if you take precautions and are sensible.

Mohs Surgery is a outpatient procedure. You will be able for minimal pain which responds to Tylenol. If you experience a sensation of tightness across the area of surgery. Skin cancers frequently

http://www.aad.org/skin-conditions/dermatology-a-to-z/squamous-cell-carcinoma

http://www.skincancer.org/prevention/sun-protection/sunscreen

http://www.asds.net/SkinCancerInformation.aspx

http://www.cancer.org/cancer/skincancer/index

Squamous Cell Carcinoma

Skin Cancer

Department of Dermatology
E19 Northeast 13th Street
Oklahoma City, OK 73104
Phone: (405) 277-6258
Fax: (405) 277-6259

ADDITIONAL RESOURCES

Baseal Cell Carcinoma

http://www.aad.org/skin-conditions/basal-cell-carcinoma

http://www.aad.org/skin-conditions/skin-cancer-information

Mohs Surgery

http://www.aad.org/skin-conditions/mohs-surgery

Skin Cancer

http://www.aad.org/skin-conditions/skin-cancer-a-to-z

http://www.aad.org/skin-conditions/actinic-keratosis

http://www.aad.org/skin-conditions/prevention/sun-protection/sunscreen
THE PREOPERATIVE EVALUATION

The preoperative evaluation includes a thorough examination of your skin cancer, obtain your medical history and determine whether the technique of Mohs Micrographic Surgery is the most appropriate treatment for you. Please bring a list of your medications with you. It is important to meet the doctor and the staff in advance of the procedure. The skin cancer and surrounding tissue will be photographed before the treatment, as well as during and immediately after the surgery and again after healing. These photographs become part of your medical record and may be used to teaching purposes.

Mohs Micrographic Surgery utilizes a team approach. Your team will always consist of your dermatologist, surgeon, nurses and technicians. OU Dermatology is a leader in the education of physicians in Dermatologic and Dermatologic Surgery. These techniques may also be involved in your care under the direct supervision of your surgeon.

Mohs Micrographic Surgery is performed in our dedicated operating rooms at The OU Physicians Dermatology Clinic.

Please write down any questions you may have about Mohs Surgery or your care in the space below.

MOHS MICROGRAPHIC SURGERY
How It Works

Before Mohs Micrographic Surgery

It is very important that you take these precautions before your surgery.

1. Do not smoke or use any tobacco products on the day of your surgery.
2. Do not use any aspirin or aspirin-containing products, such as ibuprofen, for TWO WEEKS prior to the surgery. In addition, do not use grapefruit or grapefruit juice.
3. Do not drink more than two alcoholic beverages on the day of your surgery.
4. Do not drink any alcoholic beverages or engage in strenuous exercise for 24 hours before surgery.
5. Bathe as usual and shampoo your head the night before surgery, as your wound and initial dressing have already dried for 24 hours after surgery. You should arrange to return immediately after you get home after the surgery.

THE SURGERY

After the skin cancer has been completely removed, a decision will be made on the best method for treating the wound created by the surgery. These methods include closing the wound by suture, closing the wound in a side to side fashion with stitches, and allowing the wound to heal without a skin graft or flap. During the postsurgical evaluation, the methods which might be appropriate to your case will be discussed with you, however, in most cases, the best method will be determined on an individual basis after the removal of the cancer is complete.

Your surgical wound will require care and monitoring until the Mohs procedure is completed. Detailed written instructions will be provided after your surgery is completed. An emergency contact number will also be provided to you should you have any concerns, problems, or questions about your care after surgery.

RECONSTRUCTION

After the skin cancer has been completely removed, a decision will be made on the best method for treating the wound created by the surgery. These methods include closing the wound by suture, closing the wound in a side to side fashion with stitches, and allowing the wound to heal without a skin graft or flap. During the postsurgical evaluation, the methods which might be appropriate to your case will be discussed with you, however, in most cases, the best method may be determined on an individual basis after the removal of the cancer is complete. We may complete your reconstruction, or other surgical specialties may be called on to use their unique skills. Occasionally, a wound will be left to heal by second intention. In this case, it is common that you may develop a scar after the Mohs procedure has begun. If the reconstruction is completed by other specialists, it may take place on the same day or a few days later. If the reconstruction is extensive, that portion of your operation may require you to be admitted to the hospital.

ADDITIONAL RESOURCES

Provided below are online resources that may be of benefit and address issues related to sunscreens, sun protection, and possible skin cancer risk reduction.

Sun Protection

Skin Cancer

http://www.aad.org/skin-conditions/dermatology-a-to-z/squamous-cell-carcinoma

http://www.mohscollege.org/about/video_patient_education.php

http://www.asds.net/SkinCancerInformation.aspx

http://www.sunsmart.org.uk/

Sunshine is not harmful to you as long as you use adequate protection. Follows to thirty minutes before exposure to the sun. Be sure to liberally apply a sun screen with a sun protection factor (SPF) of 15 or higher to all exposed areas. Since many sunscreens wash off with water or perspiration, reapply it after swimming or washing. Wear long-sleeved shirts and broad-brimmed hat and use clothing to further protect yourself. Avoid being outside during the middle of the day. Remember, sun exposure is most intense between 10 AM and 3 PM. You may have to wear a hat and a shirt if you take precautions and are sensitive.

FINALLY…

Mohs Surgery is an outpatient procedure. You will be fully awake for the entire time. Please ask your physician or nurse any questions you have about your surgery. We want you to be as comfortable, relaxed, and informed as possible.
THE PREOPERATIVE EVALUATION

The preoperative evaluation includes a physical examination of your skin cancer, obtaining your medical history and determining whether the lesion is suitable for Mohs Micrographic Surgery. The physician performing the examination usually will be your dermatologist, surgeon, nurse practitioner or physician assistant. The skin cancer and surrounding tissue are photographed before the procedure, as well as during and immediately after the surgery and again after healing. These photographs become part of your medical record and may be used for teaching purposes.

Mohs Micrographic Surgery utilizes a team approach. Your team consists of your surgeon, nurses and technicians. OU Dermatology is a leader in utilizing a team approach. Your team will include Mohs surgeons, nurse practitioners, and medical assistants.

Skin Cancer and Surrounding Tissue

You will lie on a hospital examination table during the procedure. The skin cancer and surrounding tissue will be photographed before the treatment, as well as during and immediately after the surgery and again after healing. These photographs become part of your medical record and may be used for teaching purposes.

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Because each patient is unique, it is impossible to discuss all of the possible complications and risks in this brochure.

- There may be an adverse reaction to medications used. We will screen you carefully for any history of past problems with medications; however, new reactions to medications may occur.

- There may be excessive bleeding from the wound. Such bleeding can usually be controlled during the operation by applying pressure to the blood vessels that are cut. The wound may also bleed after surgery. There is very rarely a significant amount of blood loss, but bleeding into a sutured wound, graft, or flap may inhibit good wound healing.

- The wound may become infected. A small number of surgical wounds (less than 5%) become infected. Infection may be prevented by giving an antibiotic prior to surgery.

- The tumor may involve an important structure. Because tumors often occur on the head and neck, many are near or on vital structures such as the eyes, nose or lips. If the tumor involves one of these structures, this tumor may have to be removed along with the tumor. At other times, the tumor, or the tissue involved in the reconstruction of the defect, is adjacent to nerve fibers. At these times, nerves may also be severed or injured. If a sensory nerve is injured or removed, numbness results. Sensation will usually, but not always, return. It may take up to 24 months to return to normal. If a motor nerve is involved, you may be unable to move the muscle that the nerve served. An example of this would be the inability to wrinkle your forehead. In most, but not all circumstances, this nerve function will return over a prolonged period of time. If a major motor nerve is involved, microsurgical repair may be required.

- The wound may become infected. A small number of surgical wounds (less than 5%) become infected and require antibiotic therapy. If you have any particular risk for infection, you may be given an antibiotic prior to surgery.

- There may be excessive bleeding from the wound. Such bleeding can usually be controlled during surgery. There may also be bleeding after surgery. If there is very rarely a significant amount of blood loss, but bleeding into a sutured wound, graft, or flap may inhibit good wound healing.

- There may be an adverse reaction to medications used. We will screen you carefully for any history of past problems with medications; however, new reactions to medications may occur.

- There is a small chance your tumor may recur after surgery. Previously treated tumors and large, longstanding tumors have the greatest chance for recurrence.

RISKS OF MOHS MICROGRAPHIC SURGERY

IMPORTANCE OF THE MICROSCOPIC EXAMINATION

The highly-trained surgeons that perform Mohs Micrographic Surgery are specialists in dermatology, pathology and reconstructive surgery. Dr. Stasko and Dr. Blalock have each completed a comprehensive fellowship in Mohs Micrographic Surgery, spending an extra year honing their skills in a highly specialized program called Mohs Micrographic Surgery. Professor Robert A. Granter and Dr. Steed and Dr. Blake are members of that organization (www.mohs.org). In addition, each is board certified in Dermatology by the American Board of Dermatology. With their extensive surgical training and unique pathological skills, they are able to excise only the diseased tissue, preserving healthy tissue and minimizing the cosmetic impact of the surgery.

The three most important benefits of Mohs Micrographic Surgery are:

1. The whole procedure is performed by one surgeon. This allows the selective removal of all diseased skin while preserving as much of the normal tissue as possible.

2. Because of the complete microscopic search for the “roots” of the skin cancer, the chance for complete removal of the skin cancer is 97-99% for the complete removal of a skin cancer which has been treated by Mohs Micrographic Surgery.

3. The cosmetic impact is minimized because the surgeon can surgically remove only the diseased tissue.

The chance for recurrence of tumors which have recurred after other therapies is usually less, but slightly lower. As a result, Mohs Micrographic Surgery is very useful for large skin cancers, those with indistinct borders or near functional or cosmetic structures, and tumors for which other forms of therapy have failed. However, no surgery or technique can guarantee a 100% chance of cure.

Because the extent of the tumor is actually an advantage of the Mohs method, however, the tumor may be much larger than estimated from the surface appearance. There is no way to predict prior to surgery the exact size of the tumor (one of the final decisions).
Because each patient is unique, it is impossible to discuss all of the possible complications and risks in this brochure.

• There is a small chance your tumor may regrow after surgery. Previously treated tumors and large, longstanding tumors have the greatest chance for recurrence.

• There may be excessive bleeding from the wound. Such bleeding can usually be controlled during surgery. There may also be bleeding after surgery. There is very rarely a significant amount of blood loss, but bleeding into a natural wound, graft, or flap may inhibit good wound healing.

• There may be a loss of motor (muscle) or sensory (feeling) nerve function. Sometimes the tumor invades nerve fibers. When this happens, the nerves must be removed along with the tumor. At other times, the tumor, or the tissue moved in the reconstruction of the defect, is adjacent to nerve fibers. At these times, nerves may also be severed or injured. If a sensory nerve is injured or removed, numbness results. Sensation will usually, but not always, return. It may take up to 24 months for return. If a motor nerve is involved, you may be unable to move the muscle that the nerve served. An example of this would be the inability to wrinkle your forehead. In most, but not all circumstances, this nerve function will return over a prolonged period of time. If a major motor nerve is involved, microsurgical repair may be required.

• There may be poor wound healing. At times, in spite of our best efforts, for various reasons (such as bleeding, poor overall physical condition, and other disease states), healing is slow or the wound may reopen. Flaps and grafts used to repair the defect may sometimes fail. Under these circumstances, the wound function will usually be left to heal on its own.

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