

INFORMATION ABOUT YOUR MOHS SURGERY APPOINTMENT

You may call the office to confirm your appointment. **Please arrive 15 - 20 minutes before your appointment** time to allow for paperwork.

BEFORE YOUR APPOINTMENT

We request that you do not take aspirin, aspirin containing products (Anacin or Bufferin), ibuprofen (Motrin, Advil, etc), or vitamin E for one week before surgery. If your primary care physician has prescribed any of the above, be sure to **check with him/her before discontinuing**. You may substitute acetaminophen (Tylenol) if required.

Plavix or Coumadin can be continued before surgery but the INR must not be greater than 3. Please coordinate with your prescribing physician to adjust the dosage if necessary. Do not drink any alcoholic beverages 24 hours before surgery.

If you have been advised in the past to take **antibiotics** before a surgical procedure, such as dental work, please **check with us** before your Mohs surgery appointment.

Shampoo your hair the night before surgery, as your wound and initial dressing may have to remain dry for 48 hours or longer.

Prior to surgery, please purchase the following items in order to care for your surgical wound properly. All items are over-the-counter and are available in drug stores and pharmacies:

1. Paper Tape
2. Gauze or Telfa pad (non-stick)
3. Petroleum Jelly/Vaseline or White Petrolatum or Aquaphor

RISKS OF MOHS MICROGRAPHIC SURGERY

It is not possible to discuss all the possible risks and complications in this format because each patient is unique. Dr. Tran will discuss any additional issues associated with your particular case. Please understand that these occurrences are the exception and not the rule. The usual risks are discussed below.

The defect created by the removal of the skin cancer may be larger than anticipated. It is not possible to predict the exact size of the final defect prior to surgery.

There will be a scar at the site of the removal. We will make every effort to obtain the best cosmetic results, but the most important goal is to remove the entire skin cancer. Mohs surgery will leave you with the smallest wound possible; thus, it will allow for the best opportunity for optimal cosmetic results.

There may be poor wound healing. Despite our best efforts, at times, the wounds do not heal properly for a variety of reasons (such as bleeding, poor physical condition, smoking, diabetes, or other diseases). Flaps and grafts utilized to repair the defect may also at times fail. Under these circumstances, the wound will usually be left to heal on its own.

There may be a loss of motor or sensory nerve function. Rarely, the tumor invades nerve fibers, and they must be removed along with the skin cancer.

The tumor may involve important structures. Skin cancers that are near or on important structures such as the eyelids, nose or lip may have to be partially or totally removed with resulting cosmetic or functional deformities. Furthermore, repairing the resulting defect near these structures may sometimes involve them as well.

Rarely, wounds become infected (less than 1%) and require oral antibiotic treatment. If you are at particular risk for infection, you may be prescribed an oral antibiotic prior to or after the surgery.

There may be excessive bleeding from the wound. Such bleeding can be controlled during surgery, but there may also be bleeding after surgery. Most times, there is no significant amount of blood loss, but bleeding into a sutured graft or flap may inhibit good wound healing.

There may be an adverse reaction to medications used. We will carefully screen you for any history of problems with medications, but sometimes, new reactions or allergies to medications may occur.

There is a very small chance that your tumor may recur after surgery. Previously treated tumors and large, longstanding tumors have the greatest likelihood for recurrence. However, Mohs surgery still gives you the best cure rate possible.