

# MOHS SURGERY

MICROGRAPHIC DERMATOLOGIC SURGERY  
PATIENT INFORMATION & INSTRUCTIONS

## OVERVIEW

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The goal when doing MOHS surgery is to remove the least amount of healthy skin as possible, leaving you with the smallest scar, while still fully removing the skin cancer.

MOHS is done in stages. During each stage, a layer of skin will be removed and taken to the lab to be tested while you are here in office. The testing can take roughly 45 min - 1.5 hours. After the testing is complete is when we are able to determine if there is more skin cancer that we need to remove (another stage), or if the skin cancer is clear and we can repair and close the spot.

After testing is complete and your skin cancer is fully removed, the provider will talk to you about the best option for closure of the now open wound. It is hard to determine what closure is going to look like beforehand, because it depends on how many stages are needed for clearance. In most cases, we are able to repair & close here in the office. In some circumstances we will refer you out for the closure, depending on severity and location of the skin cancer.

Plan to be in the office anywhere from 3-6 hours. This varies for each patient because we are unable to determine how many stages will be needed beforehand, and will only know once we complete the testing.

## RISKS

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- **Common:** Tenderness while healing, bruising, swelling, scarring
- **Rare:** Tenderness while healing, bruising, swelling, scarring

## DAY OF SURGERY: WHAT TO EXPECT

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You will arrive at our clinic and we will give you an overview of expectations and get you checked in. The length of your overall visit will be undetermined. Most Mohs surgery patients can expect to be at our office for roughly 2 hours total, however in some cases this can be extended based on the number of stages necessary to get you clear of any cancer. Because our goal is to take as little healthy tissue as possible, some patients will require multiple 3+ stages. For these patients the stay is much longer. We recommend planning your day accordingly.

Here is an overview of what you can expect with the procedure:

- The tumor where the biopsy was performed will be cleaned off and marked out
- Local anesthesia will be used, which is injected with a small needle around the tumor to make sure that you do not feel anything.
- The surgeon makes a cut (excision) around the tumor and takes out only what can be seen.
- Wait while testing is done
- Repeat that process until the skin cancer has been fully removed
- Repair and closure

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## AFTERCARE INSTRUCTIONS: OVERVIEW

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- **Overall Goal:** The overall goal of caring for your surgery site will be to avoid any crusting or scabbing. Crusting and scabbing can lead to delayed and suboptimal healing.
- Stitches are typically kept in for 7 days, but can vary depending on the location.
- Make sure you have an appointment to get these removed with our staff, this is a very quick visit to check and make sure your wound is healing well and get the stitches removed.
- **Dont get wet for 24-48 hours:** It is okay to let water run by while washing your face or in the shower, but no soaking in water while the stitches are in.
- **Monitor for Infection:** The signs and symptoms of infection: Increased redness at the wound site, increased pain at the wound site, increased heat at the wound site, thick drainage from the wound, usually solid yellow in color (not clear), and elevated body temperature.
- **Numbness:** The area may remain numb for several weeks or months after surgery. You may also feel tingling, shooting, or sharp sensations as the wound heals.
- **Bruising & Swelling:** Bruising and swelling is normal after surgery, especially if the surgery was around the eye (even on the forehead). Bruises and swelling can take a couple of weeks to resolve.

## AFTERCARE INSTRUCTIONS: FIRST 48 HOURS

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- **Keep Bandage in Place:** You will leave the office with a bulkier bandage covering the spot. We ask that you keep this on for a minimum of 24 hours, but 48 hours if possible. When you remove the bandage, keep it covered with an ointment (aquaphor, vaseline, etc) at all times while the stitches are in. We recommend that you keep it covered with a bandaid to protect the stitches from getting pulled or irritated.
- **Numbing Meds:** The local numbing that we use in the office typically lasts a few hours, it is common for the area to become more tender as the numbing wears off.
- **Aspirin / Ibuprofen Avoidance:** Avoid Ibuprofen or Aleve during this time. See pain control.
- **Activity Limitations:** No bending, lifting, or stooping. Avoid activities that increase your heart rate or blood pressure (no yoga, no snow shoveling, or leaf raking). If your surgical site is on the head or neck, avoid excessive chewing by eating a soft diet, and sleep propped up with pillows. Be sure to take it easy after your surgery (think couch potato). This will help avoid any unnecessary bleeding or delays in healing.
- **What if bandage is bleeding?** If your wound starts bleeding bright red blood and soaks the bandage Do not remove bandage! More bandaging material may be applied on top of the existing bandage. Hold firm, direct, (not above or below) continuous pressure on the wound for 20 minutes. If the bleeding has not stopped, continue to hold pressure on it and call us at 385-237-3376
- **What if bandage falls off?** If bandage falls off before 48 hours, fasten with more tape or bandaging material. Begin your wound care below, if there is bleeding concern please call us.
- **Keep Elevated to Help Swelling:** Swelling is also normal after surgery. The swelling moves with gravity and tends to collect beneath the surgical site. So, if you had surgery on your forehead, you may get a black eye and your eye may even swell shut. The best thing to do for swelling is to keep the area elevated. So, if you had surgery on your head or neck, sleep propped up on pillows or in a recliner chair to keep your head/neck elevated above your heart. If the surgery was on your leg, prop your leg up with some pillows.

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## PAIN CONTROL

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- If you were given pain medication, take as directed on prescription. **DO NOT DRIVE** while taking the prescription pain medicine.
- If the pain is tolerable, you may take 2 extra strength Tylenol (500 mg each) every four to six hours.
- Ice (Only apply to the wound if instructed to by the doctor or nurse.)
- Apply ice to wound 10-15 minutes every hour. Do not apply the ice pack directly to the skin. Wrap something around the ice pack first, such as a hand towel.

## AFTERCARE INSTRUCTIONS: VINEGAR WATER SOLUTION

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A vinegar water soak is a simple home remedy made by diluting vinegar, typically white vinegar, with warm distilled water. The ingredients are simple just white vinegar and warm distilled water. Distilled water is preferred to avoid any mineral impurities that could irritate the skin. We recommend a 1 part vinegar to 32 parts water mixture for our patients. Here is how that breaks down in common household measurements. You may mix the amount you need based on application.

- 1 Tablespoon vinegar + 1/2 Quart water
- 1/4 Cup vinegar + 8 Cups water
- 2 Tablespoons vinegar + 1 Quart water
- 1 Cup Vinegar + 1 Gallon water

Store mixture in the fridge in airtight container/tupperware between uses.

## AFTERCARE INSTRUCTIONS: AFTER 48 HOURS

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- Leave the bulky bandage in place for 24-48 hours and do not get wet. Then remove (see below).
- Dip a clean gauze pad into the vinegar water solution and place the moistened gauze on the wound. Allow the solution to soak on the wound for 2-5 minutes. Then thoroughly cleanse the wound and the area around the wound, gently brushing away any crusting or scabbing that has developed. Repeat as necessary, making sure to always use a clean Q-tip or gauze pad every time you dip into the solution.
- With another clean dry gauze pad gently pat dry the wound.
- With a clean dry Q-tip spread a generous layer of Vaseline/ointment inside and around the wound. Please make sure the wound remains soft with ointment throughout the day. Do not let the wound dry out or air dry. It will heal better with the ointment.
- Apply either a non-stick gauze pad or a Band-Aid. Change the direction of the tape daily. (prevents irritation)
- You may resume showering after 48 hours, do not soak in a bath or pool for 2 weeks.
- Repeat steps above twice daily for 2 weeks and then once daily until the wound is completely healed. Normal wound healing time is 1 to 6 weeks, depending on the size of the wound. It is normal for a layer of yellowing on the wound, this is new skin starting to form on the wound.

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## AFTERCARE INSTRUCTIONS: LONGTERM CARE

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- Unless instructed otherwise; 3 weeks after surgery start massaging the scar firmly with Vaseline and forefinger daily for 10 minutes. This will help to break up the scar tissue and dissolvable stitches.
- Religious SPF over the surgery site is important for 3 months following surgery to avoid scarring. We recommend EltaMD UV Stick Broad-Spectrum SPF 50+. This sunscreen is a compact “stick” Similar to a traditional deodorant/antipersperant application. This makes it much easier to do a quick application to the surgery site itself.
- To help minimize the appearance of any scar, we recommend using a silicone scar creme or pads. Pads are slightly more effective and work well for wearing at night while cremes can be used during daytime hours.

## SCAR TREATMENT OPTIONS

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The goal with any surgery is to minimize the appearance of a scar. The appearance of scars post Mohs surgery are dependant on your closure type, surgery site size of “defect”, genetics, and other enviornmental factors during the healing process. If you are unhappy with your scar following surgery there are several options for treatment.

- Steroid Injections. These can help decrease “hypertrophic” or protruding scars. The steroid breaks down scar tissue with the goal to bring the surface of the scar down to match the surface of the surrounding skin.
- VBeam Laser. This laser can decrease redness of a scar by targeting superficial blood vessels.
- Microneedling. Resurfacing technique that works to remodel the scar and surrounding skin. This works for both hypertrophic (protruding) and Hypotrophic (divoting) scars. Does not help any pigmentation.
- Pico Laser. This laser can decrease the appearance of any brown pigmentation associated with scars. Also has some resurfacing capabilities but less than other options.
- CO2 laser. This laser is the gold standard for scar resurfacing. Works to remodel the scar and surrounding skin. This works for both hypertrophic (protruding) and Hypotrophic (divoting) scars. It will also help with any brown pigmentation.

## OTHER RESOURCES

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We work hard to publish only best patient education and comprehensive resources. We want to be your trusted source of all skin information. You will find additional educational information by scanning the following QR codes.

*Our Patient  
Education Blog*



*Our Monthly  
Newsletter*



*Our Educational  
Youtube Videos*



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