

What is Mohs Surgery?

Mohs surgery is a highly specialized treatment for the total removal of skin cancer. This dermatologic surgery technique was developed by and named in honor of Dr. Frederick E. Mohs, M.D., at the University of Wisconsin Medical Center.

Mohs surgery involves the microscopically-controlled excision and removal of cancerous skin tissue by a specially-trained Mohs surgeon. Once removed, the tissue is prepared in our on-site laboratory for microscopic examination to check for any remaining “cancer roots”. If any cancer roots are seen, a “map” of the tumor is made in order to guide the precise removal of additional cancerous tissue, while leaving healthy tissue intact.

How does Mohs Surgery differ from other types of skin cancer treatment?

There are several effective methods available for treating skin cancers. You have been referred to our Mohs Surgery Unit because this type of treatment has proven to be most effective for your form of skin cancer.

By using detailed mapping techniques and complete microscopic evaluation, the Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye; allowing even the smallest microscopic roots of cancer to be removed with extreme precision. Thus, Mohs surgery results in the highest success rates for curing skin cancer; and at the same time ensures the maximum preservation of surrounding normal, cancer-free skin, which is important in minimizing scarring and optimizing cosmetic outcome.

Using Mohs surgery, the percentage of cure is more than 99% for most skin cancers, even when other methods have failed. Other methods of treatment offer as low as an 80% chance of success if previous treatments have failed.

Will I be hospitalized?

No. Mohs surgery is performed in a pleasant outpatient surgical suite and you may return home the same day. Hospital facilities are available, but rarely necessary.

Preparing for Surgery

No special preparations are required prior surgery, except a good nights rest.

Medications: At least seven to ten days before surgery, stop taking any aspirin or ibuprofen products (unless your prescribing doctor advises otherwise). As a precaution, please avoid all aspirin (including Anacin, Bufferin, Excedrin, Alka-Selzer, Percodan, and “baby aspirin” taken for heart problems) and any ibuprofen (such as Motrin and Advil) because they may prolong bleeding during surgery.

If you are taking other blood thinners (Coumadin, Plavix, or others), please let us know before your scheduled surgery. Please stop taking your Coumadin 2-3 days before surgery and Plavix at least 5-7 days, ONLY after first checking with your prescribing doctor. You may restart these the day after surgery.

Continue any other medications prescribed by your doctor as usual.

Also, **avoid alcoholic beverages & smoking for two weeks** before and after your surgery.

The Morning of Surgery

Breakfast: eat your normal breakfast.

Please do not wear makeup or jewelry.

Please plan to arrive 15 minutes early.

What happens the day of surgery?

Your appointment will be scheduled on a day convenient for you, usually in the morning. Our staff will escort you into a surgical suite where the surgeon will use the smallest needle possible with local anesthetic to completely numb the area to be treated. Our practice takes special pride in utilizing the most advanced techniques available to make sure you will be as comfortable and painfree as possible throughout the process. Once it is numb, the visible cancer and a thin layer of tissue will be removed. Any bleeding will be stopped with an electric device (electrocoagulator). This procedure should last 15-20 minutes.

While you are waiting, this tissue is carefully mapped and coded by the surgeon and taken to the adjacent laboratory where our technician will immediately process the specimen into microscopic slides. You will have a temporary dressing placed over the wound and you will return to the waiting room. Since slide preparation can take up to one hour, you might find it convenient to bring a friend or relative, reading materials, or a radio with headphones.

If examination of the slides reveals the presence of additional “cancer roots”, then the surgical removal procedure will be repeated using a “map” of the tumor. Further tissue will be removed only from areas where cancer cells are found by microscopic examination.

Several surgical stages and microscopic exams may be required. Although there is no definite way to predict before surgery how many stages will be necessary, most cancers are removed in 2-3 stages or less, and these sessions can all be done in a single day.

A difficult part of the procedure is waiting for the results of surgery. Since we do not know in advance how much time is necessary to remove the cancer and repair the wound, we ask that you plan no other commitments the day of surgery.

After Mohs Surgery

After your skin cancer has been removed, we will decide how to best manage the wound, depending on size and location. Additionally, this decision is based on the safest method that will provide the best cosmetic result. Because Mohs surgery removes as little normal skin as possible, scarring is minimized.

Immediately after the cancer is removed and in most cases, the wound will be closed with sutures (stitches), or by means of a skin graft or flap. Depending on various factors, sutures are usually removed in 1-3 weeks.

In some cases, the site will be left to heal by itself (known as “healing by granulation”). If the wound is left to heal this way, daily bandage changes will be needed for up to 4-6 weeks. (You will receive printed instructions explaining your wound care.)

For the first few days after surgery, the surgical site may be swollen and/or red, but these symptoms will subside with time. Also, many surgical wounds will drain to some degree following surgery.

Most patients do not complain of severe post-operative pain, although you may experience some slight discomfort. We recommend Tylenol (acetaminophen), 1-2 tablets every four hours if needed for any discomfort. Remember to avoid drinking alcoholic beverages, smoking, and taking any medications that contain either aspirin or ibuprofen, which may cause unnecessary bleeding or bruising.

If you experience any abnormal pain, bleeding or other discomfort, please contact your surgeon for additional assistance.

Will I need to come back?

Usually, one return visit is all that is needed to examine the healed surgical site or to remove the stitches.

A follow-up period of 5 years for the treated cancer is essential. After having one skin cancer, statistics show that you have a higher chance of developing a second new skin cancer at a different site. You should have your skin checked routinely, not only to examine the treated skin cancer site(s), but also to check for new skin cancers.

How can I protect myself from developing more skin cancers?

The best protection from skin cancer is to avoid the harmful ultraviolet rays of the sun. Even if you tan easily, the sun can contribute to skin cancer in two ways. First, the sunlight damages the genes that control cell growth. Sunlight also impairs the body's immune system, allowing early cancers to grow unchecked.

Minimize your exposure by:

- Use a sunscreen – any brand – with a sun protection factor (SPF) of at least 15 when you spend any time in the sun. **Areas exposed daily to sunlight (such as face, ears, neck, forearms, and hands) should be protected every day** because these areas accumulate much more sun damage than do areas only occasionally exposed.
- If possible, avoid sun exposure during mid-day hours (10 a.m. to 4 p.m.)
- Do not assume that you are “not getting any sun” on cloudy days — most harmful ultraviolet (UV) light penetrates easily through the clouds.

Who performs Mohs Surgery?

The American College of Mohs Micrographic Surgery and Cutaneous Oncology currently recognizes ~50 training centers (“fellowships”) in the United States where qualified applicants receive comprehensive training in Mohs micrographic surgery and dermatologic plastic and reconstructive surgery. To be eligible for a fellowship training program, an applicant must first complete a three to four year general dermatology residency.

The period of training is usually one to two years, during which time the dermatologist acquires extensive experience with all aspects of the above techniques. Once the dermatologist's training is successfully completed, he or she becomes eligible for membership in the Mohs College.

About Dr. Robert Strimling, MD

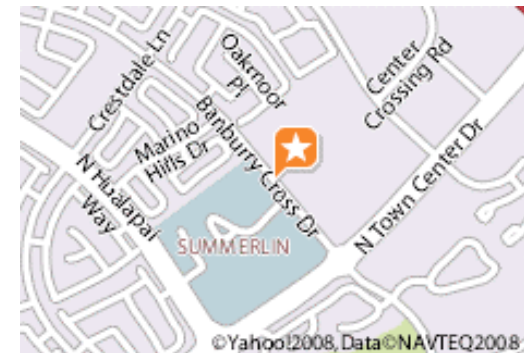
Dr. Strimling is a Las Vegas native with family roots here for over 35 years.

Dr. Strimling is Board Certified by the American Board of Dermatology and Fellowship trained (certified) by the American College of Mohs Surgery and Cutaneous Oncology in Dermatologic/Mohs Surgery. He is also a member of the American Society for Laser Medicine and Surgery.

Dr. Strimling's educational background:

- B.S., University of Nevada, Reno
- M.D., University of Miami
- Surgical Internship, Mayo Clinic
- Dermatology Residency, Washington U. at St. Louis, MO
- Dermatologic/Mohs & Laser Surgery Fellowship, Boston University

Dr. Robert Strimling's Office is located in Summerlin Hospital Medical Building III at 10105 Banbury Cross Dr, #350, LV, NV.



An Informative Patient's Guide to:

MOHS SURGERY

Microscopically Controlled Skin Cancer Surgery

ROBERT B. STRIMLING, MD

Board Certified in **Dermatology**
Fellowship Trained (Certified) by
American College of Mohs Surgery in:
MOHS & Dermatologic Surgery

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Your Appointment:

Name: _____

Date: _____

Time: _____

This guide contains important information.
Please read carefully.