

## **Mohs: What to Expect on the Day of Surgery**

*NOTE: If your surgery site is on your nose or near your eye area, you need to bring a driver with you on the day of surgery.*

### **Please arrive 15 minutes before your scheduled surgery time.**

- After you check in, one of our assistants will take you back to a procedure room in our office.
- You may bring a friend or family member with you. We ask that they stay in the waiting room during procedures, but can keep you company while you are waiting between "layers".

### **The first layer:**

- A medical assistant will go through our pre-op checklist and prepare you for the first layer by identifying the site to be treated and numbing the area with a local anesthetic (usually lidocaine).
- The doctor will remove a the skin cancer with a small amount of healthy tissue around it. After this is done, any bleeding will be stopped with a cautery machine
- You will then be bandaged and will wait as we prepare the tissue sample to be read by your surgeon. During this waiting time, you may eat a snack or have a drink and relax and read your book etc.
- The tissue layer is taken to our lab to be processed by the histotech. It will take 30-60 minutes for the tissue to be processed and reviewed by the surgeon.

### **The next layer:**

- If the examination of the tissue under the microscope reveals that the skin cancer is not completely removed; an additional layer will be taken.
- The average number of layers to clear the skin cancer is 1 to 3, although some patients may require more layers.

- The process will be repeated including numbing the area with additional anesthetic, taking another thin layer of skin to be processed in the lab and a new bandage will be applied.

**After the final layer has been removed:**

- When the skin cancer is confirmed completely removed or cleared, the team will discuss the plan for repairing the wound.
- We have different healing plans for patients and depends on location, size of defect, and tissue mobility.
  - sometimes we take a few pieces of extra skin and then close the defect with stitches
  - sometimes we have to move around tissue in order to be able to add stitches and close the defect.
  - sometimes we allow the defect to heal by “secondary intention” which means we allow it to fill in by itself over time with good wound care
  - sometimes we place a skin graft, which means that we take a piece of skin from another area of the body and place it into the defect. This piece of skin acts like a “biological band-aid” and helps the body heal the defect faster.
- Most repairs will be done in the same procedure room with local anesthetic. Sometimes we work with a plastic surgeon to close more complicated defects.
- Following the repair of your wound you will receive wound care instructions; including what to do for pain, activity restrictions, bandage instructions and a follow-up.