

## **Staged Excision**

### **What is a staged excision?**

- A staged excision is also known as "slow Mohs." On the first day we will remove your skin cancer with a small margin of normal tissue. Overnight the specimen will be processed and the pathologist will check the margins the next day.
- On the second day, you will return for repair if the margins are clear or a second stage if the margins are positive. We continue with additional stages until all margins are clear.

### **What type of cancer requires a staged excision?**

- The staged excision technique is a specialized procedure for the removal of certain types of melanoma.
- One of the main challenges in treating melanoma is that tumor cells may be present in the neighboring, normal-appearing skin. The tumor often has little color and/or textural changes making it difficult to detect. The staged excision technique allows for examination of all of the margins. Because melanoma cells are more difficult to detect, the specimens require overnight processing unlike the traditional Mohs technique.

### **What is the most common type of melanoma that requires this type of excision?**

- Melanoma in situ or Lentigo maligna melanoma usually occurs in people over the age of 65. It is most common in the skin on the face, neck, and arms.
- The abnormal skin areas are usually large, flat, and tan with areas of brown. Most lentigo maligna cancers have a prolonged phase of surface growth and initially have a low risk of invasion into the middle layer of skin.

### **Following your Surgery**

Following your excision, your nurse will clean the wound and apply a pressure dressing that you will leave on until we see you in the office for your next appointment. If the dressing falls off, gets wet or becomes saturated in blood you should gently clean the wound with soap and water then apply a dry dressing (a non-stick telfa pad with paper tape is recommended). We will give you extensive post-op instructions.