



## Procedures(s): Mohs Surgery and Reconstruction

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The location(s) for the procedure(s) have been determined using all available resources — referral notes, photographs, patient memory, and use of a mirror or mirrors, which is required.

I agree that the correct location(s) for surgery have been correctly identified.

## Benefits of Surgery

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The benefit of this procedure is the highest reasonable cure rate based on National Comprehensive Cancer Network (NCCN) guidelines. Reconstruction options will be reviewed to best restore the function and cosmetic appearance following surgery.

## Risks of Surgery

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The risks of surgery include, but are not limited to:

**SCAR** — Any procedure that breaks the skin results in a scar, and this surgery is no exception. Scars take 12–18 months to fully remodel; during this time, the scar may appear raised, red, or feel tight. Final appearance depends on the type of closure and how well the wound is cared for during healing.

A mirror is used prior to any reconstructive procedure so that closure options, along with their risks and benefits, can be reviewed and visualized before reconstruction begins.

For the best outcome, avoid lifting more than 10 pounds, and avoid activities that raise your heart rate or blood pressure, for two weeks following surgery — this can break sutures or cause the scar to spread, and may require temporarily modifying your work or exercise routine. The wound must also be protected from sun exposure, as sunlight will prolong scar redness. Failure to follow these precautions may result in a less optimal scar.

Surgical scarring is not an exact science. We work to achieve the most subtle result possible, but final scar appearance cannot be guaranteed, as individual healing varies unpredictably.

**INFECTION** — There is a low risk of infection following surgery, particularly with good wound care. Antibiotics may be prescribed when indicated, typically based on the surgical site and type of closure performed.

**PAIN** — Pain is typically less than expected. If permitted by your primary care physician, we recommend alternating acetaminophen (Tylenol) and ibuprofen every 3 hours, following package directions for dosing and daily limits.



**BLEEDING** — The highest risk of bleeding occurs in the first 24–72 hours following surgery. Following the wound care instructions and activity restrictions will help reduce this risk.

**BRUISING AND SWELLING** — Bruising and swelling after surgery is normal and variable. If surgery is performed near the eye, cheek, temple, or forehead, this may include a black eye. Strategies for reducing bruising and swelling will be discussed with you.

**NERVE DAMAGE** — Surgery on the temple or jawline carries an increased risk of nerve damage, which can cause muscle weakness or facial drooping; this may be permanent. Numbness around the scar may also occur and typically improves with time.

**RECURRENCE** — While Mohs surgery offers one of the highest documented cure rates of any treatment for skin cancer, no treatment eliminates the risk of recurrence or disease progression. Staging systems (including NCCN, AJCC, and BWH) are used to guide risk assessment and treatment planning, but they are not an exact science and cannot predict individual outcomes with certainty. Close clinical follow-up is required to monitor for recurrence.

## **Alternatives to Surgery**

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If the growth is malignant (cancer) the options for treatment include Mohs surgery, excision, electrodesiccation and curettage, chemotherapy (topical or systemic), or observation. Each has different cure rates and leaves behind scars of varying sizes. The option to not treat a skin cancer involves accepting the risk that the tumor grows, spreads to other organs, may require a larger and longer surgery, may require chemotherapy or radiation, and may lead to an early death.

## **Attestations**

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I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO OPERATE OR PERFORM PROCEDURE(S).

I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND THE EXPLANATIONS THEREIN REFERRED TO WERE MADE

I CERTIFY THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN BEFORE MY SIGNATURE WAS AFFIXED BELOW.