BLUE WATER
DERMATOLOGY

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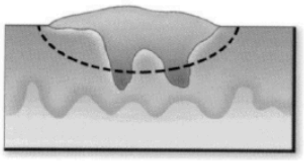
Mohs Surgery Information Packet

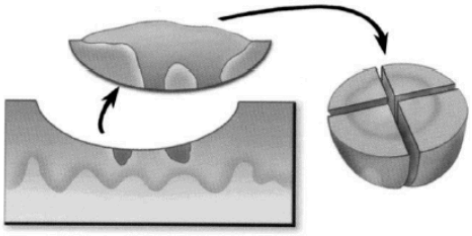
Mohs Micrographic surgery is a specialized, highly effective technique for the removal of skin cancer. The procedure was developed in the 1930's by Dr. Frederic Mohs at the University of Wisconsin and is now practiced throughout the world.

Under local anesthesia, layers of tissue are removed and examined under a microscope at our onsite laboratory. This process is repeated until all the cancer and its "roots" are removed and only normal tissue remains. **Skin cancers grow like icebergs; there is often more below the surface than can be seen on top**. Using this technique, 100% of the surgical margin can be checked. This enables us to spare as much normal skin as possible. Due to the methodical manner in which tissue is removed and examined, Mohs surgery has the highest reported cure rate of 99% for certain tumors.

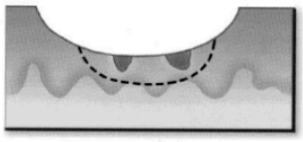
Here is how it works:



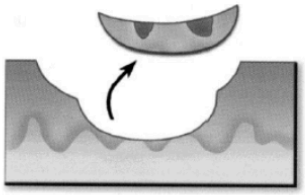
(1) A tumor within the skin (dark grey), the first Mohs layer is taken (dotted line) with a scalpel.



(2) The first section is divided to make processing easier. The skin is then processed and examined under a microscope by the surgeon.



(3) The microscope shows that there is still tumor left at the base of first layer (dark grey).



(4) A second stage is taken which removes the remaining tumor. The tumor is now completely removed and the wound can be repaired.

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Advantages of the Mohs Surgical Procedure

Some skin cancers can be deceptively large - far more extensive under the skin than appears on the surface. These cancers have "roots" in the skin, or along blood vessels, nerves, or cartilage. Skin cancers that have recurred following previous treatment may send out extensions deep under the scar tissue that has formed at the site. Mohs surgery is specifically designed to remove these cancers by tracking and removing these cancerous "roots." For this reason, prior to Mohs surgery, it is impossible to predict precisely how much skin will have to be removed. The final surgical defect could be only slightly larger than the initial skin cancer, but occasionally the removal of the deep "roots" of a skin cancer results in a large defect. Please remember Mohs surgery only removes the cancerous tissue, while the normal tissue is spared.

Mohs surgery is one of the safest procedures available, performed entirely in a doctor's office with local numbing — no hospital stay or operating room required. Serious complications are rare; the most common minor issues include temporary soreness, slight infection risk, or brief numbness near the treated area.

The local numbing medication used (similar to what a dentist uses) is far safer than being put fully to sleep under general anesthesia or receiving IV sedation. Unlike those options, there is no risk of breathing problems, prolonged grogginess, or serious reactions to anesthesia medications. Patients do not need to fast beforehand, do not require an anesthesiologist, and can drive home shortly after the procedure. This makes Mohs surgery an excellent option even for patients with heart, lung, or other health conditions that might make deeper sedation risky.

When Is Mohs Surgery the Right Choice?

Mohs micrographic surgery is a specialized technique that requires a highly trained surgical team and dedicated time and precision. Because of this, it is reserved for situations where it offers the greatest benefit. We perform Mohs surgery when one or more of the following criteria apply:

- Location matters. The skin cancer is on a cosmetically or functionally important area — such as the face, ears, nose, eyelids, or hands — where preserving as much healthy tissue as possible is a priority.
- The cancer has returned. A previously treated skin cancer that has come back (recurred) is more likely to have irregular, hidden roots that require the precision of Mohs surgery to fully eliminate.
- The borders are unclear. When the edges of a tumor are not well-defined, Mohs surgery allows the surgeon to precisely map and trace the cancer until clear margins are confirmed.
- Other treatments are less effective. Certain skin cancers, based on their type, size, or location, are not reliably cured with standard excision or other therapies. Mohs surgery offers the highest cure rates in these cases.

We follow the most current, evidence-based Appropriate Use Criteria — nationally recognized guidelines developed by dermatologic surgery experts — to ensure that Mohs surgery is recommended only when it is truly the best option for you.

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The Fellowship-Trained Difference

When it comes to treating skin cancer, the training and expertise of your surgeon matter. As a fellowship-trained Mohs surgeon, I have pursued the highest level of specialized education available in this field.

My training spans several interconnected disciplines: dermatology, dermatologic surgery, dermatopathology, Mohs micrographic surgery, and reconstructive surgery. After completing a dermatology residency, I completed an advanced fellowship training focused exclusively on Mohs surgery and the management of high-risk skin cancers.

My surgical lineage traces directly back to Dr. Frederic Mohs, the physician who pioneered this technique — making me, in the tradition of academic medicine, his great-great-great-great surgical "grandson."

I am trained to perform the full spectrum of surgical reconstruction — from straightforward side-to-side closures to large, complex, multi-stage repairs — ensuring that once your cancer is removed, the result is both functionally and cosmetically optimized.

I am a proud member of the American College of Mohs Surgery, a professional society whose membership is limited exclusively to surgeons who have completed this rigorous fellowship pathway.

Preparing for Your Mohs Surgery

Pre-Operative Consultation

I recommend a brief pre-operative consultation for all new patients. This visit ensures you feel fully informed and prepared — and helps avoid any confusion or uncertainty heading into your procedure.

If you are unable to schedule a consultation, please take a clear photograph of the biopsy site with your smartphone as soon as possible after your biopsy, and have it available on the day of surgery.

During your consultation, we will:

- Review the type, location, and size of your skin cancer
- Photograph the site and confirm the exact area to be treated
- Go over your current medications and assess any relevant surgical considerations
- Walk you through the Mohs procedure step by step
- Discuss reconstruction options and what to expect on the day of surgery
- Review wound care, bandaging, and post-operative activity modifications

Medications & Lifestyle

Please **continue all medications as prescribed**, including blood thinners — do not stop these without speaking with us first.

To reduce the risk of bleeding and support optimal healing:

- **Avoid alcohol** for 3 days before and 3 days after surgery

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- **Quit or reduce smoking** if possible — this significantly improves surgical outcomes and wound healing
- **Discontinue all vitamins and supplements** that are not specifically prescribed by one of your doctors

Identifying Your Tumor Site

Pinpointing the exact location of your biopsy is one of the most important steps before surgery. After a biopsy, the skin can heal and the visible signs of the tumor may fade or change — making it difficult to identify the precise site later.

We strongly recommend taking a photograph of the biopsy site at the time you and your provider decide on Mohs surgery. We will review this image together and confirm we are in full agreement on the exact treatment location before proceeding.

The Day of Surgery

Arriving Prepared

- **Bring someone with you.** A friend or family member is strongly recommended — they may need to drive you home after your procedure. If possible, please make alternate arrangements for children rather than bringing them to the office.
- **Eat a full meal** before arriving — breakfast or lunch depending on your appointment time.
- **Dress comfortably.** Wear loose, layered clothing. Avoid white clothing if possible.
- **Women** should arrive without makeup or jewelry.
- **Men** should shave the area around the tumor site as appropriate beforehand.
- **Plan for at least 3–4 hours.** In many cases your visit will be shorter, but please keep your schedule open for the full day and plan to go home and rest afterward. Do not make other commitments following surgery.
- **If we are working on your hand all jewelry must be removed from that hand and wrist.**

What to Expect at the Office

You will be welcomed and brought directly to one of our Mohs surgical rooms, where you will spend most of your visit. Mohs surgery is performed in stages, and there is meaningful behind-the-scenes work happening in our on-site lab between each stage — processing and examining your tissue under the microscope to ensure complete removal.

There will be some downtime between stages. Feel free to bring reading material, a tablet, laptop, headphones, or anything else that helps you relax and pass the time comfortably.

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How Long Will Surgery Take?

Every effort is made to keep your day as efficient as possible, though the nature of surgical care means timing can vary. While some skin cancers are cleared in a single stage, the average tumor requires two to three stages for complete removal.

If your cancer requires more than one stage, please don't be discouraged — this is entirely normal. The goal of Mohs surgery is to remove every last cancer cell while sparing as much healthy skin as possible, and that requires removing tissue in small, precise layers. **Most patients are finished within 3–4 hours**, and often sooner.

Reconstructing the Wound

Once your cancer has been fully removed, we will discuss the best approach for closing and repairing the wound. We will walk you through all options and recommend what we believe will give you the best functional and cosmetic outcome. This is an important topic that we cover during pre-operative consultations. The options include:

- **Healing on its own (secondary intention).** In select locations, wounds can be left to heal naturally without stitches. This typically takes many weeks and can produce an excellent cosmetic result in the right setting.
- **Linear closure.** The simplest repair — stitching the wound edges together in a straight or gently curved line. Stitches used are typically dissolvable.
- **Flap repair.** Nearby skin is gently repositioned to cover the wound, preserving a natural appearance and maintaining blood supply.
- **Skin graft.** A small piece of skin is taken from a donor site — commonly near the Mohs Surgery wound (Burrows graft) or near the ear — and used to cover the wound like a patch.
- **Referral for repair.** Occasionally, due to the size or location of a wound, collaboration with a plastic surgeon or oculoplastic (eyelid) surgeon is the best path. We will coordinate this referral, typically for the following day.

Once your wound has healed, the scar will continue to mature and refine over the following **6 to 12 months**. Patience during this period is an important part of the process.

The Days Following Surgery

Pain & Comfort — Most patients are pleasantly surprised — significant pain after Mohs surgery is uncommon. If you experience mild discomfort, Tylenol (acetaminophen) is typically all that is needed.

Swelling & Bruising— It is completely normal to develop bruising and swelling around the surgical site. If your surgery was near the eyes, this reaction can be particularly pronounced. Expect it to worsen over the first three to four days before gradually improving. This is a normal part of healing and not a cause for concern.

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Wound Care & Follow-Up

- You will leave the office with written wound care instructions and an initial supply of bandaging materials.
- In most cases, dissolvable sutures are used and no follow-up visit is required for suture removal.
- For larger repairs, we will schedule brief post-operative check-ins to monitor your healing, address any questions, and ensure the best possible outcome.
- If any concerns arise, please don't hesitate to contact our office. **After-hours emergency coverage is available.**

Ongoing Skin Cancer Surveillance

After your Mohs surgery, you will be referred back to your primary dermatologist for continued full-body skin checks. This follow-up is essential — patients who have had one skin cancer have approximately a **50% chance of developing a second skin cancer within five years**. Consistent surveillance is one of the most important things you can do for your long-term skin health.

Quick-Reference Reminders

Before Surgery

- Continue all prescribed medications, including blood thinners and aspirin if prescribed by your physician
- Avoid aspirin or Vitamin E for 10 days before surgery — **unless prescribed by your doctor**
- Avoid alcohol and herbal supplements for 4 days before surgery
- Avoid smoking for 1 week before surgery
- Get a good night's sleep and eat a full meal before your appointment
- Wear loose, comfortable clothing
- Plan to be with us for 3–4 hours
- Arrange for someone to drive you home

After Surgery

- Avoid exercise for 2 weeks after surgery
- Expect a bandage over the wound for approximately 2 weeks
- Expect some swelling, bruising, and mild discomfort — this is normal
- Avoid smoking for 2 weeks after surgery

Thank you for trusting me with your care. I am here for you every step of the way.

— Dr. Kelsey