

# JOHNSON D DERMATOLOGY

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**This letter is in regard to your upcoming Mohs surgery.**

Please review the enclosed information. We hope that it will be useful in helping you prepare for your surgery. Use the checklist below to make sure that you're ready. Call us with any questions.

**Date of Mohs Surgery:** \_\_\_\_\_  
**Type of Skin Cancer:** \_\_\_\_\_  
**Location of Skin Cancer:** \_\_\_\_\_

## **Mohs Surgery Checklist**

### **Two Weeks Before Surgery**

- Make scheduling arrangements for the surgery. The surgery usually takes a few hours to complete but may take longer. Plan to spend the entire day at the clinic. You will most likely feel well enough to do your usual activities on the day after surgery, but you will need to avoid strenuous activities for at least one week following surgery.
- Make travel arrangements for the surgery. It is best to have someone drive you. If you drive yourself, be sure to have someone that you can call on the day of the surgery to drive you home if needed.
- Stop smoking. Smoking impairs the body's ability to heal. Smoking will increase your risk for infection and excessive scarring due to surgery. Stop smoking one week before and for two weeks after your surgery.
- Review all of the information in this packet.

### **The Day of Surgery**

- Eat at your regular mealtimes on the day of surgery but make the meals light.
- Take all of your usual medications
- Do not apply any cosmetics, lotion, or medication to the area to be treated.
- Take your antibiotic one hour before the surgery.
- Dress in comfortable clothes. Wear a shirt with a loose collar or one that buttons up the front. Occasionally clothes will get dirty during surgery. Choose something that is easy to wash.
- Bring your completed Mohs surgery consent form to your appointment.
- Bring a snack and something to pass the time to your appointment.

### **After the Surgery**

- Rest
- Follow post-operative instructions and keep follow-up appointments

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## **Consent for Mohs Surgery & Surgical Repair**

**Patient Name:** \_\_\_\_\_

**Proposed Procedure:** \_\_\_\_\_

### **Purpose**

The purpose of Mohs surgery is to completely remove a skin cancer. After the cancer is completely removed, a surgical repair is performed to close the wound left by the removal of the skin cancer.

### **Description**

#### **Mohs Surgery**

The visible part of the skin cancer is outlined with a pen. Then the skin is numbed with a shot of local anesthesia and the outlined area is surgically removed. After this, the wound is bandaged and the removed skin is taken to the lab to be processed into microscope slides. While the patient waits, all of the edges and base of the removed skin are checked under the microscope to be certain that the cancer has been completely removed. If the cancer is completely removed, then the next step is to surgically repair the wound. If the cancer is not completely removed, then a map of where the cancer is located is made and the patient has another piece of skin removed just in that area and checked under the microscope again. This process is repeated until the cancer is completely removed.

#### **Surgical Repair**

After the cancer is completely removed, the wound where the cancer was is repaired. Often this can be done with a simple line of stitches. Other times skin needs to be moved from nearby or distant sites to cover the wound – this is called a skin flap or a skin graft. Sometimes it is best to leave the wound open to heal naturally without a surgical repair.

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## **Consent for Mohs Surgery and Surgical Repair (Continued)**

**Patient Name:** \_\_\_\_\_

### **Benefits**

- Mohs surgery offers the highest cure rate of all of the available treatments for basal cell carcinoma and squamous cell carcinoma, the two most common forms of skin cancer.
- Surgical repair after Mohs surgery results in a quicker healing time and less scarring on average than letting the wound heal by itself without a surgical repair.

### **Alternative Treatments**

#### **Mohs Surgery**

- You may refuse to have Mohs surgery.
- Alternative treatments include scraping, freezing, burning, radiating, or applying creams to the cancer to destroy it. Traditional surgery and repair with stitches is also an alternative. The main difference between this and Mohs surgery is that the edges and base are not checked under the microscope at the time of surgery.
- If you have questions about these or other alternative treatments, ask your doctor.

#### **Surgical Repair**

- You may refuse to have a surgical repair after Mohs surgery.
- The main alternative to surgical repair is to leave the wound to heal naturally without stitches.
- You may also request to have the surgical repair performed by a surgeon other than the doctor who performed the Mohs surgery.
- If you have questions about these or other alternative treatments, ask your doctor.

### **Cost**

- There is a separate fee for the Mohs surgery and the surgical repair. These procedures are usually covered by insurance but are subject to co-pays, co-insurance, and deductibles.
- Mohs surgery and surgical repair is more expensive than some other treatments for skin cancer. The benefit is that it has the highest cure rate of all available treatments. If you need more specific information regarding cost, please request it from our staff.

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## Consent for Mohs Surgery and Surgical Repair (Continued)

Patient Name: \_\_\_\_\_

*Please read and initial beside each risk statement.*

### Risks

\_\_\_\_\_ The procedure will leave a scar.

\_\_\_\_\_ The skin cancer may grow back.

\_\_\_\_\_ The skin cancer and the resultant surgical wound may be larger than predicted.

\_\_\_\_\_ There is a risk of infection.

\_\_\_\_\_ There is a risk of prolonged bleeding.

\_\_\_\_\_ There is a low risk of allergic reaction or other adverse reaction to the numbing medicine.

\_\_\_\_\_ There is a risk that the repair may not work well. The repaired skin could become infected, could not receive enough blood flow, or other things might happen that could cause the repair to heal poorly. These things can result in greater scarring and a longer time needed to heal.

\_\_\_\_\_ Structures that surround the skin cancer may be damaged during Mohs surgery or the surgical repair. Structures may include blood vessels, nerves, and tendons. Depending on the location of the skin cancer, features such as the eye, the lips, the ear, and other functionally important structures may be damaged. The damage could make the structure not work right. This damage may be permanent.

\_\_\_\_\_ The above risks are the usually anticipated risks associated with this procedure. There is always the possibility that an unforeseen complication could occur, including death.

\_\_\_\_\_ This procedure, its risks and benefits, its expected outcome, and alternative treatments have been explained to my satisfaction. I have had the opportunity to ask my doctor questions about this procedure, and these questions have been answered to my satisfaction. I freely consent to have the described procedure performed.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Basal Cell Carcinoma and Squamous Cell Carcinoma**

### **General Information**

Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are the two most common forms of skin cancer. BCC is the most common type of skin cancer accounting for about 80% of all skin cancers. SCC is responsible for about 15% of all skin cancers. Both of these types of skin cancer are associated with sun exposure and a light complexion. Fortunately both types can usually be treated successfully if identified early and treated appropriately.

### **What happens if BCC or SCC are not treated?**

BCC is a slow growing cancer with very little ability to spread to other parts of the body. However, it can be locally invasive, growing into and destroying nearby structures such as the nose, ear, or eye. When located on the body, the cancer can grow large and invade down to muscle or bone and create an open wound. Usually this type of destruction takes several years to occur.

SCC is a more aggressive skin cancer than BCC. It usually grows more quickly and can cause greater destruction than BCC. In addition to being locally invasive, SCC can spread to lymph nodes or other parts of the body. This type of spread occurs most often in SCC's that are present on the lips, ears, hands, and fingers and in patients whose immune systems do not work well. In the vast majority of cases SCC remains only in the skin.

### **What treatments are available for BCC and SCC?**

The first step in the treatment of BCC and SCC is to take a biopsy of the suspected skin cancer to be checked under the microscope to make a definite diagnosis. Once this is done a treatment for the skin cancer can be chosen.

Several treatments are available for BCC and SCC, and each treatment has its own advantages and disadvantages. Common treatments include destruction of the cancer and surgical removal of the cancer – either with Mohs surgery or traditional surgery. Less common treatments include radiation treatment and creams that can remove skin cancer. Sometimes more than one treatment is used in combination. Your dermatologist will recommend the treatment that he or she feels is most appropriate for your skin cancer. If you have questions about treatments other than the one recommended, ask your doctor for more details.

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## **Basal Cell Carcinoma and Squamous Cell Carcinoma (Continued)**

### **What do I need to do now that I have a skin cancer?**

The first thing that is needed is to have treatment for the skin cancer. After the treatment for the skin cancer is completed, you should see your dermatologist regularly for follow-up exams. Your dermatologist will examine the area where the skin cancer was treated to make sure that it is not growing back and will also check your skin for new skin cancers. Once you have been diagnosed with BCC or SCC you have a 50% chance of having another skin cancer within the next 5 years.

You should also examine your own skin thoroughly each month. Use a well lighted room and the combination of a full length mirror and a hand held mirror to check all of the areas that are hard to see. A spouse, parent, or friend can also help you. Notify your dermatologist of any new growths, any spots that are changing, and any spots that "look funny." Also pay attention to any spot that bleeds for no good reason or gets a scab that won't heal. Most skin cancers are discovered by a patient or spouse and then brought to the attention of the doctor. Carefully examining your own skin is the best defense against a future skin cancer.

It is also important to protect your skin from the sun. Regular sun protection can decrease your chances for developing future skin cancers. The following steps should be taken for sun protection.

- Do not intentionally expose your skin to natural or artificial sunlight.
- Avoid sun exposure when possible, especially in the middle part of the day when the sun is most directly overhead.
- Protect your skin from the sun with clothing. Wear a hat with a broad brim, sunglasses, a long sleeved shirt, and pants when outdoors.
- Apply sunscreen with SPF15 or higher to all skin that you can't cover with clothes.

The above steps for sun protection are listed in the order of importance. Used together these steps will reduce your chances of developing more skin cancers.

### **Where can I learn more about skin cancer?**

Your dermatologist can answer many of your questions about skin cancer. Other good sources include:

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- The Skin Cancer Foundation [www.skincancer.org](http://www.skincancer.org)
- The American Cancer Society [www.cancer.org](http://www.cancer.org)
- The American Academy of Dermatology [www.aad.org](http://www.aad.org)
- The National Cancer Institute [www.nci.nih.gov](http://www.nci.nih.gov)

If you do not have access to the internet at home, most libraries will offer internet access for free.

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## **Care for Wounds with Stitches**

### **How to Clean and Bandage the Wound**

- Leave the initial bandage in place and keep the area completely dry for 24 hours unless otherwise advised.
- Clean with tap water and a Q-tip twice a day.
- After cleaning apply white petrolatum (Vaseline) or bacitracin (Polysporin) to keep the area moist. If using Vaseline, buy new Vaseline if the supply you already have is more than three months old. Then cover with a band-aid. If the area is too large to be covered with a band-aid, then use Telfa and paper tape to bandage the wound. Your pharmacy will have these bandage supplies. Do not let the area dry out and become scabbed.
- Continue the above steps until all of the stitches are removed.
- Two weeks after the stitches are removed you may begin using an over-the-counter scar pad to improve the appearance of the scar if desired. These can be purchased in any pharmacy without a prescription.

### **How to Limit Physical Activity**

- Avoid vigorous physical activity while the stitches are in place – this includes heavy lifting, running, and other sporting activities. Avoid activities that pull or stretch on the area with stitches.
- Do not put the stitches completely under water – this means no swimming and no bathing in a bath. In the shower, the area can be exposed to running water for a few minutes each day.
- If the wound is on the lower leg, keep the affected leg elevated to the level of the hip as much as possible and avoid unnecessary walking. This is to avoid excessive swelling and slow wound healing.

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## **Care for Wounds with Stitches (Continued)**

### **Stop Smoking**

- Smoking interferes with wound healing. If you smoke after your skin surgery, you have a greater risk of infection and poor wound healing. This can result in excessive scarring. Do not smoke for at least two weeks after your skin surgery. Please use this as an opportunity to quit smoking forever.

### **How to Manage Pain**

- You may take Tylenol for the pain associated with the procedure. The Tylenol is most effective if you take the first dose before the numbing medicine has worn off. You may take the Tylenol as often as directed on the bottle. If the pain is not controlled by the Tylenol, then call our office.

### **How to Handle Problems**

- If you have bleeding from the wound, then elevate the area and apply firm and constant pressure to the wound with a clean gauze or cloth. You should hold pressure for fifteen minutes without looking. Use a clock or a timer to count the fifteen minutes. If bleeding continues, then repeat the above procedure but use an ice pack over the cloth to hold pressure. If this does not work, then contact us.
- If you have excessive swelling, elevate the area and apply an ice pack for fifteen minutes out of every hour while awake. If the swelling continues, then contact us.
- Excessive redness, swelling, pain or drainage from the wound are possible signs of an infection. If you notice any of these signs, then contact us.

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## **Prior Authorization for Mohs Surgery**

Recently some private insurance companies have begun to require a prior authorization for Mohs surgery. This does not affect any of our patients with Medicare and does not affect the majority of our patients with private insurance. To date the only insurance company we are aware of that requires this prior authorization for Mohs surgery is Municipal Health.

For the few patients whose insurance plans require a prior authorization, the insurance company may impose a penalty payment upon the patient if the prior authorization is not obtained. If you are concerned that your insurance company might require a prior authorization for this procedure, please contact your insurance company directly and ask them if you need prior authorization for Mohs surgery.

If you are unable to obtain a satisfactory answer from your insurance company about whether or not prior authorization is required, you may call our office at 479-649-3376, ext 25, and Lynne McCartney will try to help you determine whether or not a prior authorization is required.

**Brad Johnson, MD**  
**June 19, 2012**