University College Hospital

Mohs micrographic surgery

Dermatology Services
If you would like this document in another language or format, or require the services of an interpreter, please contact us on 020 3447 4048. We will do our best to meet your needs.

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1. Introduction
This leaflet provides information for patients who are having Mohs micrographic surgery at University College Hospital London. It explains the treatment and care you will receive.
Your doctor has discussed Mohs Micrographic surgery with you and recommended it for the treatment of a skin cancer. This leaflet is designed to answer some of the questions you may have about Mohs micrographic surgery. It supplements the information you were given by your doctor and nurse when you discussed Mohs surgery with them.

2. What does Mohs micrographic surgery mean?
This is a highly specialised type of surgery for certain types of skin cancers. It was developed by Dr Frederic Mohs in the 1930s but has been refined over the years to its current form. It is usually just shortened to ‘Mohs surgery’. This method of surgically removing skin cancers is most often used to remove basal cell carcinoma (also known as BCC or rodent ulcer) and squamous cell carcinoma (SCC), particularly on the head and neck. Basal cell carcinoma and squamous cell carcinoma are the two most common types of skin cancer. Please ask for a leaflet about these skin cancers if you require more information and have not already been provided with this information.

3. How can a Mohs micrographic surgery help?
The procedure is different to other surgical techniques because at the time of tumour removal the entire tumour margin is mapped and examined under the microscope (first stage) to ensure that tumour is not present at the edges of the removed skin. A map of the operation site is drawn and if tumour is still present we can identify where by using the map and remove a further piece of skin at that specific site. This process is repeated until here is no tumour left. Mohs surgery has an extremely high success rate (usually in excess of 95%) of completely removing the skin cancer and this reduces the risk
of recurrence (less than 1% at 5 years). It also removes cancerous tissue whilst preserving normal healthy tissue, thereby allowing the best cosmetic outcome. Mohs surgery is well suited for skin areas where preserving as much normal tissue as possible is important, such as around the eyes, nose, lips and ears. It is also useful for removing skin cancers which are difficult or impossible to see with the naked eye, skin cancers that have come back after previous treatments or those that have not been removed completely.

The team is led by Dr Conal Perrett, Consultant Dermatologist & Dermatological Surgeon. The team includes other consultants from dermatology, plastic surgery, oncology (cancer medicine), histology (study of tissue) and radiology. The team has a specialist nurse and a secretary who co-ordinates the Mohs surgery appointments. The Mohs surgery lists are also attended by other junior doctors and medical students as part of their training.

4 What are the risks of Mohs micrographic surgery?
The risks associated with Mohs are very low but in common with other types of skin surgery, they include pain and tenderness at the area with some swelling and bruising. Less common side effects include infection, bleeding, and rarely damage to nerves producing numbness or rarely loss of function. In common with all surgery to the skin, you will have a scar. This will reduce and fade over the months following your surgery.

5 What alternatives are available?
There are alternatives to Mohs surgery and these will have already been considered in your case and discussed by your doctor at the skin cancer multidisciplinary team meeting. For your particular case, the team think that Mohs surgery is the
best treatment. Your doctor or nurse can talk to you about alternatives but these may not be as effective as Mohs surgery.

6 What happens if I choose not to have Mohs micrographic surgery?
The skin cancer is likely to continue to grow unless it is removed completely.

7. How should I prepare for Mohs micrographic surgery?
Bring a list of all your medications
• Tell us about any allergies you have to medicines, rubber, anaesthetics, iodine, Elastoplasts.
• Smoking makes healing of the skin more difficult and there is a greater chance of infection and poor healing if you smoke. You should aim to stop smoking two weeks before and two weeks after surgery.
• It is very important that you tell your doctor if you are taking any medicines that affect your blood thinning such as aspirin, warfarin, and clopidogrel. Sometimes you will be advised to stop these or to have a blood test.
If you have a warfarin yellow book please bring it with you.
• Please tell your doctor if you are taking any anti-inflammatory medicines such as Ibuprofen, Diclofenac or aspirin.
• You will need to bring in your own tablets if you need to take tablets for other conditions. Please remember to bring a list of your medications.
• Food and drink will be required. These can be purchased from the hospital snack bar or cafe or you can bring a packed lunch with you.
• It is a good idea to bring some painkillers with you. We normally recommend Paracetamol just after surgery as this will make the wound less painful when travelling home.
• Something to read whilst you wait for the results.
8 Asking for your consent
We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with treatment, by law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please do not hesitate to speak with a senior member of staff again.

9 What happens during a Mohs micrographic surgery?
Mohs surgery can take from half a day to all day, dependent upon the size of your tumour, how much tissue has to be processed, how many excision stages are required to remove all the tumour cells and the type of wound repair.

Will I feel any pain?
Usually the only painful part is when the local aesthetic is injected. The local anaesthetic is usually effective for two hours, after which time some discomfort may be present. If necessary, two Paracetamol tablets may be taken every six hours. You may also be asked to take a short course of antibiotics before or after the operation but this will be discussed with you.

Can I be sedated?
Usually this is not required. However, you may ask your general practitioner to prescribe a mild sedative that you can take by mouth before the procedure. We do not use sedative injections. Photographs of the procedure may be taken for recording purposes or possible use in audit, teaching or publication. Your permission for this will be requested beforehand. You will not be
recognisable in the photographs and a name will not be attached.

**What happens when the entire tumour has been removed?**

**Option one**
At some sites, the wound can be left and with careful dressing, it will heal naturally leaving a perfectly good result. If this is done, you will be shown how to look after the wound and given the necessary materials to take home.

**Option two**
The wound is repaired by the Mohs surgeon. This is done after the tumour has been removed. The repair will be done under local anaesthetic and you will be able to go home afterwards.

**Option three**
The resulting wound is repaired by another surgeon, either an oculoplastic surgeon (eyes + plastic surgeon) or plastic surgeon. This type of closing procedure may be performed on the same day or a few days after the Mohs surgery. If a decision to close the wound at a later date is made, you will be advised how to dress the area. In each case, the best option for you will determine what method is used.

**10 What should I expect after Mohs micrographic surgery?**
You will leave the hospital with a dressing covering the wound. Do not get the wound or dressing wet and leave the dressing in place. You will be given an appointment to attend the dressing clinic for wound dressings and to have your sutures (stitches) removed. Your wound may be sore for a few days and you can take Paracetamol. After the surgery, most people usually require a number of days to recover and it is advised not to plan any trips or holidays during this period. We find most people need about a week off work following surgery.
11 Where can I get more information?

www.mohscollege.org
This is an American site and has useful information.

UCLH cannot accept responsibility for information provided by external organisations.

12 Contact details
University College London Hospitals
250 Euston Road
London NW1 2PG
Main Switchboard 0845 155 5000/0203 456 7890

For questions about the date or time of your Mohs surgery in dermatology please contact the **Mohs surgery coordinator on 020 3447 4808**

If you are worried about your wound following surgery or have any other questions or concerns, you can talk to the skin cancer specialist nurse.

Skin Cancer Clinical Nurse Specialist: 0795 086 9906

Secretaries/ Appointments: 020 3447 9224

Dermatology Outpatients Department: 020 3447 5116
Fax: 020 3447 9278

Website: www.uclh.nhs.uk
13 How to find us
Space for notes and questions