

Types of Skin Cancer:

Basal cell carcinoma, Squamous cell carcinoma & Malignant Melanomas

Basal Cell carcinoma is the most common type of skin cancer and represents about 80% of new skin cancers. This type is rarely life threatening and does not usually spread. They usually occur in patients who have had repeated sun exposure. Patients that develop a basal cell cancer have a 60% chance of developing another one within five years.

Squamous cell carcinoma is another type of skin cancer that is rarely life threatening. It represents about 16% of new skin cancers and is found most often in people with fair complexions. This type may develop from an Actinic (solar) Keratosis which is a scaly, crusty patch on sun-damaged skin. They can appear as a red bump or may seem like an ulcer. They may also seem like a sore that just won't heal. They can range in size from a few millimeters to a few centimeters in diameter.

Malignant melanoma represents only about 4% of newly diagnosed skin cancers. It is the most serious form of skin cancer and can be life threatening. However, if treated early the cure rate is about 95%. This cancer can stem from a mole that has been present for many years. If you have a mole that has changed in its appearance, you should have it examined by a specialist.



MEDICAL & SURGICAL SKIN CARE

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MOHS MICROGRAPHIC SURGERY



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MOHS Micrographic Surgery: MOHS does not rely on what is seen.

MOHS surgery combines the surgical removal of the tumor with the immediate microscopic examination of the tumor and the underlying diseased tissue. This process allows your MOHS-trained provider to identify, remove and examine the entire tumor and roots layer-by-layer until the cancer is completely gone. MOHS surgery provides the highest cure rate, has the lowest chance of regrowth, minimizes the potential for scarring or disfigurement and is the most exact and precise means of removal.

MOHS surgery is effective for most types of skin cancer and is commonly used to treat basal and squamous cell carcinomas. It is the treatment of choice for recurring cancers, large cancers, cancers where the edges cannot be clearly defined or in areas where it is important to preserve healthy tissue for maximum functional and cosmetic results.

Your risks of cancer can be reduced when you protect yourself from the sun, are aware of suspicious growths and visit your dermatologist for regular check-ups.



PATIENT INFORMATION, PREPARATION FOR SURGERY AND RELATED INFORMATION



Patient Information and Preparation for Surgery

If you are taking prescription medications, continue to take these unless otherwise directed by your physician. However, you should inform your MOHS surgeon if you are taking blood-thinning medications such as Coumadin, Plavix, Aspirin, Aspirin substitute (such as Advil, Motrin, Nafton, Naprosyn etc.) vitamin E, ginkgo, garlic, ginseng, ginger, ephedra or other nutritional supplements. These medications and supplements can sometimes cause an increased chance of bleeding after surgery.

Day of Surgery

You should come in fully rested from a good nights sleep. Eat normally on the day of your surgery. For your comfort, wear casual layered clothing. Bring a light snack or reading material if you wish to help occupy your time with us.

Duration of Procedure

Most MOHS cases can be completed in three or fewer stages, requiring less than four hours. However, it is not possible to predict how extensive a cancer will be. Therefore, it is advisable to reserve the entire day for this special procedure in case the removal of additional layers is required.

Minor Post-Surgical Discomfort Expected

Most patients do not complain of significant pain. If there is some discomfort, normally only Tylenol is required for relief. You may experience some bruising and swelling around the wound, especially if surgery is performed near the eye area.

Potential Complications Associated with MOHS Surgery

Patients should understand that there is no absolute guarantee that any given procedure will be totally free of complications or adverse reactions. MOHS surgery is no exception. During surgery, tiny nerve endings are cut, which may produce a temporary or permanent numbness in and around the surgical area. If a large tumor is removed or extensive surgery is required, occasionally a nerve to the muscles may be cut, resulting in temporary or permanent weakness in a portion of the face. This is, however, an unusual complication. The surgical area may remain tender for several weeks or months after surgery. Also, infection is always a possible complication of any surgical procedure; we may attempt to minimize this risk by giving you a prescription of antibiotics.

Wound Healing, Scarring & Scar Revision

As with all forms of surgery, a scar will remain after the skin cancer is removed and the surgical area has completely healed. MOHS micrographic surgery, however, will leave one of the smallest possible surgical defects and resultant scars. Scars do have the ability, through the body's own natural healing properties, to remodel and improve in appearance from a six to twelve month period. There are also many other techniques available to the patient for enhancement of the surgical area following skin cancer surgery.

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