If you read nothing else, read this page!

This package is yours to keep; we created this package to provide you with as much information as possible. We hope you take the time to note any items that you have questions about; these questions will be answered by your surgeon and/or their staff on the day of your procedure and/or pre-operative phone call.

- On the **left** of this folder is a *copy* of the consent form you will sign digitally on the day of your surgery.

- On the **right** of this folder is a detailed explanation of Mohs Surgery, pre-operative instructions, expectations for the day of the procedure, and a brief post-operative discussion.

Important details:

- The scheduled time our office provided to you is **your arrival time**, which starts the Mohs process. You will be here for most of the day and in some cases, all day. Please plan accordingly for your personal needs (i.e. medications, other events, work, etc.), entertainment (book, phone, tablet, etc.), charging cables, snacks, drinks, etc.

  NOTE: Scheduling is extremely limited, as there are many skin cancer patients in the valley and not enough Mohs surgeons. **If you need to reschedule**, you are likely to have several months wait before Dr. Wright's schedule has an opening. Please let us know if you need to reschedule as far in advance as possible.

- We cannot stress this enough; your comfort needs to be a priority! Please **dress accordingly**! Be prepared to leave with a wound dressing in place; consider a button-up shirt, stretch pants, versus pull-over, clothes you are ok getting blood on, etc.

Disclaimer: Consent is an important part of any procedure. Mohs surgery involves a multi-step process that is often lengthy. You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make an informed choice when/if you agree to the procedure after learning the risks and hazards involved. If you have any questions, please do not hesitate to ask us. This document is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your informed consent to the Mohs micrographic surgery procedure.

the Clinic for Dermatology & Wellness
Healthy, inside and out

Preparing for Mohs Surgery

TABLE OF CONTENTS

Please read this information carefully. We know there is a lot but it has been prepared to help you understand the Mohs surgery procedure and repair. Call us if you have any questions. Please bring this information package with you to your appointment.

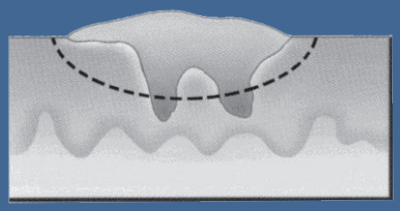
What is Mohs Surgery?

This is a type of surgery developed by Dr Fredrick Mohs for treating skin cancer when he was a medical student, in Wisconsin, in the 1930's. It allows a skin surgeon to operate on a skin cancer and have a greater certainty that the tumor is completely removed. Mohs surgeons are Board Certified Dermatologists who have undergone additional training in the Mohs technique.

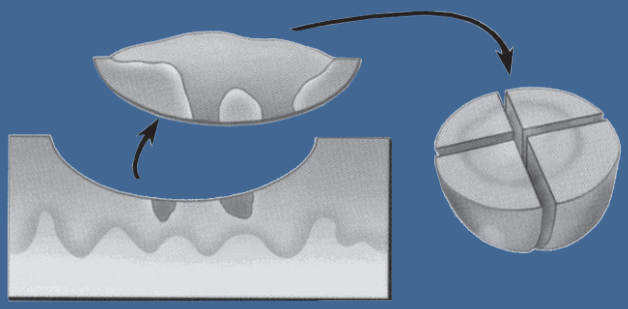
Skin cancers grow like icebergs; there is more below the surface than can be seen on top. If only the visible tumor is removed microscopic cancer cells can get left behind. With Mohs surgery we cut around a cancer and examine every edge under the microscope to make sure it is all removed. If cancer is seen, we remove more skin but only from the area with the cancer. In this way we get rid of all the skin with tumor while leaving the normal skin alone.

Using this technique we get a 99% cure rate for most skin cancers. The following examples show what happens in Mohs surgery. The process is described again in detail below.

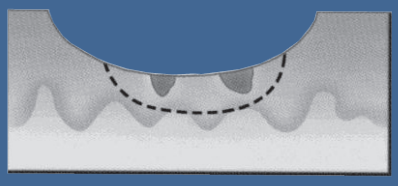
(1) A tumor within the skin (dark grey), the first Mohs layer is taken (dotted line) with a scalpel.



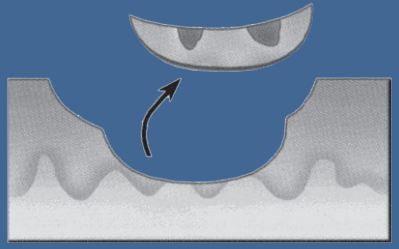
(2) The first section is divided to make processing easier. The skin is then processed and examined under a microscope by the surgeon.



(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.



What Should I Do Before Surgery?

- Have a normal breakfast on the morning of surgery.
- If your surgery is in the afternoon, eat lunch.
- All healing after surgery goes better if you are not smoking.
- Try to stop smoking 1 week before surgery and for 2 weeks afterwards.
- If the procedure is on your face please do not wear make up.
- Wear loose comfortable clothing; try to avoid white shirts or blouses.

What Medication Can I Take?

Take any medication you would normally take.

- Bring any medication you would normally take during the day.
- **If you have been advised you need antibiotics before surgical or dental procedures because you have an implant or abnormal heart valve**. Please call your Primary Care Provider (PCP) for a prescription of the medication. If you are unable to reach your PCP for a prescriptions, please notify our staff.

What Can I Expect on the Day of Surgery?

- Please try to arrive 15 minutes before your appointment to complete the necessary paper work.
- Be prepared to spend the entire day with us, as we cannot predict how long the surgery will take.
- You are welcome to have a friend or family member with you during the stages of surgery.

1 The front desk staff will register you.

2 The staff will take you to one of the procedure rooms and ask you about your medical history, current medications, allergies

3 You will be asked to sign a consent form that will give us your permission to undergo the procedure and to be photographed.

4 We will take a close up photograph of the area to be operated on.

5 The skin will be cleaned with alcohol and then numbed with an injection of Lidocaine anesthetic. This may burn and sting for a few seconds; then the area will become numb, we aim to make this part as painless as possible. If you have an allergy to anesthetics, please inform the staff.

6 The first step of Mohs surgery is to try to determine the extent of the tumor under the skin. This is typically done using a curette, an instrument used to scrape the skin. The tumor cells will come away while the normal skin stays intact.

7 Then the first layer of skin is removed with a scalpel; any bleeding is stopped.

8 We will put a bandage on the wound and we will show you back to the waiting room.

9 The removed tissue is taken to our lab to be processed, and will be looked at under the microscope to see if the cancer is removed. This takes approximately 90 minutes.

- When the tissue is ready, the doctor looks at it under the microscope. If any tumor is left, we mark that area on a map. We use this map to tell us where the tumor still is on your skin.
- You will come back to the procedure room; we will remove the dressing and inject more local anesthetic (Lidocaine). The doctor will remove further skin from the area where the cancer is still present; the process is then repeated as above.
- The average number of these cycles that need to be taken is two.
- Once the cancer is completely removed we will take another photograph of the wound and discuss the repair.
- We will ask you if you want to look at the wound; we encourage most people to, so you can better understand the extent of the tumor, but you do not have to if you do not want to.

Wound Closures

If the wound left by the surgery is closed with stitches, they will need to be removed in one to two weeks. Stitches on the face or neck are in for 7-10 days. The ears, arms, legs, back, chest and scalp for 2 weeks.

Our skin has a remarkable ability to heal. Sometimes a wound is allowed to heal in by itself without stitches. This can take 4-6 weeks but this option, in the right area, can lead to an excellent result.

The next simplest way of closing skin is stitching it side-to-side in a straight line. On the face the stitches stay in place for 6-8 days. If the skin will not close side-to-side, we may need to do either a graft or a skin flap. A flap borrows skin from next to the wound and moves it over to fill the wound.

A graft is a piece of skin removed from a site away from the wound, usually from around the ear or above the collarbone, and used to cover the wound like a patch.

Occasionally the wounds are in a location or of a size that will necessitate referral to a plastic surgeon or eye surgeon for repair; ideally on the same day but sometimes the following day. We will explain the methods of closure with you which we think will give the best result.

Once wounds are healed and the stitches taken out, the scar will continue to heal and develop over the next 6-12 months. Sometimes a second procedure is needed to help the scar be less noticeable. This is typically done between 4 to 8 weeks after the surgery. This can include injections of anti-scarring medication, laser procedures or dermabrasion.

Please do not schedule surgery near to a vacation, travel for work or a time when you will not be available for us to see you for follow up.

What Will Happen After Surgery?

After the wound is closed, we will make an appointment for you to be seen for follow up. You will have a bandage in place. We will give you detailed written wound care instructions and a list of phone numbers to call if you have questions. To give yourself the best chance of healing well we strongly advise you follow the written wound care instructions.

Most wounds are not painful after surgery. If there is discomfort take an acetaminophen (Tylenol) based pain killer. If we suspect a wound will be more painful we shall give you a prescription for a stronger medication.

Our objective is to put you at ease before, during and after your surgery, while curing your skin cancer and reconstructing the wound with the least scarring possible. Please let us know if you have any special concerns or questions.

We look forward to seeing you at your appointment!

Commonly Asked Questions

Q ***What are the risks of surgery?***

A Please read the risks of surgery included on the Mohs Micrographic Surgery Informed consent included towards the end of this packet.

Q ***Since the biopsy the area appears to have healed. Do I still need surgery?***

A Most of the skin cancers have roots under the skin that can not be seen with the naked eye. The biopsy is performed to sample the tumor, not to remove the entire tumor. Even though the surface of the skin has healed there is still tumor underneath.

Q ***I have a wedding/graduation/vacation/ reunion/special event within 2 weeks of the surgery; should I still have the surgery?***

A Depending on how dangerous the tumor is, many cases can be delayed by 2-3 months without problems. It is not advisable to have surgery around the time of major events, as bandages and bruising can ruin a photograph.

Q ***Will I have pain afterwards?***

A Most wounds are not painful after surgery. If there is discomfort, take an acetaminophen (Tylenol) based pain killer. If we suspect a wound will be more painful, we shall give you a prescription for a stronger painkiller.

Q ***Will my cancer become a melanoma?***

A Basal cell carcinoma, Squamous cell carcinoma and Melanoma are all completely different types of cancer. One does not become the other. Each has early stages and more advanced stages of the disease, but they are still their own cancers.

Commonly Asked Questions (cont.)

Q ***What would happen if I leave this area and do nothing?***

A There are rare instances where a biopsy may cure a cancer but by far the majority of tumors are not removed by the biopsy. If left alone the cancer continues to grow. Basal cell carcinoma rarely spreads to other parts of the body, it keeps growing locally and eats away at skin and surrounding tissues. Squamous cell carcinoma does have a risk of spreading to other body parts. The longer the tumor is left the more the risk increases.

Q ***What are the chances of me getting another cancer?***

A Several studies have looked at this and suggest about 4 out of 10 people (40%) will get another cancer in the next 2 to 4 years. The cancer may not necessarily be on the face. Once you have had your surgery we recommend regular skin checks. Initially ever 6 months, then if no other tumors are found once a year. Some people with multiple tumors may have to be seen more often. The goal of frequent skin checks is to catch tumors at an early stage so they are smaller and easier to treat.

Q ***Do I need to bring someone with me?***

A Some tumors on the face can require larger bandages on the first day that may interfere with vision or wearing glasses. Often people feel quite tired after having surgery and would rather have someone else drive. This is entirely patient choice and we will only use local anesthetic.

Q ***What are the alternatives to surgery?***

A Mohs surgery is not appropriate for all types of skin cancer. There are many different ways of treating skin cancers. The decision to use Mohs depends on a number of factors relating to the cancer, its location, patient factors and prior treatments used.

Commonly Asked Questions (cont.)

Other methods we use for treating skin cancer include the following:

Freezing it with liquid nitrogen: this is painful, can leave large scars and there is no microscope proof the tumor has been removed. The degree of freezing needed is much greater than when we treat pre-cancerous lesions.

Scraping and burning (electrodessication and curettage): this is often used on the trunk, arms or legs where we have skin to spare, but the recurrence rate on other areas can be quite high, and the scars are often quite wide. Again, there is no microscope confirmation the tumor is gone; any recurrent tumor will be mixed with scar tissue, making it more difficult to remove using this method a second time.

Simple Excision: When a lesion is excised, we use a fixed margin, usually 4 mm around the tumor. Sometimes this is fine, again, where there is skin to spare, but on the face and areas where the skin is very tight we prefer to take narrow margins. When the specimen is sent to the pathologists, they only examine a few sections through it, so the recurrence rates are higher.

Anti-Cancer Creams: There are creams that have been around for many years, and new creams coming on the market being used to treat skin cancers. Obviously the idea of using a cream instead of surgery is very appealing. These creams have to be used for several months to work; they cause a lot of irritation on the skin and recent studies have shown 1/3 of the tumors will come back. The creams do not penetrate very far in the skin, so deeper tumors will not be affected; in addition, some tumors wrap scar tissue around themselves which acts as a barrier to the cream. For the reasons above, these creams have shown better results for thin tumors.

Your doctor has referred you for Mohs as they feel this is the most appropriate method of treatment for the type tumor you have. If there is an alternative treatment that may be more appropriate your Mohs surgeon will let you know.

Checklist Before Mohs Surgery

1. Have breakfast, bring lunch
2. Wear loose comfortable clothing, avoid white colors
3. If you have any issues with memory it is crucial that you be accompanied by another person during the appointment
4. Be prepared to spend the whole day with us. Bring phone chargers, snacks, and entertainment options.
5. Stitches will be removed in 1 - 2 weeks, make sure you will be available
6. Stop smoking 1 week before surgery and 2 weeks afterwards
7. No alcohol 2 days before surgery and 2 days afterwards
8. Excercise is not allowed for 3 weeks after surgery to prevent complications like abnormal scarring, opening of the wound, and bleeding -- this includes lifting items > 15 lbs, yard work, golf, swimming, yoga, and weight lifting.

Medication

1. Take your normal medication that morning
2. Bring medications needed during the day
3. Bring a list of your medication

Call us about any questions or concerns you may have and please remember to bring this entire package with you to your appointment.

Copy of Mohs Surgery Informed Consent Form

YOU WILL BE ASKED TO SIGN THIS SHEET AT YOUR APPOINTMENT ONCE YOU HAVE HAD ANY QUESTIONS ANSWERED

This form is designed to provide you with the necessary information that you will need to make a decision on whether or not you wish to have Mohs surgery performed. You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make an informed choice when/if you agree to the procedure after knowing the risks and hazards involved. If you have any questions, please do not hesitate to ask us. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your informed consent to the procedure.

I voluntarily request my Provider, and such associates, technical assistants and other health care providers as they deem necessary to perform Mohs Micrographic Surgery and subsequent reconstruction of my diagnosed skin cancer.

This includes, but is not limited to: laboratory and biological tests and the administration of anesthetics, which are deemed appropriate and necessary by my Provider.

I have been informed of the nature, purpose, possible risks and complications and the alternative procedures that are available to me as below and in the pre-operative written instructions including, but not limited to:

Benefits of Mohs Surgery
Mohs surgery has the highest published cure rates for all forms of therapy for skin cancers. Mohs surgery also offers accurate margin evaluation, spares the most amount of normal skin, allows the coordination of surgery with pathology, and offers the safety of local anesthesia. Cure rates are also influenced by factors such as size, location, and type of skin cancer.

Risks of Mohs Surgery
Pain
Pain can occur during the procedure, in the post-operative period and occasionally during the healing phase of the wound (up to 6 months). This is controlled with pain medications such as Tylenol. Some mild discomfort is also experienced when the area is first anesthetized with numbing medication.

Bleeding/Bruising/Swelling
Patients on blood thinners are at an increased risk of bleeding. Sometimes a blood clot called a hematoma can form after the procedure and must be drained. Bruising and swelling after surgery is normal as well and should be expected for several weeks after the procedure.

Infection
Infection is a risk whenever the skin barrier is compromised and occurs in approximately 1% of patients. Some patients, not all, will receive postoperative antibiotics to prevent an infection. If you do develop a wound infection, we treat it with antibiotics.

Scarring
Permanent scar formation will result from any skin surgery and the type of scar is unpredictable and cannot be determined before surgery. Scars continue healing and maturing for 1-2 years. A second procedure is sometimes needed to improve a scar left by Mohs surgery in less than 10% of cases. The final appearance of the scar depends on many factors and chances for a good result can be estimated but can not be guaranteed. Depending on how you heal, your scar may become:

> Thick--keloid or hypertrophic scar
> Wide--especially scars overlying active muscle areas
> Thin--this cannot always be prevented and depends on the location and the healing process.
> Red/Pink/Brown-- This can persist for months and longer, usually fading to white in time

Reaction
If you have an allergy or develop redness or a rash from anesthesia, latex gloves, bandaids or antibiotic ointments, please let us know. Insignificant, serious, or life-threatening reactions may occur.

Recurrence of skin cancer
Mohs surgery has the highest cure rate for treatment of skin cancers, nevertheless, it is not a 100% cure rate and recurrences can occur.

Nerve damage
Sensory nerve damage is usually felt as numbness or tingling. Scars on any part of the body may feel different than normal skin, and wounds on the scalp may result in tingling or other sensations in other areas of the scalp due to how the nerves run through the area. This is common and usually resolves completely or partially within a year. Sometimes these changes can be permanent.

Motor nerve damage (nerves that move your muscles) is rare but can be permanent. Nerves that control the muscles that lift the brow and curl the lower lip are most vulnerable to injury. Sometimes nerves must be cut if invaded by tumor.

Wound dehiscence
If a surgical site is injured before healing is completed or in rare cases when the stitches do not hold in place, the scar may gape open, bleed, and need to be restitched and the scar may become more obvious.

Alternatives to Mohs surgery:
Patients may choose to have their skin cancers: Not treated (risky and not recommended), have them removed with regular excision (up to 90% cure rate for primary tumors) which has a lower cure rate than Mohs surgery, or treated with destruction (cryosurgery, electrodessication and curettage), or radiation.

Reconstruction:
Repair of the wound following removal of skin cancers is guided by the goals of providing the best possible aesthetic outcome with the least possible risk and morbidity. Common options include: simple closure with stitches, skin flaps which move adjacent skin to fill a defect, and skin grafts which borrow distant skin to patch a defect. Some defects heal best by simply letting them heal, without any further
surgery. There is always a small chance that tissue moved in a repair will not "take", that is, it will not survive, and reconstruction may fail. I understand that the final defect cannot be predicted and, therefore, the type of closure that will be required is unknown and may even necessitate a delayed closure, staged repair, repair by another physician/provider or secondary intention healing.

Copy of Mohs Surgery Informed Consent Form (Continued)

YOU WILL BE ASKED TO SIGN THIS SHEET AT YOUR APPOINTMENT ONCE YOU HAVE HAD ANY QUESTIONS ANSWERED

I understand that it has been recommended that a spouse, relative, or friend accompany me to the office and drive me home following my surgery. If I decide to drive myself home, I understand and assume the risk involved.

I acknowledge there are risks and hazards related to the performance of surgical, medical and or diagnostic procedures, including: infection, blood clots in veins and lungs, hemorrhage, allergic reactions and even death. Most common adverse risks of surgical procedures include: pain, bleeding, infections, scarring, change in pigmentation (lighter or darker), re-growth, slow healing, change in anatomical appearance, skin indentation, and local nerve damage (numbness, tingling, loss of function).

I understand that sometimes more than one surgical procedure is necessary to remove a large lesion, a lesion in a difficult area, or to obtain the best possible repair of the surgical wound. I know the practice of medicine and surgery is not an exact science and no warranty, assurances, or guarantee have been made as to result or cure.

I understand that my Provider may discover other or different conditions which require additional or different procedures than those planned, whether or not arising from presently unforeseen conditions; my provider may consider treatment of these uncontemplated conditions necessary or advisable in the course of the operation originally planned. I (we) authorize my Provider, and such associates, technical assistants and other health care providers as they may deem necessary, to perform surgical procedures which are advisable in their professional judgment.

The taking of photographs before, during and after treatment is essential for your medical records and insurance purposes. In rare instances, pictures may be used for academic purposes; dissemination to other health care professionals, medical journals, research, teaching, publications or presentations. If used for such purposes no reference will be made to your name and all identifying marks or data will be redacted. Your pictures will become a permanent part of your medical record.

This authorization is given for the purpose of facilitating my Provider in his/her care and treatment of me as a patient. I agree that persons in attendance may be assisting in surgery and/or administering local anesthesia under the supervision of my Provider. I understand I will be given written post-operative instructions regarding my procedure and understand the importance of complying with them. I understand I should notify my doctor as soon as possible of any questionable conditions that may arise by calling the office.

I have been given an opportunity to ask questions of my Provider about my condition, alternative forms of anesthesia (other than local anesthetic and I have confirmed NO known allergy to lidocaine or Marcaine) and treatment, risks of non-treatment, the procedures to use and the risks and hazards involved, and I (we) have sufficient information to give this informed consent.

I acknowledge that my insurance may or may not cover the procedure noted above and that I am responsible for the balance, if any, in full. I understand that it is my responsibility to know my insurance policy coverage and benefits. Services rendered may be considered non-covered by my insurance and/or may be subject to my deductible in addition to a co-pay.

I certify that I have read this informed consent form carefully, fully understand its terms and contents, and have had the opportunity to have all of my questions answered. This shall supersede all previous authorizations or agreements executed by me.

I hereby freely and voluntarily give my signed authorization and consent for this procedure. Furthermore, my signature below indicates my consent to the treatment(s) specified above at The Clinic for Dermatology & Wellness, LLC and I assume all risks as my own.

I agree to immediately report to my practitioner's office any adverse reactions or problems that may be related to my procedure.

I hereby release and agree to hold harmless The Clinic for Dermatology and Wellness, their affiliated, associated and related entities, and the providers, directors, officers, employees/staff members, successors and assignees of all such persons and entity from any and all liability arising from or in any connection with this procedure.