

Mohs Micrographic Surgery

Mohs Clinics Dordrecht

Spuiboulevard 226
3311 GR Dordrecht
T: +31 (0)78 632 10 80
F: +31 (0)78 632 10 81
E: contact@mohsklinieken.nl
I: www.mohsclinics.com

Mohs Clinics Amsterdam

Zwaansvliet 5
1080 AP Amsterdam
T: +31 (0)20 820 11 95
F: +31 (0)20 820 21 86
E: contactamsterdam@mohsklinieken.nl
I: www.mohsclinics.com

Mohs Clinics Hoorn

Maelsonstraat 26
1624 NP Hoorn
T: +31 (0)229 820 256
F: +31 (0)229 820 257
E: contactnh@mohsklinieken.nl
I: www.mohsclinics.com

Patient information on Mohs Micrographic Surgery

This leaflet has been written to help you understand more about Mohs micrographic surgery. It tells you what it is, what is involved and what the potential complications are.

The operation

You take place in a comfortable surgery chair. After disinfecting the skin the visible skin cancer is outlined with a marker pen and the skin is numbed with a local anaesthetic injection. The tumour is then removed with a small margin of healthy skin around and underneath it. A dressing is applied and you will be asked to wait in our comfortable living room. While you wait the removed skin tissue is examined under the microscope to determine whether any of the tumour remains. It can take approximately one hour for the laboratory to process a small skin tissue sample; larger samples may take longer. If tumour is seen at in the skin examined under the microscope, a further layer will be removed from the corresponding area on the wound. The dermatologist will know exactly where to find the remaining tumour. It may be necessary to inject more local anaesthetic before further surgery.

This process is repeated as many times as is necessary until there is no tumour remaining. Sometimes the tumour can be much larger than is visible at first on the surface of the skin.

When the skin cancer has been removed completely, you will once again take place in the surgery chair and the dermatologist will discuss the possibilities to close the wound. At some sites the wound can be left to heal naturally leaving a perfectly good result. This is called healing by secondary intention. If this is done you will be shown how to look after the wound and will be provided with aftercare advice on how to apply or arrange further dressings. Or the dermatologist may close the wound directly edge to edge with stitches or use a piece of skin from another area as a graft to cover the wound, or shoves some adjacent skin to cover up the wound

The expected results

The Mohs technique is especially used to operate skin cancer in the face with an unpredictable growing pattern. This can mean that the arisen defect is bigger than what you had imagined. However, you can be sure that no superfluous healthy skin has been taken away as we let the microscope lead us and take only skin there where the skin cancer exists.

After every operation there will be a scar. Depending on the localisation of the tumour, the size of the wound and your own natural ability of healing, this will be

more or less visible. If you are not satisfied about the final result, we will look how we can improve the cosmetic outcome.

The risks

The risk of a serious complication is minimal. If you are allergic to anaesthetic fluids, please let us know.

Bleeding

Blood comes from under the bandage. Press your flat hand firmly and continuously on the bandage for 20 minutes. If the bleeding does not stop, again press on the bandage for 20 minutes continuously. If it keeps bleeding, contact us.

Infection

After some days the operated area starts to hurt and looks red, or you get a fever: contact us.

Some rules for after the operation

- take it easy; do not lift heavy objects; do not bend forward; do not do sports; avoid heavy perspiring
- if you are in pain you can take paracetamol. Do not take aspirin or acetylsalicylic acid
- do not make the bandage wet! This increases the chance of infections
- if you have been operated in the face, you better sleep with the head of the bed a little upwards
- you can remove the pressure bandage after two days (if not said otherwise)

Remark

A Mohs surgery can take a few hours to a whole day. Between the operations you can rest, read or work on your laptop. At lunchtime we will provide sandwiches. Coffee, tea and non-alcoholic drinks will be offered to you. For your rest and that of other patients we ask you to take only one accompanying person with you.

Who is suitable for Mohs micrographic surgery?

Mohs micrographic surgery is particularly useful in the following circumstances:

- Recurring or previously incompletely removed basal cell carcinomas.
- Infiltrative basal cell carcinomas (where the edges of the skin cancer can be difficult to see so traditional methods risk incomplete removal).
- Basal cell carcinomas in areas where it is cosmetically better to remove as little healthy skin as possible e.g. eyelids, nose, ears, lips.
- Basal cell carcinoma at the site of previous surgery or radiotherapy.
- Very large tumours (where removing as little healthy skin as possible can help minimise the size of the wound).

How effective is this treatment?

The cure rate for Mohs micrographic surgery is high for both primary (new) tumours (up to 99%) and recurrent tumours (up to 95%). This compares to a cure rate of approximately 90% for a primary tumour removed by the traditional surgical methods.



zkn

ZELFSTANDE KLINIEKEN NEDERLAND

KEURMERK