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## PREPARING FOR YOUR MOHS SURGERY

### DO

- Do shower and shampoo the night before and the morning of surgery.
- If your surgical site is in a hair bearing area, please Do **shave** the area one day before your surgery to allow appropriate dressing placements.
- Do EAT normal meals before surgery.
- Do tell the doctor if you have any allergies to medicines or have a bleeding problem.
- Do BRING ALL your medications in their bottles to show the doctor. Take ALL your regular medicines unless the doctor tells you not to.
- Do wear an old shirt that buttons all the way down (not a pull-over). WEAR ABSOLUTELY NO JEWELRY. If you're having face surgery WEAR ABSOLUTELY NO MAKE UP and have your hair pulled back away from the surgery site.
- Do bring an old blanket to the office if needed; the surgery room is kept cool.
- Do WEAR warm socks to the office.
- Do tell the doctor if you have a cold or don't feel well.
- Do take your daily medications for blood pressure, diabetes, thyroid disorders, etc.

**Your surgical procedure will be done under local anesthesia. You will not be put to sleep or given sedatives. Unless otherwise instructed, you should be able to drive yourself home.**

### DON'T

- Don't have **ALCOHOL** (wine, beer, whiskey) from one week before until one week after surgery.
- Don't have herbs, licorice, tumeric, Coenzyme Q10, vitamin E, feverfew, ginger, Ginkgo biloba, garlic, niacin (vitamin B3), fish oil tablets (omega 3 fatty acids), evening primrose oil, or non-steroidal anti-inflammatory medicines (Motrin, Nuprin, Advil, etc.) for one week before surgery. They can cause bleeding.
- Don't apply lotions to surgery site on the day of surgery or the bandages will not stick to your skin.
- If your primary care doctor has prescribed Aspirin or Coumadin for your heart **TAKE THE ASPIRIN OR COUMADIN AS YOUR DOCTOR SUGGESTED UNLESS YOUR DOCTOR SAYS YOU CAN STOP ASPIRIN FOR 1 WEEK BEFORE SURGERY OR COUMADIN 3 DAYS BEFORE SURGERY.**  
  
Ask your primary care doctor **BEFORE** stopping the aspirin or coumadin. Over-the-counter TYLENOL can be taken any time it's needed for pain and/or headaches before or after surgery **BECAUSE IT DOES NOT CAUSE BLEEDING.**
- If not instructed by a doctor avoid the aspirin and aspirin like products 1 week before surgery. A long list of medications can be given provided to you.
- **Don't smoke excessively (it slows healing). It's best not to smoke at all.**
- **DO NOT smoke within 2 hours before surgery.**

## **PREPARING FOR YOUR MOHS SURGERY (CONTINUED)**

### **BEFORE SURGERY**

You MAY be given antibiotics prior to surgery. This medication should be taken starting the morning of your excisional surgery.

You MAY also be give a topical antibiotic to swab in your nose twice a day for 5 days.

Also please wash your head, neck, and body with Hibiclens (Chlorhexidine) once a day for 5 days before the surgery.

### **AFTER SURGERY**

Dr. Nahm may delay your surgical repair for optimal healing and cosmetic benefit. If this is the case, he will tell you when to follow-up for a possible reconstruction of the surgical site defect.

There will be need for post-operative follow-up for observation or suture removal after reconstruction. It is best to remain in the local area (if possible) for 10-20 days post-operative period. Let the Dr. Nahm or his staff know if you cannot do this.

The wound will take about 25 days to become sufficiently strong after all the surgery has been performed.

### **ITEMS YOU MAY NEED TO PURCHASE FOR WOUND CARE**

Hydrogen peroxide, Vaseline Petroleum Jelly, Telfa dressing of non-stick gauze squares, paper tape or silk tape, Q-Tips, Sterile gauze pads (purchase either 2-inch, 3-inch, or 4-inch according to the size needed to cover your wound).

## **MOHS SURGERY QUESTIONS & ANSWERS**

### **What is Mohs Surgery?**

Mohs surgery is a highly specialized treatment for the total removal of skin cancer. It is named in honor of Dr. Frederic Mohs, the physician who developed the technique. Mohs Surgery eliminates the guesswork used with all other methods of treating skin cancer. Other methods require the surgeon to estimate how wide or deep the roots of skin cancer have grown. Mohs surgery differs by the use of complete microscopic examination of all tissues removed. This allows the Mohs surgeon to remove only the skin cancer cells and leave the normal skin untouched.

### **What are the advantages of Mohs Surgery?**

By using detailed mapping techniques and complete microscopic control, the Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic roots of cancer can be removed. The result is: 1) the removal of as little normal skin as possible, 2) the highest possibility for curing the cancer.

### **What are my chances for cure?**

Using Mohs Surgery, the percentage of cure is more than 99% for most skin cancers, even when other forms of treatment have failed. Other methods of treatment offer only a 50% chance of success if previous treatments have failed.

### **Will I be hospitalized or put under anesthesia?**

No, you will not be hospitalized. Mohs surgery is performed in a pleasant outpatient surgical setting and you may return home the same day. No, you will not be put under anesthesia. The area will be locally numbed only.

## **MOHS SURGERY QUESTIONS & ANSWERS (CONTINUED)**

### **What happens the day of the surgery?**

Our staff will escort you into a surgical suite where the area around the skin cancer will be numbed. Once it is numb, the visible cancer and a thin layer of tissue will be removed. This tissue is carefully mapped and coded by the surgeon and taken to the adjacent laboratory where the technician will immediately process the microscope slides. You will have a temporary dressing placed over the wound.

The surgical procedure alone takes 10-15 minutes. However, it takes a minimum of 1 1/2 to 2 hours to prepare and microscopically examine the tissues of each layer. Several surgical stages and microscopic examinations may be required, and you will be asked to wait between stages. Although there is no way to tell before surgery how many stages will be necessary, most cancers are removed in three stages or less.

We would like to make the time you spend with us as pleasant and comfortable as possible. You may want to bring reading material to occupy your time while waiting for the microscope slides to be processed and examined. You may want to bring a sweater, as the temperature in our office varies. Magazines will be available in the reception area. You are welcome to bring snacks and/or food and beverage since your stay with us may run through meal times.

The most difficult part of the procedure is waiting for the results from the laboratory. Since we do not know in advance how much time is necessary to remove the cancer and repair the wound, we ask that you plan to be in the office the entire day and that you make no other commitments. Please be sure to inform your companion and/or driver of this.

### **What does the Mohs procedure consist of?**

The Mohs process includes a specific sequence of surgery and pathological investigation. Mohs surgeons examine the removed tissue for evidence of extended cancer roots. Once the visible tumor is removed, Mohs surgeons trace the paths of the tumor using two key tools:

- a map of the excised tissue
- a microscope

Once the obvious tumor is removed, Mohs surgeons:

- remove an additional, thin layer of tissue from the tumor site
- create a "map" or drawing of the removed tissue to be used as a guide to the precise location of any remaining cancer cells
- microscopically examine the removed tissue thoroughly to check for evidence of remaining cancer cells

If any of the sections contain cancer cells, Mohs surgeons:

- return to the specific area of the residual tumor indicated by the map
- remove another thin layer of tissue only from the specific area(s) where cancer cells were detected
- microscopically examine the newly removed tissue for additional cancer cells

If microscopic analysis still shows evidence of disease, the process continues layer-by-layer until the cancer is completely gone. Selective removal of only diseased tissue using Mohs Surgery allows preservation of much of the surrounding normal tissue. This systematic microscopic search reveals the roots of the skin cancer which is why Mohs surgery offers the highest chance for complete removal of the cancer while sparing the normal tissue. Cure rates exceed 99 percent for new cancers, and 95 percent for recurrent cancers.

## **MOHS SURGERY QUESTIONS & ANSWERS (CONTINUED)**

### **Will I be left with an open wound?**

The best method of managing the wound resulting from surgery is determined after the cancer is completely removed. When the final defect is known, management is individualized to achieve the best results and to preserve function and maximize aesthetics. The Mohs surgeon is also trained in reconstructive procedures and often will perform the reconstructive procedure necessary to repair the wound. A small wound may be allowed to heal on its own, or the wound may be closed with stitches, a skin graft or a flap. On occasion, another surgical specialist with unique skills may complete the reconstruction.

### **Where can I find additional information about skin cancers, Mohs Surgery, and other skin diseases?**

You can visit our website at [DrWalterNahm.com](http://DrWalterNahm.com) and click on the "Education" section. From there you can click on the blue patient education library box and conduct a search of what you are looking for accordingly (I.E. Mohs Surgery).

## Aspirin or Aspirin Related Drugs

- 4-Way Cold Tablets –
- Adprin-B Tablets
- A.S.A. Enseals
- A.S.A. Tablets
- Aches-N Pain Tablets
- Advil
- Alcohol
- Aleve Tablets
- Alka-Seltzer Products
- Amigesic Capsules
- Anacin Tablets and Capsules
- Anaprox, Anaprox DS Tablets
- Anodynes Tablets
- Ansaid Tablets
- APC
- Argesic Tablets
- Artha-G Tablets
- Arthralgen Tablets
- Arthritis Bayer Timed Release Aspirin
- Arthritis Pain Formula Tablets
- Arthritis Strength Bufferin Tablets
- Arthropan Liquid
- Arthrotec
- Ascodeen
- Ascriptin, All products
- Asperbuf Tablets
- Aspergum [chewing gum]
- Aspirin
- Asprimox Tablets
- Axdone
- Axotal Tablets
- Bayer, All Products
- BC Tablet and Powder
- Brufen
- Buf-Tabs
- Buff-A Comp No. 3 Tablets with codeine
- Buff-A Comp Tablets and Capsules
- Buff aprin Tablets
- Bufferin, All products
- Buffets II Tablets
- Buffex Tablets
- Buffinol Tablets
- Cama Arthritis Pain Reliever
- CataFlam Tablets
- Cephalgesic
- Cheracol
- Children's Aspirin
- Children's Advil Suspension
- Children's Motrin Suspension
- Clinoril Tablets
- Congesprin
- Cope Tablets
- Coricidin
- Coumadin
- Darvon Compound Pulvules
- Darvon Compound-65
- Darvon with A.S.A. Pulvules
- Darvon-N with A.S.A.
- Dasin Capsules
- Daypro Tablets
- DiFlunisal
- Disalcid Capsules
- Doan's Pills
- Dolobid Tablets
- Dristan
- Duoprin-S Syrup
- Duradyne Tablets
- Easprin
- Ecotrin Tablets
- Emagrin Tablets
- Empirin Tablets
- Emprazil
- Endodan Tablets
- Epromate Tablets
- Equagesic Tablets
- Equazine M Tablets
- Etodolac
- Excedrin Tablets and Capsules
- Feldene Capsules
- Fenoprofen Tablets
- Fiorgen PF Tablets
- Fiorinal Tablets
- Fluriprofen Tablets
- Gelpirin Tablets
- Gensan Tablets
- Goody's Headache Powder
- Halfprin Tablets
- Haltran Tablets
- Ibu-Tab Tablets
- Ibuprofen Tablets
- Ibuprofen Tablets and Caplets
- Indochron E-R Capsules
- Indocin Capsules/ Suspension/ Suppositories
- Indocin-SR Capsules
- Indomethacin Capsules
- Indomethacin Suspension
- Isollyl Improved Tablets & Capsules
- Ketrolac tablets
- Ketoprofen Capsules
- Lanorinal Tablets
- Lodine Capsules/Tablets
- LodmeXL
- Lortab
- Magan Tablets
- Magnaprin Arthritis Strength Captabs
- Magsal Tablets
- Mamal Capsules
- Marthritic Tablets
- Maximum Bayer Aspirin
- Measurin Tablets
- MecloFenamate Capsules
- Meclomen Capsules
- Medipren Tablets and Caplets
- Menadol Tablets
- Meprogesic Tablets
- Micrainin Tablets
- Midol 200 Tablets
- Midol, All products
- Mobidin Tablets
- Mobigesic Tablets
- Momentum Tablets
- Motrin Tablets
- Nalfon Capsules/Tablets
- Nalfon Pulvules
- Naprosyn Tablets/ Suspension
- Naproxen Tablets
- Neocylate Tablets
- Norgesic & Norgesic Forte Tablets
- NorwichExtra-Strength Tablets
- Nuprin Tablets and Caplets
- Orphengesic
- Orudis Capsules
- Oruvail Capsules
- Pabalate
- Pabalate-SF Tablets
- PAC Tablets
- Pamprin-IB Tablets
- Pepto-Bismol Tablets and Suspension
- Percodan and Percodan-Demi Tablets
- Phenaphen
- Piroxicam Capsules
- Ponstel Capsules
- Presalin Tablets
- Relafen Tablets
- Robaxisal Tablets
- Rufen Tablets
- S-A-C
- Saletol Tablets
- Saletol-200 Tablets
- Saletol-400,600,800 Tablets
- SalFlex Tablets
- Salocol Tablets
- Salsalate Tablets
- Salsitabs Tablets
- Sine-Aid
- Sine-Off
- SK-65 Compound Capsules
- Soma
- SomaCMD
- St. Joseph Adult Chewable Aspirin
- St. Joseph Cold Tablets for Children
- St. Joseph Aspirin for Children
- Sulindac Tablets
- Supac
- Synalgos Capsules
- Synalgos-DC Capsules
- Talwin Compound Tablets
- Tolectin 200,600 Tablets
- Tolectin DS Capsules
- Tolmetin Tablets/ Capsules
- Toradol Injection/Tablets
- Trendar Tablets
- Tricosal tablets
- Tri-Pain Tablets
- Trigesic
- Trigesic Tablets
- Trilisate Tablets and Liquid
- Vanquish Caplets
- Verin
- Voltaren Tablets
- Zactin
- Zorprin Tablets

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