

Mohs Micrographic Surgery



NORTHEAST
DERMATOLOGY
ASSOCIATES, P.C.

You have been referred to see Dr. Brienne Cressey, MD, a fellowship-trained and board certified Dermatologic and Mohs Surgeon, for the treatment of skin cancer. Below are some questions most frequently asked by our patients. Please take the time to read through them. We hope this information will acquaint you with the procedure and help put you at ease as you prepare for your visit.

Please feel free to call with any questions or concerns at (603) 343-4806

What is Skin Cancer?



The most common skin cancers are basal cell and squamous cell carcinomas. There are well over 1 million new skin cancers in this country each year. Fortunately, these cancers rarely spread to other areas of the body and are rarely life-threatening when treated early. However, they can be locally aggressive, meaning they can invade and infiltrate large areas of normal tissue.

Melanoma is the third most common type of skin cancer. Melanoma is completely curable if caught early. Modified Mohs surgery is used only for particular types of melanoma.

What is Mohs Surgery?

Mohs Surgery is a specialized technique for removing certain types of skin cancers. Dr. Frederic Mohs began performing the procedure in the 1930's. The procedure has been continuously refined over the past 80 years and it is now an outpatient procedure performed under local anesthesia.

After the tumor and surrounding skin have been completely numbed, the visible portion of the tumor is surgically removed. The tissue is then taken to our laboratory and processed where the physician uses a microscope to see if any cancer cells remain at any margin. If no cancer cells are seen, the surgeon will repair the wound with stitches (or allow the wound to heal if stitches are not needed.) If any cancer cells have been left behind, the surgeon will go back and remove additional tissue. This process is repeated as many times as necessary to ensure complete removal of the tumor. (top of page 2)

What's the advantage of Mohs Surgery?

There are two primary advantages.

First, by using the microscope to examine the tissue, the surgeon is better able to ensure that all cancer cells have been removed. In fact, ***this procedure has the highest cure rate of all skin cancer treatments.***

Second, because only cancerous tissue and a narrow margin is removed, normal healthy skin is preserved, keeping the defect or "hole" as small as possible. This facilitates a more elegant reconstruction.



Brienne D. Cressey, MD



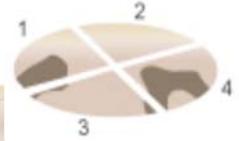
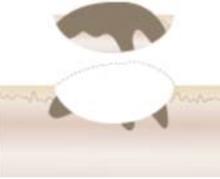
Dr. Cressey received her medical degree from Tufts University School of Medicine, graduating with research and AOA honors. She completed her internship at Memorial Sloan Kettering Cancer Center in New York and her dermatology residency at Cornell Medical College where she served as chief resident. She completed her fellowship in Mohs Micrographic Surgery and Cosmetic Surgery in Rhode Island at Dermatology Professionals. She is trained and experienced in skin cancer, cutaneous reconstruction, and cosmetic surgery. She is board certified by the American Board of Dermatology and is a member of the American Academy of Dermatology, American College of Mohs Surgery, and American Society for Dermatologic Surgery.

The Mohs Surgery Laboratory Process

The skin cancer may extend beyond the visible margins.
It is these extensions that lead to tumor recurrences after incomplete removal.



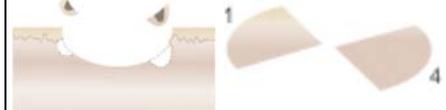
Mohs surgery first removes the visible tumor.
Then a thin layer of tissue is removed, mapped and examined under the microscope.



Additional layers are then removed precisely in areas of remaining tumor.



The process is repeated, if needed, until all skin cancer is removed.
Mohs surgery is the only method that examines the tissue edges so completely while preserving the maximum amount of normal tissue.



Additional Questions

How long will surgery last?

The length of the surgery depends on the extent of the skin cancer, but usually takes between 3 to 4 hours. Occasionally surgery is lengthier, so we ask that you come prepared to spend the day. Much of the time will be spent waiting for the tissue to be processed in the lab. Bring reading material and whatever else will help keep you comfortable while you are with us.

Will I have stitches following the surgery?

Most, but not all wounds, require stitches for optimal healing. Our goal is to give you the best cosmetic and functional result possible. Some wounds require more complicated procedures such as “flaps” or “grafts” while others do best if left to heal on their own. Dr. Cressey will recommend the best option following removal of the tumor.

Will I have a scar after the surgery?

Unfortunately, there is no such thing as a “scarless surgery”. However, Dr. Cressey is trained in facial reconstruction and our goal is to make your scar as cosmetically pleasing as possible. The size of the scar often depends on the size and location of the tumor.

Will I be put to sleep for the surgery?

No. The surgery is well-tolerated with local anesthesia. Because the surgery may take several hours, the risk of prolonged general anesthesia is avoided.

Should I bring someone with me?

Surgery anywhere on the face can often lead to temporary swelling around the eyes making it difficult to see. Additionally, a pressure dressing will be placed over the surgical site which may make it difficult for glasses to rest properly. Out of concern for your safety, especially if your lesion is near the eye, we ask that you bring a driver with you or make arrangements for someone to pick you up.

Do I need to see a plastic surgeon after Mohs Surgery?

Occasionally, depending on location, size, and depth of the surgical wound left by Mohs surgery, plastic surgery may be considered. Wounds may be left open for several days before a plastic surgeon repairs the area.

Should I eat before surgery?

Yes. Unless specifically told otherwise, you may eat a normal meal prior to surgery. It is also a good idea to bring snacks as you may be in the office for several hours.

Are there any medications I should discontinue prior to surgery?

Continue taking all your prescribed medications unless otherwise directed by us in advance. Please stop nonprescribed medications and supplements 10 to 14 days prior to surgery. In general, we do not recommend that you stop taking any blood thinners such as aspirin, Coumadin, Plavix, Xarelto, Eliquis, or Pradaxa. If there are special circumstances where these need to be stopped, we will notify you.

Will my activity be limited after surgery?

Yes. Physical activity, including sports and exercise, is usually restricted following the surgery. If your job requires heavy lifting or physical exertion, you may need to plan to be off for a few days. Dr. Cressey will give you specific instructions at the time of surgery.

Will I have much pain after the surgery?

Most people have surprisingly little pain after the surgery. Typically, the first 24 hours are the most uncomfortable. We recommend that you have extra strength Tylenol (acetaminophen) and Advil/Motrin (Ibuprofen) available, but do NOT recommend taking Aleve (naproxen).

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PRE- SURGICAL INSTRUCTIONS FOR MOHS SURGERY

Regarding your medications please read the following and review the specific instructions with the surgical team prior to surgery.

1. If you take aspirin, Plavix, or any anti-platelet medication because of a history of coronary artery disease, heart attack, heart disease, stroke, TIA, or peripheral vascular disease, please continue this medication prior to surgery.
2. If you take aspirin simply to “stay healthy” without a history of any of the above or other diseases, you may be asked to stop it 10 days prior to surgery.
3. If you take nonprescription medications, then stop all nonprescription medications including Vitamin E, Omega 3 products such as fish oil and flaxseed oil and herbal medications 2 weeks prior to surgery.
4. If you take Coumadin (warfarin), Xarelto, Eliquis, or Pradaxa because of a history of atrial fibrillation, heart disease, stroke, TIA, or deep venous thrombosis (DVT), pulmonary embolus, or other internal disease, please continue this medication prior to surgery. If you are taking Coumadin, we would like to have a blood test showing a PT/INR value within the expected range within 5 days of surgery.
5. If you take aspirin plus Plavix, aspirin plus Coumadin, or aspirin plus an anticoagulant (i.e. Xarelto, Eliquis, Pradaxa), please discuss this specifically with the surgical team prior to surgery.
6. Please discontinue ibuprofen (Advil, Motrin), naproxen, and all non-steroidal anti-inflammatory drugs 5 days prior to surgery.
7. Continue all other prescription medications without change.
8. No alcohol consumption for 48 hours prior to your surgical procedure/s and 48 hours after surgery
9. If you smoke, please limit/avoid tobacco as much as possible prior to surgery. Please try to stop cigarette smoking 2 weeks prior to surgery and refrain from smoking for 4 weeks after.
10. If you have an artificial joint or heart valve or need to take antibiotics prior to surgery or dentist visits, please discuss this with the surgical team prior to surgery.
11. If you check your blood sugars at home, then check your blood sugars at least daily after surgery and call your primary care physician if unable to control blood sugar
12. Please eat breakfast and/or lunch on the day of surgery.
13. Your surgery will normally take between 3-4 hours at the office. Please bring a snack, reading material, or something else to help pass the time.
14. Please arrange to have someone drive you home after surgery if your site is near your eye or where your glasses sit.
15. It is recommended that you wear comfortable, loose-fitting clothing and avoid “pullover” clothes.
16. For women: please do not wear makeup to surgery if the lesion is on your face.

Call Northeast Dermatology at (603) 343-4806 to speak to our Billing Department regarding any insurance or payment issues.

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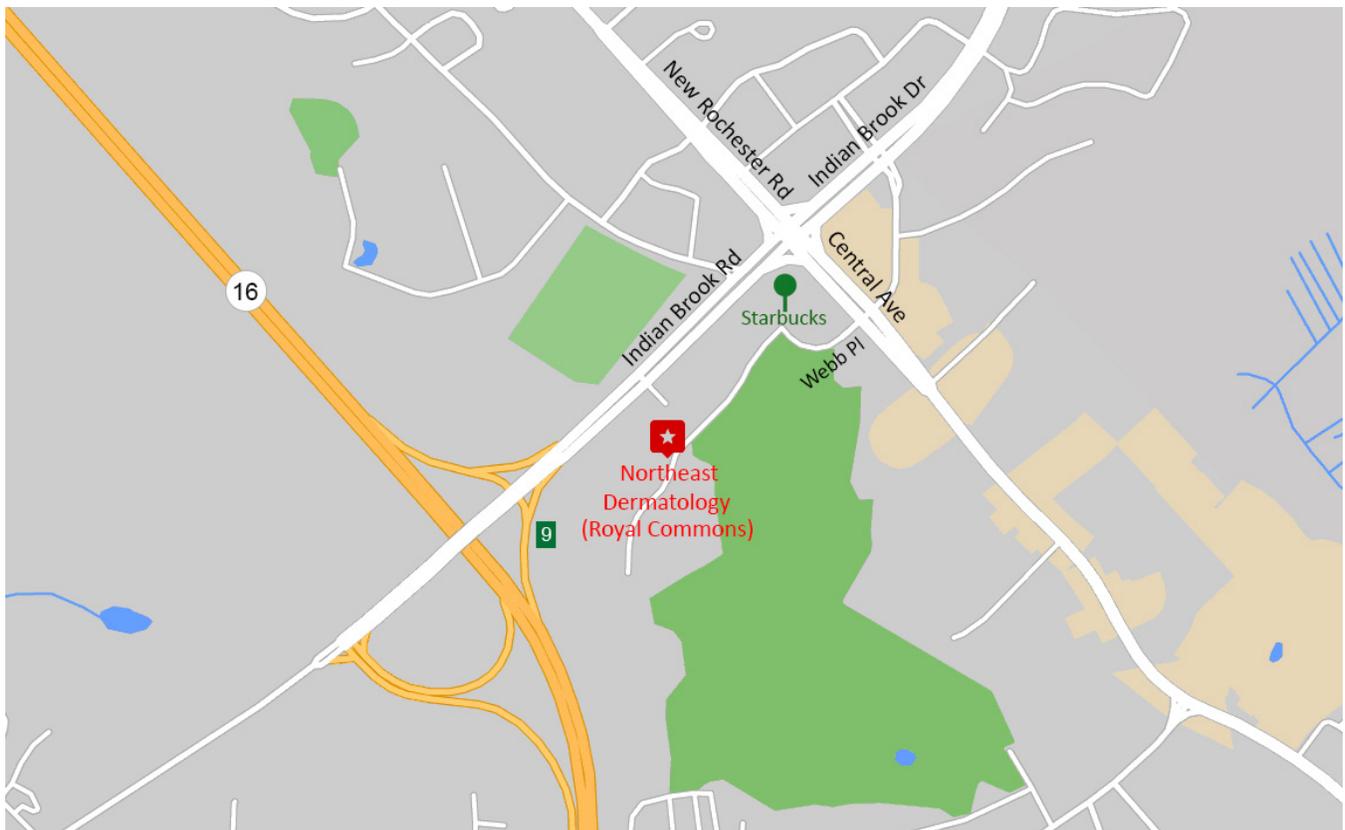
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DIRECTIONS

51 WEBB PLACE (ROYAL COMMONS BUILDING) DOVER, NH

- Turn onto Webb Place (intersection of Webb Place and Central Ave)
- At stop sign across from Starbucks, turn left
- Continue following Webb Pl to 51 Webb Pl, brick building is named Royal Commons
- Take elevator to 2nd floor, Suite 240

If you have any issues finding the Dover office location on your day of surgery, please call 603-343-4806 ext 2000.



PLEASE complete **BOTH sides** of this form and bring it to your appointment, along with a list of your medications

Name _____ DOB: _____

Occupation _____

Where is the area of concern? _____ How long has it been there? _____

Was this area treated in the past? **NO YES** If Yes, how was area treated? _____

What are your symptoms? Bleeding itching scabbing pain other _____

Have you ever had radiation on the skin? **NO YES** (explain) _____

Have you had skin cancers before? **NO YES** Type: Basal Cell / Squamous Cell / **Melanoma**
Where? _____ When? _____

Have other family members had skin cancers? **NO YES** Type: Basal Cell / Squamous Cell / **Melanoma** / type unknown
Who? _____

Do you take any of the following: Coumadin/Wafarin Plavix Pradaxa Eliquis Xarelto Effient Prednisone Aggrenox
Aspirin Aleve Ibuprofen / Advil / Motrin Vitamin E Fish Oil

List ALL medications, dosages and frequency are you currently taking (including over the counter)

Medication	Dose	How many times a day	Medication	Dose	How many times a day
<small>Ex: Zyrtec 10mg</small>	<small>1 pill</small>	<small>once per day</small>			

Medication allergies: _____
Type of reaction: Anaphylaxis Angioedema GI upset / Nausea / Diarrhea Dizziness Fatigue Hives / Rash / Weal Swelling
Liver toxicity Shortness of breath Other: _____

Are you allergic to latex products? **NO YES** Are you allergic to iodine? **NO YES**

Have you had a Flu Vaccine? **NO YES** When: _____ Have you had a Pneumonia vaccine? **NO YES** When: _____

Do you have a history of psoriasis or psoriatic arthritis? **NO YES** If yes, have you been tested for TB? **NO YES** When _____ Result _____

Do you have an Advance Care Plan (someone who can make medical decision on your behalf if you are unable to speak for yourself)? **NO YES**

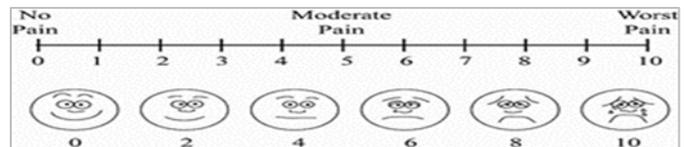
Name of your healthcare proxy or surrogate: _____

Do you smoke (cigarettes, cigars, pipe, etc.)? **NO Former smoker?** Year started _____ Year quit _____ **Check if you NEVER smoked** _____
IF YES How much? 2-3 per month 2-3 per week less than 1 pack per day 1 or more packs per day

Alcohol: **NONE** Less than 1 drink per week Less than 1 per day 1-2 per day 3+ per day
Number of times in the past year you have had more than 4 drinks in one day _____

Are you having pain today? **NO YES** please circle level of pain:

Location of pain: _____



FEMALES – circle any that apply: **currently pregnant** **nursing** **planning pregnancy**

OVER

PLEASE complete **BOTH sides** of this form and bring it to your appointment, along with a list of your medications

Name _____ DOB: _____

MEDICAL HISTORY (circle all that apply)

General: Frequent fevers Excessive fatigue Weight loss Weight gain Appetite loss

Heart Disease: High blood pressure Angina Heart attack Disease of heart valves Heart failure Irregular heartbeats / murmur
 Bypass or open heart surgery Angioplasty +/-stents Pacemaker Defibrillator other _____
 ❖ Do you have a history of artificial heart valves? **NO YES** Type _____

Neurological: Seizures Stroke TIA Frequent headaches other _____

Psychiatric: Anxiety Depression Frequent fainting spells other _____

Muscular/Skeletal: Rheumatoid arthritis Osteoarthritis other _____
 ❖ Any joint replacement? **NO YES** If yes: when and which joints? _____

Pulmonary: Asthma Emphysema Shortness of breath other _____

Hematological: Bleeding problems easily bruise Anemia other _____
 Have you ever seen a blood doctor (hematologist)? **NO YES** Have you ever had a low platelet count? **NO YES**
 Have you ever had a problem with your red blood cells or platelets? **NO YES** Have you ever had a transfusion? **NO YES**

Cancers: Breast Lung Leukemia/Lymphoma Prostate Colon other _____
 Date / Stage of cancer: _____

Infectious Disease: HIV Tuberculosis other _____
 Have you ever had a **Wound infection:** **MRSA** Staph other _____

Liver Disease: Hepatitis B Hepatitis C Liver disease Cirrhosis other _____

Genitourinary: Kidney disease Dialysis Transplant BPH (benign prostatic hyperplasia) other _____

Gastrointestinal: Frequent GI upset Ulcers Reflux Irritable bowel other _____

Endocrine: Hyperthyroid Hypothyroid **Diabetes, Type 1 / Type 2** other _____

Eyes: Glaucoma Eye pain Loss of vision Tearing other _____

Ears: Decreased hearing Hearing aids other _____

Nose: Draining allergies Restricted nasal breathing Surgery other _____

❖ Do you take antibiotics before dental work? **NO YES** Name & dose: _____

List any past surgeries and dates of surgery _____

Name, phone and town of your primary care doctor _____

If you are a new patient, or have not been to our practice in over 3 years, please complete the following:

Do you have:	Yes	No	Do you have:	Yes	No
Problems with bleeding			Fever or chills		
Problems with scarring (hypertrophic or keloid)			Hay fever		
Changing mole			Shortness of breath		
Cough			Thyroid problems		

Pharmacy Name _____ Phone # _____

Pharmacy Address _____