

*Perfect  
skin*

MOHS  
MICROGRAPHIC  
SURGERY  
(FOR SKIN CANCER)

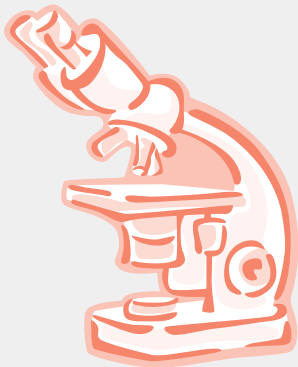
SUSAN ELLIS, M.D.  
DERMASURGERY

Diplomate of the American Board of Dermatology  
Fellow of the American Society of Surgical Dermatology  
2925 Professional Place, Suite 104  
Colorado Springs, Colorado 80904  
p 719.471.4147 f 719.471.4148  
[www.perfectskinpc.com](http://www.perfectskinpc.com)

## WHAT IS MOHS MICROGRAPHIC SURGERY?

Mohs Micrographic Surgery was developed by Dr. Frederick Mohs, professor Emeritus of Surgery at the University of Wisconsin, as a technique to remove skin cancers. The advantages of the Mohs technique are that it allows for the smallest possible surgical defect with the best cosmetic result and has an excellent chance for cure.

The method of Mohs Micrographic Surgery is time consuming and requires highly specialized training and personnel. Because of these requirements. There are few physicians who offer this treatment.



## WHY IS MOHS SURGERY THE BEST FOR ME?

There are many methods used to treat skin cancer, but to date, Mohs Micrographic Surgery offers the highest cure rate and results in the smallest possible surgical defect. A small and cosmetically-acceptable result is especially important when working on areas such as the face, neck, and hands.

## ARE THERE ALTERNATIVES TO THE MOHS PROCEDURE?

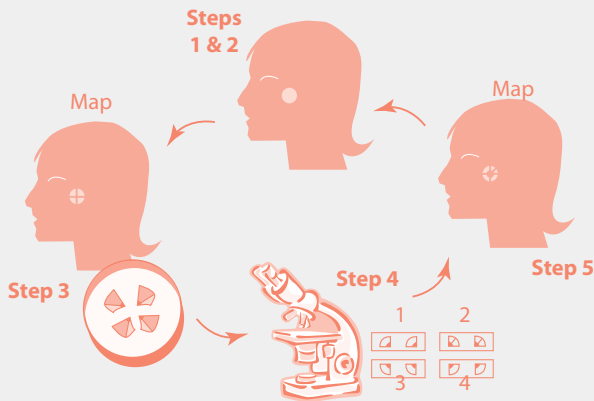
Many patients ask about alternative treatments for skin cancers. The most popular methods include Electrodesiccation & Curettage (burning the cancer with an electric needle and scraping it with a round knife), radiation therapy (x-ray), excision (surgical removal with a wide margin), and topical therapy (imiquimod and efudex). The chart on the next page lists these various modalities as well as the pros and cons of each therapy. Which method we use to treat your cancer often depends on the location, size, type of tumor, and previous therapies. ►

TREATMENT METHODS	POINTS FOR <i>pros</i>	POINTS AGAINST <i>cons</i>
Mohs micrographic surgery	Highest cure rate; normal tissue spared	Time consuming
Excision with closure	Fast	May not remove all cancer, especially if treated before unsuccessfully
Excision and closure with frozen sections in operating room	Examines some tissue at surgery	Does not examine all tissue removed
Curettage and electrodesiccation	Fast	Likely to leave tumor if on face or if treated before; may scar
Radiotherapy (x-rays)	Nonsurgical	May cause additional cancer; may scar; requires 15-20 treatment sessions
Imiquimod (Aldara)	Nonsurgical Good cosmetic result for small lesions	Lower cure rate than surgical procedures. Only appropriate for certain subtypes of cancer.
Cryosurgery	Fast	May not treat all tumor; may scar
Laser	"Hi-tech"	Superficial and unlikely to cure deeper roots

## WHAT ACTUALLY HAPPENS DURING MOHS MICROGRAPHICSURGERY?

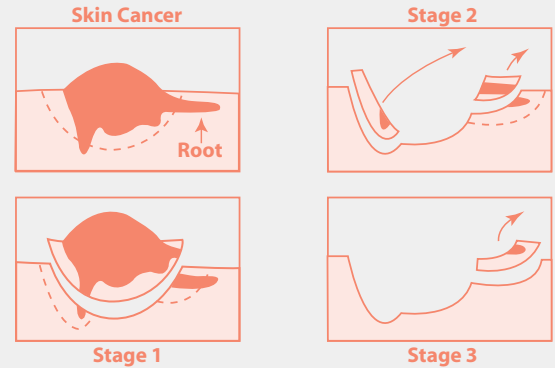
Every method (besides Mohs) of skin cancer treatment requires guessing how wide and how deep to treat. With Mohs, there is no guessing. Tissue is removed in stages and examined under the microscope to guide further therapy.

There are five actual steps to Mohs Surgery:



- ① The bulk of the tumor is removed with a curette (tool to scrape the skin).
- ② Once the size of the tumor is defined by the curettage (scraping), the cancer is surgically removed with a thin margin and underlying layer of tissue.

### SKIN CANCER REMOVAL IN THREE STAGES



- ③ The excised tissue is taken to the in-office laboratory. It is mapped and inked so that we know precisely how the tissue relates to the surrounding skin. It is then processed into frozen section tissue slides. This part of the process is labor-intensive, and often requires 1-2 hours to complete.
- ④ Dr. Ellis examines the slides made from the tumor under the microscope and evaluates all margins (both at the edge and underneath the tumor) for signs of cancer. If cancer is found, it is noted on the patient's map, and the whole process is repeated, but only in the area of the remaining cancer. Because of the careful examination of all of the removed skin, Mohs surgery offers the most certain possibility that no cancer will remain.

- ⑤ After the cancer is removed, there are three possibilities for healing. In most cases, we will close the wound using reconstructive techniques immediately after the surgery in the office under local anesthesia. If the resulting defect is very small or shallow, the best result may be achieved by letting the wound heal on its own. Lastly, you may be referred to another specialist for closure. In this case, the surgery may be performed on the same day or 1-2 days later. The surgery will be performed at the specialist's facility. If Dr. Ellis refers you to a specialist, this will be determined at the consultation visit before the day of Mohs Surgery.

### HOW DO I PREPARE FOR SURGERY?

Dr. Ellis will see you initially for a consultation visit, at which time your cancer, relevant medical concerns and medications will be discussed. Photographs and scheduling of the surgery will also take place. This time is also valuable in answering any questions you may have regarding the Mohs procedure.

### WHAT CAN I EXPECT ON THE DAY OF SURGERY?

Mohs Surgery appointments are scheduled in the morning. It is essential to start early in the day in case we need to perform multiple stages in order to cure the cancer. Please eat breakfast, shower, and take all of your scheduled medications (except for those we have asked you to discontinue prior to the surgery.) Most of the day will be spent waiting, so please plan to bring a book, magazine, needlework, or knitting. You may also bring one companion. Because of limited seating, we ask that you only bring one person with you on the day of your surgery. You may leave for an hour at a time between stages (for lunch, coffee, etc.)

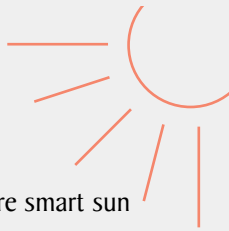
### WHAT SHOULD I EXPECT AFTER SURGERY?

You will be given detailed wound care instructions following surgery as well as a prescription for pain medications. Most patients find that the local anesthetic wears-off

in 2-3 hours. Many patients will require pain medication the night after and the day following surgery. Swelling and bruising (lasting about a week) may also occur. In most cases, you will be seen in our office one week later for suture removal and then again, six weeks later for a final evaluation.

### HOW DO I PREVENT SKIN CANCERS IN THE FUTURE?

Sunlight is the number one cause of skin cancer. Patients who had a skin cancer are more likely to develop others in the future. The best protection is to apply sunscreen liberally and often (SPF 15 or greater) to all sun-exposed areas. In addition, protective clothing, such as a broad-brimmed hat, sunglasses, and long sleeves are smart sun precautions. Lastly, it is important that you see your Dermatologist on a regular basis to detect skin cancers early, before they have a chance to grow. If you follow this advice, you need not restrict your outside lifestyle.



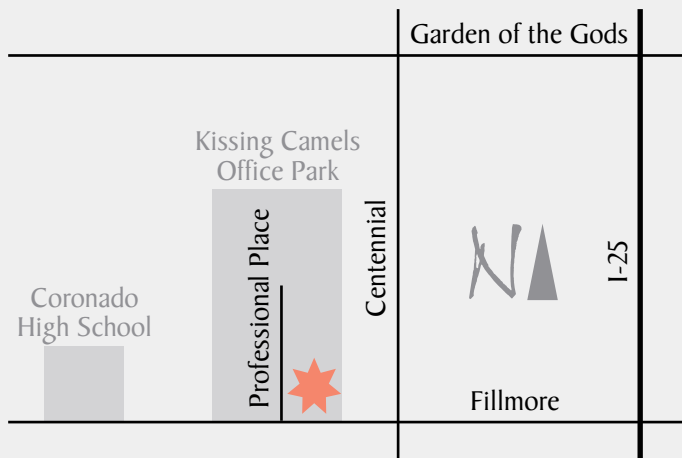
### SUSAN ELLIS M.D.

Susan Ellis, M.D. is a diplomate of the American Board of Dermatology and a fellow of the American Society for Dermatologic Surgery. She has received extensive fellowship training beyond her dermatology residency in Mohs Micrographic Surgery, as well as all aspects of surgical dermatology. Before attending medical school, Dr. Ellis was a clothing designer, and much of her sense of aesthetic and balance in performing surgical reconstructions stems from this knowledge. Dr. Ellis is originally from New York and moved to Colorado Springs in 2002.

## DIRECTIONS TO OUR OFFICE

From I-25: Take exit I45 (Fillmore) and head west towards the mountains. Drive up the hill and through the next intersection (Centennial). Take your first right onto Professional Place (Kissing Camels Office Park). Our building is on the right-hand side.

2925 Professional Place, Suite 104  
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