



THE NEW YORK
AESTHETIC CONSULTANTS, LLP
PLASTIC, LASER & DERMASURGERY

DERMASURGERY
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PLASTIC SURGERY
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NEW YORK OFFICE-BASED SURGERY, PLLC



Accredited by The Joint Commission

MOHS SURGERY Pre-Operative Instructions

Dear Patient:

Before your scheduled surgery, there are a number of important precautions and positive steps you should take to help prepare yourself for a successful treatment and speedy recovery.

Some of the steps, which are listed on the attached document, may seem trivial and unnecessarily inconvenient. But they are *important*. For example, when you stop taking aspirin you decrease the chances of excessive bleeding during the operation. And when you stop smoking, you increase your healing powers.

By following these steps you're essentially helping your body cope with the trauma of surgery ... significantly strengthening your recuperative powers ... minimizing the need for any follow-up procedures ... and preparing yourself to feel more comfortable on the day you're treated. So, for your own benefit, review the attached recommendations and begin following them *immediately*.

Occasionally there may be valid reasons — personal or medical — why you can't comply. In such cases, please call me, so we can discuss possible ways to overcome any obstacles you're encountering.

If you think of any questions about the surgery, or remember important medical information — medications, prior surgeries — that you forgot to mention to our staff, please contact the office before your surgery.

Looking forward to providing you with excellent medical and nursing care, we remain...

Respectfully yours,

Ron Shelton, M.D. and Staff

General Information on Mohs Micrographic Surgery

Mohs Micrographic Surgery, also called micrographically-controlled excision, is a technique designed by Dr. Frederich Mohs in the 1930s. It enables the surgeon to give you the best chance of removing the entire skin cancer while at the same time removing the least amount of healthy tissue. Mohs Micrographic Surgery provides you with greater than a 99% chance that a primary (non-treated) basal cell carcinoma and a 95% chance that a primary squamous cell carcinoma will not recur. The cure rate of Mohs Micrographic Surgery exceeds that of all other alternative treatments.

You are being referred for Mohs Micrographic Surgery because there is at least one characteristic of your particular skin cancer which indicates you would benefit by having this procedure rather than an alternative treatment — standard excision, scraping and burning, freezing, or radiation. Mohs Micrographic Surgery is not indicated for all skin cancers, but if the border of the tumor is not easily seen — if the tumor occurs in a location which is more apt to recur after standard treatment — if the tumor has recurred after prior treatment — or if the pathology report shows more aggressiveness in its pattern of growth — Mohs Micrographic Surgery may be treatment of choice. Mohs Micrographic Surgery involves removing the skin cancer in a horizontal fashion and examining special frozen sections — while you are waiting in the reception area — to check 100% of the surgical margin (compared with 1% in standard non-Mohs excisions). The tumor remaining behind is mapped to its location and re-excised specifically in the corresponding site so as not to unnecessarily remove healthy tissue.

On the day of surgery you will arrive at my office and be given local anesthesia only. You will remain awake. You will verify the involved skin cancer location prior to the onset of surgery. Once it is numb, the area will be scraped to outline the starting boundaries of the skin cancer. Then, the skin cancer will be removed with the narrowest margin possible — usually 1-2 millimeters — around and under this area. This “stage 1” of Mohs Micrographic Surgery will then be processed in my laboratory. The wound is treated to prevent bleeding, and a long-acting anesthetic is injected into the numb wound to keep you comfortable while you wait an approximate one and one-half hour in the reception area. There will be a dressing on the wound. There are no stitches at this time. After analysis, should more skin cancer be detected at a margin, a map will be plotted, and you will be escorted back to the surgical suite for “stage 2.” This process will continue until all the skin cancer is removed. Approximately 40% of all patients may be clear after one “stage,” but 60% will need several “stages,” especially if the skin cancer is large to begin with or if it has been treated prior to Mohs Micrographic Surgery. Some wounds may be allowed to heal on their own, but it is more common to have reconstruction performed, which will be planned prior to your surgery day.

There is a lot of waiting involved with Mohs Micrographic Surgery, and it will usually take much of the day. You are not allowed to schedule any other appointments for the day, and I, unfortunately, can not tell you when you will be finished. If you’d like, bring a good book, snacks, and a family member or friend.

Preparing for Outpatient Surgery (Local Anesthesia)

Antibiotics. If I've prescribed antibiotics for you, **start taking them before** surgery as we have instructed. Continue taking your antibiotics according to the directions until you have finished every last pill, even after surgery. In addition, be sure to take one pill before you come in the morning of surgery. If, at the time of our surgery, another physician has prescribed for you an antibiotic, you must notify our office — you should not be on 2 antibiotics at the same time unless it has been OK'd by myself and your other physician.

Medications. Unless otherwise advised, it is important to **take your regular morning medications** — including your antibiotics — on the morning of your surgery.

Aspirin. If you are taking any amount of aspirin on a daily basis, please notify our staff. We generally allow you to continue taking your aspirin, but we may ask you to stop it. If you do stop taking aspirin, you will be able to resume your regimen two days after surgery unless otherwise directed.

Vitamin E. Do **not take** Vitamin E two weeks before surgery. Like aspirin, Vitamin E can increase bleeding during surgery and recuperation. It is permissible, however, to take Vitamin E contained in a multivitamin tablet.

Pain Relief. Do **not take** any non-steroidal anti-inflammatory agents, such as Motrin, Ibuprofen, Advil, Celebrex, Nuprin, Feldene, Clinoril, Alleve, Naprosyn, or Anaprox for two days before surgery. For minor aches, pains, and headaches, **take regular or extra-strength Tylenol** (Acetaminophen), as directed on the label.

Supplements. Do **not take** any supplemental garlic tablets or Gingko biloba for two weeks before surgery.

Alcohol. Do **not take** alcoholic beverages — beer, wine, liquor — one day before, the day of and one day after surgery. You may resume taking them on the second day following surgery.

Smoking. Don't. If possible, stop smoking — or reduce smoking significantly — for at least two weeks before and after surgery. Tobacco smoke, even when it's second hand, deprives the blood of oxygen, which is urgently needed by the wound during the healing process. Smoking, which may cause the death of a graft or flap (common reconstructive procedures), could necessitate additional surgery, result in unsightly wounds and dressings, and prolong convalescence for several months.

Contact Lenses. Do **not wear** them on the day of surgery. Instead, wear glasses.

Clothing. Do **not wear** your finest clothing on your surgery day. We recommend wearing a button-down shirt that will not disrupt your post-operative dressing when changing later that night.

Bathing. On the morning of your surgery, you may **bathe or shower normally**. If you get your hair done on a weekly basis, remember to get your hair washed the day before surgery. You will not be allowed to wet your surgical site for, at *minimum*, 24 hours.

Breakfast. On the morning of your surgery, **have breakfast**. But limit your intake of caffeinated beverages. They are diuretic and may inconvenience you during surgery. If you are following up with a **plastic surgeon** the same day as your surgery, you *must receive permission* to eat breakfast from your plastic surgeon.

Bring a Sweater. The office waiting area is always very cool, regardless of the temperature outside. To stay warm, **bring a sweater**, preferably a sweater or jacket that buttons or zips down the front and will not disturb your dressing during removal.

Bring Snacks. Because your day here could be long, you may **bring snacks or lunch** with you.

Bring Something to Do. For the one hour-long waiting periods, **bring books or work** to occupy yourself. If you're having surgery near your **forehead, upper nose, or eyes**, it is normal to experience considerable swelling and to have a bulky dressing applied. This may make reading difficult while you're in the waiting room. So, to entertain yourself, **bring something you can listen to** — a small transistor radio, cassette, or CD player. Earphones, too!

Other Appointments. It is important for you to realize, no matter how small the skin cancer appears to be, looks can be deceiving. Since your surgery may last the entire day, you **must not schedule** any other appointments for that day (unless you are going to a plastic surgeon).

Special Occasions. Facial surgery often creates swelling and bruising. Also, the post-operative dressing may be rather large and obvious. Keep this in mind as you arrange your social and/or work schedule. If an important event is already planned, please check with your referring physician or me to see if the surgery **can be postponed** for two or three weeks.

Arrange a Way Home. After surgery, **please arrange to have someone take you home**. (They do not have to be with you the entire day.) Avoid buses and trains, just in case an emergency develops — such as losing your dressing or bleeding. If you live in the neighborhood, you may take a taxi or car service home, for they can return you to my office or radio for help.

Stay Close. Remember to **be available to have your stitches removed** in follow-up visits in one, two, and three weeks after surgery. Do **not travel** overseas for two weeks after surgery — a routine medical precaution.

Plan Your Meals. If you're having **surgery near the lips**, you may experience significant swelling for a few days to a few weeks. Immediately after surgery, limit your meals to soft foods — such as eggs, yogurt, and those that are pureed in a food processor or blender.

Or **stock up** on such products as Slim Fast, Ensure, and Sustecal (available without a prescription in drug stores). After 5 to 7 days, you may have pasta, chopped meats, and small bites of chicken or fish.

Immediately after surgery you will be told when your first follow-up appointment is, and we will be happy to see you frequently until we are both satisfied with your outcome. In order to avoid complications, I encourage all my patients to call as questions arise between their appointments. It is better to be safe than sorry. Don't feel that you are bothering my office if you have any questions concerning your convalescence. Your care does not end when you leave my office!

The closest subway line is the #6 train at 68th Street and Lexington Avenue.

Parking garages are located at :

301 East 66th on the Northeast corner of 2nd Avenue (tel: 744-5511)

265 East 67th on the Southwest corner of 2nd Avenue (tel: 650-0702)

222 East 65th on the Southwest corner of 2nd Avenue (tel: 758-8143)

200 East 65th between 2nd & 3rd Avenues (tel: 308-8421)