

SKIN CANCER WOUND CLOSURE

MOHS MICROGRAPHIC SURGERY (MMS)

BEFORE YOUR PROCEDURE

After your initial MOHS procedure by Dermatology:

After your initial MOHS procedure, you will have an open wound where the skin cancer was removed. Your dermatology team will place an occlusive dressing over this area. If your reconstructive procedure is delayed, please follow the wound care instructions given at the dermatology office.

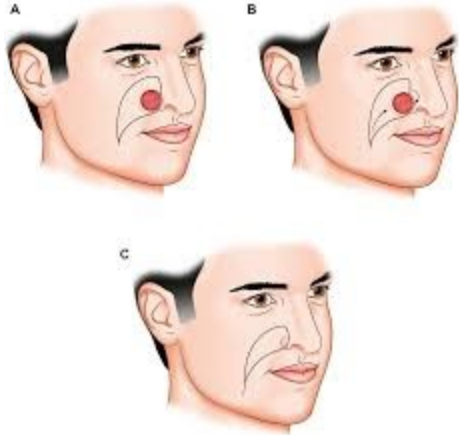
How can I prepare for the procedure and my recovery?

There are a few things you can do to prepare for your surgery. First and most importantly, if you smoke you will have to quit smoking at least 4 weeks before your procedure. Smoking greatly impacts your ability to heal and can negatively impact your cosmetic outcome.

One week prior to your procedure, you should ideally stop taking anti-inflammatory medications, aspirin, herbal supplements, and certain vitamins as these can increase your risk of bleeding. However, prior to stopping any prescribed medications you should discuss your plan with your cardiologist, neurologist or primary care doctor.

At the discretion of your surgeon, and based on your medical history, your procedure may be delayed. Complex wounds and patients with bleeding history may be asked to go to get pre-operative clearance for surgery. Depending on your health status, these appointments are either over the phone or in person. If you are having your procedure in the operating room, you will receive a phone call the day before surgery to confirm your surgery start time, the time you should arrive at the hospital, and which medications to take/not take the night before. Additionally, you will be counseled on what time to stop eating and drinking in preparation for surgery and anesthesia.

During the procedure, your surgeon will work to close the defect left by the MOHS procedure by rearranging healthy tissues surrounding the wound to close it, also known as a *local flap reconstruction*. This may include making additional incisions that will be closed with sutures. The suture line is positioned to follow the natural curves and creases of the skin to minimize the resulting scar. If there are any areas that are unable to be closed, a skin graft may need to be placed where skin from a different part of your body, or donor site, is placed onto the wound to help it heal.



THE PROCEDURE

If you are having your procedure in our office:

After you arrive at the office, you will be brought back to our pre-procedure room where you will be prepared for the procedure by one of our nurses. They will review your health history, obtain photographs and have you sign a consent form. You will then be brought back to our procedure room where your skin will be marked and prepped for the procedure.

If you are having your procedure in the operating room:

Once at the hospital, you will be brought to a pre-operative room where you will meet your care team. First, a nurse will review your health history and medication list. The nurse will then place an IV for fluids and medications. You will then be seen by members of your anesthesia and surgery team. Each team will discuss their roles, answer any questions and have you sign separate consent forms for the anesthesia and the surgery. Your surgeon will make measurements and mark the wound before you head to the operating room.

The procedure itself will last approximately 1-2 hours depending on the size of the area needing closure.

AFTER SURGERY

After surgery you will wake up in the recovery room where you will be taken care of by one of our recovery nurses. This procedure is an outpatient procedure, which means that you will go home the same day as your surgery. You will need somebody to pick you up from the hospital or office and bring you home.

You can expect to have some bruising and swelling for 5-10 days after surgery. There should only be mild discomfort generally managed with Tylenol or Ibuprofen.

During your early recovery, incisions may be sore, red or drain small amounts of fluid. Healing will continue for weeks to months after your procedure. It is important that you stay out of the sun to avoid irregular pigmentation and scars that can become red and dark.

You may shower with assistance as long as you have been cleared by your surgeon. No submerging your incisions in water (ex: tub baths, swimming, etc)

It is okay for the incisions, skin grafts, donor sites, and drains to get wet with soap & water, unless otherwise directed. Do not rub or scrub these areas vigorously, just wash gently and let the soapy water run over the areas.

Post-operative dressings are typically simple and consist of steri-strip band aids or loose gauze. Any additional bandages can be removed the day after surgery. Leave the steri-strips in place (if applicable), they will begin to fall off after a few showers. If they remain, they will be removed in clinic.

If you had a **skin graft** you will probably have a piece of well adhered yellow or white gauze (called xeroform) on one or both thighs. Let this dry out and leave it open to air. As a scab would, this will eventually begin to peel off. As this occurs trim away the loose edges. Once it is completely off you can moisturize the area daily with lotion. The area where the skin graft was taken from will remain discolored for the first 3 months.

You will have restrictions or rehabilitation activities that are unique to you.

DO NOT use a heating pad or cool pack to any areas that have been affected by the surgery until normal sensation in those areas returns.

Actual return to work dates may vary; we will work to support you with this process.

You will have your first follow-up appointment with your doctor approximately 1 week after your surgery. At this appointment, your doctor will assess how you are healing and take out any small stitches that need to be removed.

Call the office at 312-695-6022 if:

- Fever of 101 or higher
- Severe pain that is not responding to pain medication
- Spreading redness from your incisions
- Excessive swelling
- If the incisions open
- Heavy bleeding

If you need immediate attention, please go to your nearest Emergency Department.