

# LONG ISLAND SKIN CANCER & DERMATOLOGIC SURGERY, P.C.

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# PATIENT'S GUIDE TO MOHS MICROGRAPHIC SURGERY



LONG ISLAND

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SKIN CANCER &  
DERMATOLOGIC SURGERY

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# **LONG ISLAND SKIN CANCER & DERMATOLOGIC SURGERY, P.C.**

## **INTRODUCTION**

Mohs micrographic surgery is a specialized procedure for the removal of skin cancer. It is named after the originator of the technique, Dr. Frederick Mohs. This booklet was written to help you understand what Mohs micrographic surgery is and why it is recommended for the treatment of skin cancer.

Drs. Siegel, Mollick and Wong are board certified dermatologists by the American Board of Dermatology and are Fellows of the American College of Mohs Micrographic Surgery and Cutaneous Oncology. They are part of a very small number of specially trained dermatologists who perform this type of surgery in this region. Patients who undergo this procedure do so in relative comfort and do not require a hospital visit.

We encourage patients to be as informed as possible about the surgical procedure they are considering. If you have any additional questions after reading this booklet, please call our office at 631-864-6647.

## **WHAT IS SKIN CANCER?**

Skin cancer, by far the most common malignant tumor in humans, is an abnormal growth of cells that expand in an unpredictable pattern on the skin. The most common types of skin cancer are basal cell carcinoma, squamous cell carcinoma and malignant melanoma – each named for the particular skin cell from which it arises. Basal cell and squamous cell carcinomas are commonly treated by Mohs micrographic surgery in our office. Other types of skin cancer can also be treated with Mohs surgery.

Both basal cell carcinoma and squamous cell carcinoma begin as a single point in the upper layers of the skin and slowly enlarge, spreading along the surface and downward. These extensions cannot always be directly seen. The tumor often extends far beneath the surface of the skin. If not completely removed, both types of skin cancer may invade and destroy structures in their path.

Although these skin cancers are locally destructive, they do not tend to metastasize (spread) to distant parts of the body. Metastasis is extremely rare in basal cell carcinoma and usually occurs only with long-standing, large tumors. Squamous cell carcinoma is slightly more dangerous and patients must be observed for any spread of the tumor, although it is unlikely. Certain types of melanoma are treated by Mohs micrographic surgery in our facility.

## **WHAT CAUSES SKIN CANCER?**

Excessive exposure to sunlight is the single most important factor associated with the development of skin cancer. In addition, the tendency to develop these cancers appears hereditary in certain ethnic groups, especially those with fair complexions and poor tanning abilities. Fair-skinned people develop skin cancers more frequently than dark-skinned people and the more sun exposure they receive, the more likely they are to develop a skin cancer.

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## **HOW IS SKIN CANCER TREATED?**

There are several methods for treatment including excision (surgical removal), curettage and electrodesiccation (scraping and burning), X-ray therapy, cryosurgery (freezing), topical chemotherapy and Mohs micrographic surgery. The method chosen depends on the location of the cancer, its size, type and previous treatment. Your doctor will base his/her recommendations on these factors.

## **WHAT IS MOHS SURGERY?**

Approximately 40 years ago, Dr. Frederick Mohs of Madison, Wisconsin developed a unique form of treatment for skin cancer called chemosurgery. Dr. Mohs applied a caustic chemical to “fix” (harden) the area involving the tumor so that it could be removed and traced to all of its edges. Since then, the procedure has been refined. Today, almost all cases are treated by the “fresh tissue” technique which omits the use of this caustic chemical and allows dermatologists to remove all of the tumor layers in one day. Mohs micrographic surgery is a technique that allows dermatologists to selectively remove areas involved with the skin cancer, while at the same time preserving the greatest amount of normal tissue as is possible. If surgical repair of the defect is necessary, it can be done with the knowledge that there is no residual tumor left. As a result, Mohs micrographic surgery is very useful for large tumors, tumors with indistinct borders, tumors near vital functional or cosmetic structures and tumors for which other forms of therapy have failed.

## **WHAT WILL HAPPEN AT THE FIRST VISIT?**

Your first visit allows the doctor an opportunity to examine your skin cancer, obtain your medical history and determine whether the technique of Mohs micrographic surgery is the most appropriate treatment for you. It also gives you a chance to meet our doctors and staff and learn about the procedure. Your day of surgery will be explained to you in detail and your surgeon will answer all of your questions.

If your referring physician has performed a biopsy prior to your consultation, we will have received this prior to your consultation stating the type of skin cancer you have. If this information has not been obtained, we will perform a biopsy during your preoperative visit. This biopsy is important because it will tell us what type of cancer you have—a critical factor in planning your treatment. The date and time of your surgery will also be scheduled at this consultation.

## **HOW SHOULD I PREPARE FOR SURGERY?**

Eat your usual breakfast. If you normally skip breakfast, please have a morning snack on the day of surgery.

Take all of your regular medications unless directed otherwise by your surgeon or your regular physician. If you take any medicine containing aspirin, salicylates, other pain medication, anti-inflammatory medicine or arthritis medicine, please discuss this with our office.

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Wear comfortable, loose-fitting clothing that you can easily get into and out of. Avoid any pull-over clothing. If necessary, we may give you a hospital gown to wear during your surgery. You may also want to bring a sweater because we keep our rooms cool to maintain special equipment.

**Please leave your whole day available for surgery. Surgery time takes up to six to eight hours.** This includes the time that is necessary for our laboratory to process your tissue and will allow you enough time to recover from the procedure. On the day of surgery, we encourage you to bring a friend or relative with you who can help you drive home and keep you company between each stage of the procedure.

### **HOW IS THE SURGERY PERFORMED?**

Mohs micrographic surgery is performed in a procedure room under sterile conditions with local anesthesia. Once anesthesia is complete, the visible portion of the tumor is removed by excision or scraping with a sharp instrument called a curette. Following the removal of most of the tumor, a thin layer, encompassing the complete undersurface of the tumor, is excised. That layer is then cut into small pieces and a map is drawn to identify the location of each piece. The edges of each piece are marked with dyes to aid in orientation on our map. Each piece is then frozen and these slices are cut, stained and examined under the microscope. Any areas in which the tumor is found are marked on the map. Regions with remaining tumor tissue are then re-excised. This procedure is repeated until no more tumor is found and the cancer is entirely removed. After each layer of tissue is obtained, bleeding vessels are cauterized or ligated with a suture. A pressure dressing is applied.

### **HOW LONG DOES IT TAKE?**

It takes 5 - 30 minutes to remove each layer of tissue and one or two hours to process and examine it. Most tumors require the removal of one or two layers, but depending on the extent of the tumor, it is not uncommon to need three or more layers. Extensive tumors may need more surgery and may require a second visit, but this is a rare occurrence.

### **WILL MOHS MICROGRAPHIC SURGERY CURE ME?**

If you have a basal cell carcinoma, there is about a 99% chance that you will be cured. If you have a squamous cell skin cancer, you can be about 95% certain you will be cured. However, follow-up visits to detect the rare recurrence are very important. After the initial postoperative period, you will return to your referring physician for routine skin care and tumor surveillance.

### **WHEN WILL MY POST-SURGICAL PLAN BE DEVELOPED?**

Since it is not possible to know the exact size of each wound until it has been completely removed, we cannot determine your post surgical treatment entirely in advance, although we can tell you what to expect. Many wounds are superficial and can heal on their own with excellent cosmetic results. If a wound requires reconstruction, we will discuss it with you following the complete removal of the cancer. If necessary, appropriate recommendations and referrals will be made at that time.

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## WHAT CAN I EXPECT AFTER SURGERY?

Your surgical wound will likely require wound care during the week(s) following surgery. You will have some swelling and redness around the wound. This will gradually disappear over seven to ten days. In larger wounds, some drainage may occur and may have a foul odor for a few days. You should plan on wearing a dressing and avoid strenuous physical activity for one to two weeks.

You may experience a sensation of tightness across the area of surgery. Skin cancers frequently involve nerves and months may pass before your skin sensation returns to normal. In some cases, numbness may be permanent. You may also experience itching after your wound has healed. Complete healing of the surgical scar takes place over twelve to eighteen months. Especially during the first few months, the site may feel swollen or lumpy and there may be some redness. Gentle massage of the area (starting about one month after surgery) and keeping the area lubricated with Vaseline will speed the healing process.

## BLEEDING

Bleeding is rare, but if it occurs, have someone apply firm pressure to the site. You will receive written instructions regarding after care of the surgical site. If a bulky dressing has been placed on the wound, this should not be removed. Direct pressure should be applied to the padded wound for 15 minutes, timed by looking at a clock. **Do not** discontinue pressure to see if the bleeding has stopped until 15 minutes have elapsed. If the bleeding continues, continue to press directly with an additional clean gauze pad over the site for another 15 minutes. If bleeding continues, call our office or go to your local ER.

## PAIN

Mild to moderate pain is normal for a day or two following surgery, but it generally responds well to oral pain medication such as Extra Strength Tylenol or Tylenol #3. Do not use aspirin or anti-arthritis pain medications such as Motrin, Advil or ibuprofen because they can cause bleeding. If regular pain medications provide insufficient relief or if the pain increases after three to four days, you should contact our office.

## HOW WILL MY WOUND HEAL?

The human body healed itself naturally for thousands of years before the advent of modern medicine and it has great recuperative ability. After the complete removal of the tumor, several options may be considered for managing the wound. Some of them are:

- **HEALING BY SPONTANEOUS GRANULATION**

Letting the wound heal by itself offers a good chance to observe the healing process and decreases the chance of a recurrent cancer being invisible or hidden. If at any time during the course of healing, the scar is deemed to be unacceptable, a cosmetic surgical procedure can be performed. Allowing wounds to heal this way is relatively painless and offers excellent cosmetic results for many body locations.

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- **CLOSING THE WOUND OR PART OF THE WOUND WITH STITCHES**

This often speeds healing and can offer good cosmetic results, especially when the scar can be hidden in a line of facial expression or wrinkling. Sutures generally remain in place for five to seven days and occasionally up to two weeks, depending on the location. Do not bathe for the first 72 hours. Showering is permissible as long as you keep the area dry. In addition, you must avoid bathtubs and swimming pools for five to seven days.

- **CLOSING THE WOUND WITH SKIN GRAFTS, FLAP REPAIRS OR OTHER RECONSTRUCTIVE PROCEDURES**

Recommendations or referrals for these procedures will be made after complete removal of the tumor. We will make recommendations that best serve each patient's needs.

### **CAN I EXAMINE MYSELF FOR OTHER SKIN CANCERS?**

Skin cancers can vary in appearance. Regularly checking your skin can alert you to the development of a cancerous condition. Look for:

- Skin growths that change in size and color and appear to be translucent, tan, brown, black, blue, red or multicolored.
- Any mole, birthmark or beauty mark that changes in color, size, texture or outline.
- Any spot that continues to itch, hurt, crust, scab, erode or bleed.
- Any open sore or wound on the skin that does not heal, lasts for more than one month or heals and then reopens on a regular or irregular basis.

**If you have any of these symptoms, or if there is any doubt in your mind, you should make an appointment for a check-up soon with your dermatologist.**

### **CAN I PREVENT MYSELF FROM GETTING SKIN CANCER AGAIN?**

Protection from sunlight is very important in preventing skin cancers as well as many of the cosmetic changes of aging. Apply sunscreen every day. For most people, one application will last a full day. With excessive exposure to the sun, reapplication may be necessary. Wide brimmed hats and long-sleeved shirts or dense fabrics are also protective. Sunbathing is prohibited. **Suntan parlors are absolutely prohibited.**

Sunscreens are available in a variety of forms. Many women prefer moisturizing sunscreens because they keep skin from feeling rough and dry. Many men prefer an alcohol-based sunscreen they can use as an aftershave lotion. The particular brand of sunscreen you choose is not critical, but the Sun Protective Factor it contains is. To be effective, a sunscreen should be rated 15 or higher. Active ingredients in sunscreens differ depending on the product used and some individuals experience an allergic or irritant reaction to the sunscreen. If this occurs, you should bring the products you have used to your doctor who can make a suggestion for a product in a different chemical family.

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Since sunlight is the single most important cause of skin cancer, it is apparent that those who suffer most from sun exposure are those at highest risk of developing skin cancer. They include blond, redheaded and blue-eyed individuals and people who are otherwise sensitive to the sun. Those with naturally dark skin have the lowest incidence of skin cancer while those with almost no pigmentation have the highest. Other risk factors for developing skin cancer include the previous use of superficial X-rays, trauma from burns or scars, various chemicals and certain inherited syndromes such as basal cell nevus syndrome and xeroderma pigmentosa.

### **IMPORTANT REMINDERS:**

- Do advise us as soon as possible if you must cancel or change your appointment.
- Do get a good night's sleep prior to surgery.
- Do take your usual medications on schedule unless otherwise directed by your doctor.
- Do take any new medications your Mohs surgeon prescribes for you.
- Do eat breakfast.
- Do consider bringing someone with you to drive home.
- Do ask any questions you might have.
- Do not consume alcohol for 5 days prior to or 48 hours after surgery.



# LONG ISLAND SKIN CANCER & DERMATOLOGIC SURGERY, P.C.

## WHERE IS LONG ISLAND SKIN CANCER & DERMATOLOGIC SURGERY, P.C. LOCATED?

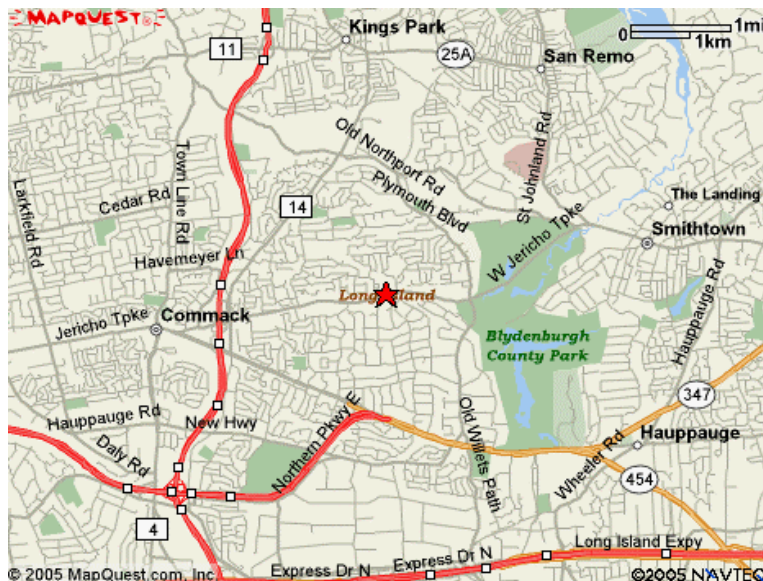
We now have two locations for your convenience:

**994 Jericho Turnpike, Suite 103  
13405 Main Road**

**Smithtown, NY 11787  
Mattituck, NY 11952**

### Directions to Long Island Skin Cancer & Dermatologic Surgery in Smithtown

**994 Jericho Turnpike, Suite 103  
Smithtown, NY**



#### From Queens, Nassau and Western Suffolk County:

Travel EAST on Northern State Parkway or Long Island Expressway to Sagtikos Parkway NORTH. Take Sagtikos (Sunken Meadow Parkway) Parkway NORTH to Jericho Turnpike EAST (Exit SM3E). Continue EAST on Jericho Turnpike for approximately 1.5 miles. The office will be on the right side of the road at 994 Jericho Turnpike, across the street from the North Shore Surgi-Center.

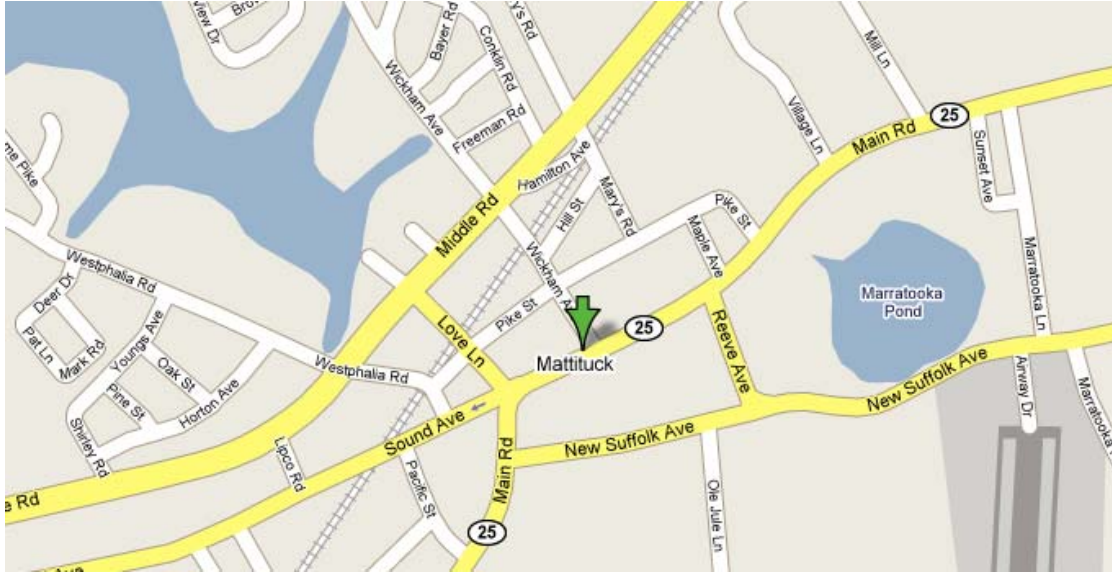
#### From Eastern Suffolk County:

Take Route 111 NORTH to Jericho Turnpike. Turn left on Jericho Turnpike and drive through the town of Smithtown to junction of Route 25A NORTH and Route 25 WEST. Turn left at stoplight onto Route 25 and head WEST. Drive about 2.5 miles and look for the office on the left side of the road at 994 Jericho Turnpike, across the street from the North Shore Surgi-Center.

# LONG ISLAND SKIN CANCER & DERMATOLOGIC SURGERY, P.C.

## Directions to Long Island Skin Cancer & Dermatologic Surgery in Mattituck

**13405 Main Road  
Mattituck, NY**



### **From the West:**

Travel EAST on the LIE to the end. Proceed EAST from Riverhead on Route 25 towards Orient Point for approximately 8 miles. Entering Mattituck you will see a Waldbaum's Shopping Center and a movie theater on the north side of the road. Proceed approximately one half mile. You will see Love Lane at the sharp right bend on Main Road. Our office is one block EAST of Love Lane at 13405 Main Road (exactly 1.5 miles past the LIRR trestle underpass).

### **From the East:**

On Route 25 (Main Road), proceed ¼ mile WEST after Mattituck High School. Turn right onto Wickham Avenue and make a quick left into the driveway.