

ANSWERS TO FREQUENTLY ASKED QUESTIONS AFTER SKIN CANCER SURGERY

Now that I have had one skin cancer, am I likely to get other new ones?

Patients who have had one skin cancer have a 40% chance of developing another one over time. Therefore, we recommend regular full body skin exams with your medical dermatologist.

Where is the other skin cancer likely to occur? Basal cell skin cancer and squamous cell cancer occur most commonly on the face, head, and neck although they can occur at other sites, too. Melanoma, the most potentially lethal form of skin cancer, can occur anywhere and you should be aware of the warning signs.

What are the warning signs?

For basal cell cancer and squamous cell cancer, any pimple that does not heal after 3 to 4 weeks, or a growth that begins to bleed should be examined promptly. A patch of redness, scaling or irritation that persists should also be evaluated by your dermatologist.

The warning signs of melanoma include: any change in the color, shape or size of a mole; a mole that itches or begins to bleed or crust; or a new mole that appears unusual. These should be evaluated immediately. Remember that most melanomas are virtually completely curable in the earliest stages if diagnosed and treated promptly.

What are the chances that the cancer that has been removed by the Mohs surgery will come back?

Your chances of complete cure are excellent. However, no technique is perfect. Mohs surgery offers the highest cure rate - 95 to 99%. However, if your cancer has been previously treated or was very large, the cure rate is somewhat lower and careful follow-up is a must.

Since skin cancer is related to sun exposure, do I now have to stay out of the sun completely?

Most skin cancers result from sun exposure over a lifetime, so moderation with respect to sun exposure continues to be the best policy. In our region, sunscreen should be used when you go outdoors on sunny days. If you sunburn easily, a sunscreen with SPF 30 or higher should be applied. If you're especially active or spend time in the water, the sunscreen should be reapplied frequently (every 2 hours). A water resistant sunscreen is preferable. If you do not burn easily or tend to have a darker complexion you should still use a sunscreen of at least SPF 15.

Sunscreens are considered safe and important to use on children.

Is there anything else I can do to minimize my risk of getting other skin cancers?

While it has not been proven that you can halt much of the damage that has already been initiated (skin cancers take several years to develop), following simple guidelines will help you prevent further sun damage, and perhaps reduce the chance of getting other cancers. Avoid the sun between the peak hours of 10 A.M. and 4 P.M. Wear a broad brimmed hat. When outdoors for lengthy periods, such as on a boat or playing golf, wear clothing with a tight weave. Clothes only supply a sunscreen factor of 4; therefore it is advisable to use sunscreen under your clothing. Alternatively, special UV protective clothing is available. Do not sunbathe. Do not use tanning beds/parlors.

How often should I be checked for skin cancer?

Dermatologists have different opinions on this and you should be guided by your dermatologist. Because you have already had one skin cancer, an annual full body skin examination is recommended by most dermatologists.

How often will I have to come back to the office after my surgery?

If possible, we will try to use dissolving stitches so that no follow up will be necessary. Should non-dissolving stitches be needed, they will be removed in 7 to 14 days. For granulating wounds, (wounds that are allowed to heal naturally without stitches), the return visit will vary. In general we will see you three to four weeks after surgery. Of course, should there be any concerns, we will see you immediately.

What is going to happen to my scar?

Complete healing of the skin takes time. Whether you had plastic reconstructive surgery or allowed the wound to heal on its own, patience is essential. The healing process continues in the skin for a full year. Sometimes, areas of hard scar tissue develop in the first six months after surgery but these soften and mature with time. If you had a flap or skin graft, the final result can only be judged nine to twelve months after the surgery. Occasionally, it is necessary to inject the scar with a type of cortisone to reduce excessive scar tissue. To help soften the scar, you may massage the area daily for ten to twenty minutes using a lubricant such as petrolatum. This is best accomplished by applying a small amount of the ointment over the hard or raised part of the scar and massaging firmly in a circular motion. Many people prefer to use Vitamin E cream. There is no evidence this will help healing but you may use it if you like. In addition, silicone gel sheets or pads (such as Scar Away) which can be found in the bandage section of many drug

stores, may be used to help speed the natural healing process.

UNDISSOLVED SUTURES

Early on, about four weeks after the surgery, some of the dissolving stitches placed under the surface of the skin may not dissolve completely, and may form a small pimple. The stitch is trying to push its way out and is behaving like grass pushing up through pavement. This is not dangerous but you should give us a call if this happens so that we may see you to remove it. Occasionally superficial skin nerves are cut during surgery, which results in localized numbness or loss of sensation to a small area around the surgery site. The nerves will grow back but the time for this to happen will vary. In addition to numbness, as the healing process proceeds you may feel tingling and/or itching. This may last 6 months or more after surgery, but everyone is different and the duration of these symptoms can vary markedly among individuals.

Will there be changes in skin color associated with the surgery?

Often, during the early stages of healing, the scar will be red or pink because of the temporary growth of the new blood vessels. These will fade with time, but until they do, unsightly redness can be concealed with makeup (green tint make-up found at cosmetic counters is the best). In addition, if the redness does not resolve as expected, methods are available to improve it.

Remember: If you have any questions about your surgery, do not hesitate to call. If we are unavailable at the time, please leave your name and number on the office machine and we will return your call as soon as possible.