

Description of MOHS Procedure

More than 1.2 million people in the United States are diagnosed with skin cancer every year. Mohs micrographic surgery is a specialized tissue sparing technique designed for effective removal of skin cancer. The procedure was first developed in the 1930's by Dr. Frederic Mohs and is now a widely used procedure that offers the highest cure rate for skin cancers.

Mohs surgery is performed in the office with the patient receiving only local anesthesia. It consists of removing a visualized skin lesion or scar with a small rim of normal skin surrounding it. The piece of skin is removed, marked with ink and the slides are analyzed by the surgeon to determine if it has been completely removed from the deep and lateral borders.

Benefits of Mohs Surgery

Mohs surgery has a high cure rate for most skin cancers and other lesions, which require removal. Cure rates are also influenced by factors such as size, location, and type of skin cancer. Mohs surgery allows normal tissue to be preserved while decreasing the potential for recurrence.

The types of skin cancer most likely to warrant Mohs surgery are:

- Located in cosmetically or functionally sensitive areas around the eyes, lips, nose, ears, scalp, hands, feet or genitals.
- Large (greater than 2cm), growing rapidly, or aggressive tumors.
- Recurrent tumors

Risks of Mohs Surgery

- Infection at the surgery site occurs in approximately 1-2 % of patients. Bleeding occurs in approximately 1% of patients.

- Damage to sensory nerves is common and usually resolves completely or partially within a year. Sometimes this sensory change can be permanent.
- Damage to motor nerves (nerves that move the muscles of facial expression) is rare but is typically permanent. Nerves that control the muscles that lift the brow and curl the lower lip are most vulnerable to injury. Sometimes they must be sacrificed if invaded by tumor.
- Scar formation will result from any skin surgery. Thick, raised scars are uncommon in facial surgery. A second procedure is needed to improve a scar left by surgery in less than 10% of cases.
- Allergic reactions to local anesthesia are very rare. If you believe you are sensitive to these, please let us know.
- Recurrence of the skin cancer.

Alternatives to Mohs surgery:

Patients may choose to have their skin cancers:

- Not treated (risky and not recommended).
- Have them removed with a marginal excision / simple surgery (larger margin is taken and the tissue is sent to be reviewed by a pathologist in 1-2 weeks).
- Treated with destruction (a lower cure rate, but fast procedure).
- Radiation therapy.
- Topical creams (used for superficial skin cancers only).

Reconstruction:

Repair of the defects left following removal of skin cancers is guided by the goals of providing the best possible aesthetic outcome with the least possible risk and morbidity. Common options include simple closure with stitches, skin flaps (which borrow adjacent skin to fill a defect), and skin grafts (which borrows distant skin to patch a defect). Some defects heal best by simply letting them heal, without any further surgery. There is always a small chance that tissue moved in a repair will not “take”, that is, it will not survive. This most commonly occurs in smokers.