

How to Prepare for Mohs Surgery

1. If you are taking aspirin or a blood thinner prescribed by a doctor, please consult with the prescribing doctor whether you can temporarily stop the medicine prior to surgery and for how long. If your doctor prefers you continue the blood thinner, please be sure to inform the intake nurse when you arrive.
2. If you require antibiotic prophylaxis before surgery, take your first dose of antibiotics one hour before arriving for surgery.
3. Please have someone available to drive you to and from the office if your skin cancer is large or near the eyes.
4. Eat a normal breakfast or lunch on the day of surgery.
5. Please take a shower and wash your hair on the morning of the day of surgery. Do not apply makeup, perfume, aftershave, or cologne.
6. Take all of your routine medications, as you normally would EXCEPT any your prescribing physician requested you stop (ie. aspirin or blood thinner).

Wound Care After Mohs Surgery

1. Keep the post-operative bandage in place until showering the next morning.
2. Cleanse your incision with soap & water to remove any drainage and crusting.
3. Pat the wound dry and apply a generous layer of Polysporin ointment to the incision.
4. Cover the Polysporin with a Telfa dressing.
5. Tape Telfa dressing in place with paper tape.
6. Continue this wound care daily until you return for suture removal.
7. Restart the blood thinner medications temporarily stopped by your prescribing doctor on the day after Mohs surgery.
8. In the first 24 hours after surgery, take TYLENOL, not aspirin, for pain.
9. Heavy lifting and exercise are not allowed until the sutures are removed.
10. Showering can be started the morning after surgery. Swimming is not allowed until after sutures are removed.

Greg S. Morganroth, MD

Dr. Morganroth is one of a handful of double board-certified Mohs and dermatologic surgeons in the San Francisco Bay Area. He is nationally-recognized expert in skin surgery and skin cancer and receives hundreds of referrals yearly from dermatologists and other physicians around the Bay Area and beyond in need of Mohs surgery, reconstructive surgery, cosmetic surgery and other specialized skin procedures. Dr. Morganroth was named by Newsweek as one of the top 150 cosmetic dermatologists in the U.S. in 2023 and the 32nd best cosmetic dermatologist in 2022.

The evaluation and treatment of sun damage and skin cancer including Mohs surgery is the largest component of his diversified practice. As of 2024, he has performed greater than 37,000 Mohs procedures, over 37,000 skin reconstructions and scar revisions, in excess of 10,000 cases of cosmetic surgery including laser, liposuction, face, neck, and eyelid rejuvenation procedures, and innumerable cosmetic injectable procedures.

Dr. Morganroth remains active in surgical education and has trained over 20 dermatologists in Mohs surgery and reconstructive surgery through his one-year Mohs fellowship training program. His former fellows are prominent Mohs surgeons in both academic and private practices across the country.

Dr. Morganroth is a fellowship-trained Mohs surgeon and a Fellow of the American College of Mohs Surgery (Mohs College). The Mohs College is the preeminent professional organization representing fellowship-trained Mohs surgeons and is committed to the excellence of Mohs surgery. There are only a few thousand fellowship-trained Mohs surgeons in the U.S., so make sure your surgeon is a member of the American College of Mohs Surgery. For more information on Mohs surgery and fellowship-trained Mohs surgeons, please visit www.mohscollege.org. For more information on Dr. Morganroth's reconstructive surgery techniques and examples of his results following Mohs surgery, please visit www.PaloAltoDerm.com.



Mohs Surgery for Skin Cancer



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Introduction

There are several effective methods available for the treatment of skin cancer. The treatment choice is dependent on several factors including size, previous treatment, location, and tumor type. Your physician has referred you for Mohs Micrographic Surgery because your skin cancer falls into the complicated skin cancer category and requires the best possible treatment.

Complicated Skin Cancers

- Location in cosmetically sensitive areas (face, nose, lip, eyelid, ear)
- Recurrent (previously treated, then came back)
- Large or incompletely removed by another procedure
- Aggressive growth pattern on microscopic examination
- History of multiple skin cancers in same area
- Poorly demarcated tumors (unable to see borders)

Mohs Surgery is a State-of-the-Art Skin Cancer Therapy that:

- Utilizes a microscope to track out the cancer
- Offers the highest cure rate of up to 99%+
- Minimizes the chance of tumor re-growth
- Preserves normal skin by selective removal
- Preserves function by sparing vital tissues
- Allows for easier reconstruction
- Creates the smallest possible scar
- Is performed under local anesthesia
- Is performed in the office while you wait
- Safe for all ages and medical conditions

Palo Alto Dermatology Institute is a medical corporation founded by Greg S. Morganroth, MD.

With Mohs Surgery, you are assured that your tumor will be removed with the highest possible cure rate.

The Procedure

Mohs Surgery is a complex procedure combining surgical excision with immediate microscopic examination of the entire tissue specimen margin by frozen tissue processing techniques right in the office while you wait. In addition to Dr. Morganroth, who serves as the Mohs surgeon and pathologist, histotechnologists are employed to process, cut, and stain the tissue specimen for proper histologic study. Mohs Surgery consists of a four-step process:

Mohs Surgery is a Four-Step Process:

1. Numbing the skin, followed by surgical removal of a thin layer of skin containing the tumor in the shape of a pie. A map of the tumor is created on paper that corresponds with the skin.
2. Dividing the pie-like specimen into slices that are numbered, mapped, color coded, and frozen in a cryostat machine in the office.
3. Frozen tissue slices are then made of the pie crust or periphery of the tissue that are stained in our Mohs lab by our staff of three histotechnicians.
4. Examination by Dr. Morganroth of each tissue section under the microscope as if looking at the entire "crust of the pie" to determine if the entire tumor has been removed. The "filling of the pie" or center of the tissue specimen is not examined because the tumor has already been diagnosed by the prior biopsy and the center of the specimen is not helpful for margin control. If the tumor is removed completely, the skin defect is ready to be repaired. If the specimen is positive for residual tumor, steps 1 through 4 are repeated until the skin is clear of tumor.

The Mohs Surgery technique allows Dr. Morganroth to examine 100% of the surgical margin (or "pie crust") and if tumor is still present, pinpoint the location of the residual cancer.

This enables him to return to the treatment area and selectively remove another layer of skin from the positive area only. This minimizes the amount of normal skin that is removed and creates the smallest possible defect. Guessing the location of residual tumor in the skin common with regular excision surgery is completely eliminated with Mohs Surgery. Since many of the skin cancers removed with Mohs Surgery are complicated, multiple stages may be required to clear the tumor. Please be patient since each stage can take up to 6 minutes to process in the Mohs laboratory. If multiple stages are required, the procedure may last for half of a day or more. In summary, the use of Mohs Surgery significantly increases the chance of complete cure and reduces the unnecessary sacrifice of surrounding normal skin. This minimizes the size of the hole, makes it easier to repair the defect, and will result in a smaller scar.

Skin Reconstruction After Mohs Surgery

Dr Morganroth is committed to obtaining the best possible reconstructive outcomes and will employ his proprietary techniques that evolved from over 30,000 Mohs repairs. The techniques include linear closures (straight line scar), flaps (use of adjacent tissue), skin and cartilage grafts (tissue from another location), and combinations of these procedures. Occasionally a revision procedure a few months later is helpful to optimize the outcome. While he cannot guarantee any specific outcome nor lack of potential complications, he and the entire Mohs team are dedicated to achieving the most natural outcome with the least amount of scarring. Examples of his reconstruction results are presented at www.PaloAltoDerm.com.