

Mohs micrographic surgery is a technique that was originally developed about 60 years ago by Frederic E. Mohs, M.D. at the University of Wisconsin.

During this surgery, the physician removes the cancer and then uses a microscope to look at the cancerous area to make sure no cancerous cells remain.

The Mohs procedure is recommended for skin cancer removal in anatomic areas where maximum preservation of healthy tissue is desired for cosmetic and functional purposes (the face, eyelids, nose, ear, fingers, genital area, etc.), for cancers with indistinct margins, and for recurrent cancers in scar tissue. It is especially indicated for lesions that have recurred following prior treatment, or for lesions in anatomic areas that have the greatest likelihood of recurrence (eg., the side of the nose).

- In the United States, more than 1.2 million people are diagnosed with skin cancer each year.
- Mohs Micrographic Surgery offers a 99% cure rate for skin cancer

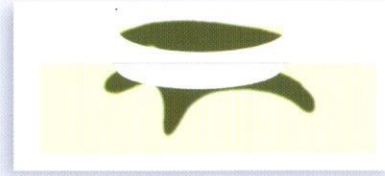
Many physicians prefer methods like scraping and burning, freezing, radiation, and routine excisions to remove skin cancer. While these options are fine for some conditions, Mohs Micrographic Surgery offers superior cosmetic results by removing the least amount of surface tissue. Surgeons are also trained in "reconstruction", which means that they can repair the skin and underlying tissue precisely to minimize scarring.

## The Procedure:

First, the physician makes a reference map of the entire area to be excised. Then a local anesthetic is injected to numb the area - keep in mind, the roots may extend beyond the visible portion of the skin cancer.



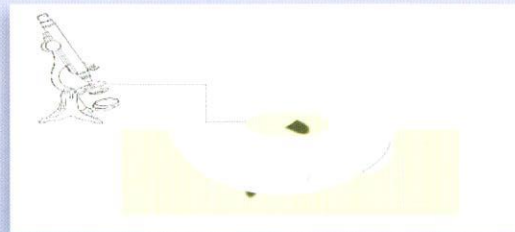
Second, the visible portion of the skin cancer is removed.



As each section of tissue is surgically removed, it is identified on the map by its corresponding number. The edges of the specimen are color-dyed to indicate its specific direction and geographic relation to the other sections.



Then, each section is microscopically examined by the physician.



If a specific section that has been removed shows evidence of malignancy, additional tissue will be removed in the area where tumor remains. The procedures of excision, mapping, and evaluation are repeated as often as necessary until the cancerous tissue is completely eradicated.



When considering your options, it is important to remember:

- Not all cancer cells are apparent to the naked eye.
- Many "invisible" cells may form roots or "fingers" of diseased tissue that can extend beyond the boundaries of a visible cancer.
- If all of the cancer cells are not completely removed, the cancer **will** re-grow, making it necessary to have it removed again.

Please remember that the diagnosis of skin cancer requires you to make changes to protect your skin. Taking the following precautions may help to reduce the development of additional or recurrent skin cancers or ensure early detection:

- Protect yourself from the sun with sun protective clothing and daily application of a doctor recommended sunscreen.
- Be aware of any new or existing moles or spots on your skin that appear to be growing or bleed sporadically.
- Talk to your doctor about the different characteristics of skin cancer.

Skin cancer can continue to progress if left untreated. It can also be potentially life-threatening and disfiguring. Do not delay in getting treatment. If you have not already scheduled an appointment to have your skin cancer removed, do so today.

For more information about skin cancer or Mohs Micrographic Surgery, please go to the official ACMS website:

[www.MohsCollege.org](http://www.MohsCollege.org)