If you have been diagnosed with skin cancer, you may be concerned wondering how this might have happened, what you can do about it and above all, whether you are in serious danger. You are not alone. More than 1.2 million people in the United States are diagnosed with skin cancer each year and most likely have these same concerns.

Members of the American College of Mohs Surgery (ACMS) also share your concerns. ACMS members are fellowship-trained physicians who have the experience and expertise that is necessary to produce optimal outcomes in skin cancer treatment with a procedure known as Mohs Micrographic Surgery. **Mohs Micrographic Surgery offers the highest potential cure rate (99%) for skin cancer.** By removing the least amount of tissue, it also offers superior cosmetic results. ACMS surgeons are also trained in “reconstruction,” which means that they can properly and precisely repair the skin and underlying tissue to eliminate or minimize scarring.

If left untreated, skin cancer can continue to progress and be potentially life-threatening and disfiguring. Don’t delay in getting treatment. If you have not already scheduled an appointment with an ACMS surgeon, do so with us today.

(1) Fellowship-trained means that ACMS members have taken a one-to-two year specialized course of training, after they have completed their medical residency, under the tutelage of one or more ACMS surgeons. To become a member of the ACMS, a surgeon must have completed at least 500 cases of Mohs Micrographic Surgery and reconstruction.

The Types of Cancer Most Likely to Warrant Mohs Micrographic Surgery:

- Are located in cosmetically sensitive or functionally critical areas around the eyes, nose, lips, scalp, fingers, toes or genitals.
- Are large, aggressive, or growing rapidly.
- Are recurrent.
- Have ill-defined edges.

For these cancers, common treatment methods are often not successful because they rely on the human eye to determine the extent of the cancer. These methods may remove too little cancer, which can cause it to recur and require additional surgery. It can also result in the removal of too much healthy tissue and may cause unnecessary scarring.

If a cancer has been treated by one of these common methods and it recurs, the chances of it being cured when treated again by one of these same methods becomes even less likely. The scar tissue surrounding a recurrent cancer may hide cancer cells, further complicating the decision of how much tissue to remove.

Mohs Micrographic Surgery is an advanced technique for treating skin cancer and is best performed by a highly trained and experienced surgeon. You can be assured that members of the American College of Mohs Surgery like Dr. Janik have this training and experience.

**WHAT CAN YOU EXPECT FROM MOHS SURGERY?**


Mohs Micrographic Surgery is usually performed on an outpatient basis, in one or two days, under local anesthesia. The healing process is similar to that of most surgical procedures. **Of all treatments for skin cancer, Mohs Micrographic Surgery offers the highest cure rate (up to 99% for basal and squamous cell carcinomas) with minimal discomfort and scarring.**
MEANWHILE…..

While you’re seeking treatment – and after - remember that the diagnosis of skin cancer does require you to make some changes to protect your skin, but these changes don’t have to be drastic. Taking the following precautions can help to reduce the likelihood that additional skin cancers will develop and/or ensure their early detection:

- Protect yourself from the sun.
- Be aware of any new or existing lesions on your skin that appear to be growing or bleed intermittently.
- Talk to your doctor about the characteristics of skin cancer.

THE MOHS SURGERY PROCESS

Step 1: The roots of a skin cancer may extend beyond the visible portion of the tumor. If these roots are not removed, the cancer will recur.

Step 2: The visible portion of the tumor is surgically removed.

Step 3: A layer of skin is removed and divided into sections. The ACMS surgeon then color codes each of these sections with dyes and makes reference marks on the skin to show the source of these sections. A map of the surgical site is then drawn.

Step 4: The undersurface and edges of each section are microscopically examined for evidence of remaining cancer.

Step 5: If cancer cells are found under the microscope, the ACMS surgeon marks their location onto the "map" and returns to the patient to remove another layer of skin - but only from precisely where the cancer cells remain.

Step 6: The removal process stops when there is no longer any evidence of cancer remaining in the surgical site. Because Mohs surgery removes only tissue containing cancer, it ensures that the maximum amount of healthy tissue is kept intact.

For more information about skin cancer or Mohs Micrographic Surgery please go to the official ACMS website: www.mohscollege.org.