

# Micrographic (Mohs') surgery to treat your skin cancer: Slow Mohs'

Your doctor has recommended micrographic surgery to remove your skin cancer. This leaflet explains what the procedure involves, as well as its risks and benefits. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

## What is micrographic surgery?

This is a specialised form of surgery to remove certain skin cancers (tumours) and is often called Mohs' surgery, after the doctor who developed it.

Your surgeon removes the visible portion of your tumour and then removes further tissue that may contain cancer cells, one layer at a time. This tissue is then examined under a microscope. If it contains cancer cells, another layer of tissue is removed and examined. This is repeated until all the cancer cells have been removed and generally happens all on the one day.

## Why should I have micrographic surgery?

Other types of surgery for skin tumours rely on the surgeon being able to see the extent of the cancer. This can sometimes lead to a large wound and scar if too much healthy tissue is removed. It could also lead to too little tissue being removed and the cancer returning. Micrographic surgery maximises the chances of your tumour being completely excised (removed) while minimising the amount of surrounding normal skin that needs to be taken away.

## Slow Mohs'

A variation on Mohs' micrographic surgery is a technique called Slow Mohs', which is what your doctor has recommended.

This process involves a layer of skin being removed using the micrographic technique explained above, and a secure dressing placed over the wound. However, as the tissue is processed using a special substance, the

results are only available 24 hours later. Therefore you will then go home and return to hospital the following day for results and any further surgery. This is repeated until the tumour is completely removed, with the procedure being carried out day by day rather than all on the one day.

Due to the nature of the surgery, some patients may require hospital accommodation overnight. You will be advised on this during your consultation.

Mohs' is recommended for:

- removal of dermatofibrosarcoma protuberans (DFSP)
- removal of lentigo maligna
- any patient with a known infectious disease (such as HIV or hepatitis).

## **Are there any other alternatives?**

Your doctor has recommended that this is the most appropriate treatment for you. Any alternatives will have been discussed at your consultation. If you have further questions, please contact us using the details listed at the end of this leaflet.

If your skin cancer is not treated, it will continue to grow and you may need more aggressive treatment in the future.

## **How can I prepare for my surgery?**

The letter accompanying this leaflet contains information about how to prepare for your surgery. Please make sure you read this carefully.

Please do not wear any make up or jewellery on or near the site of your surgery.

We **strongly** suggest that you bring a friend or family member with you. We recommend that you do not travel home by public transport (this can be discussed with the nurse) and you should not, under any circumstances drive yourself on the day of your surgery.

## Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with this surgery, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not receive this, please ask us for a copy.

## What happens during Mohs' surgery?

There are several stages to Mohs' surgery. First, your doctor will inject the area where your tumour is with a local anaesthetic. This numbs the area, so you will not feel any pain during surgery and will remain awake. If you are particularly anxious, we can give you a mild sedative to help you relax. Please discuss this with your doctor. We may also use anaesthetic eye drops if the tumour is near your eye.

Once the anaesthetic has taken effect, the visible ('clinically evident') part of the tumour is removed, along with a small margin of normal skin tissue. This tissue is taken to a laboratory overnight where your doctor will be able to look at it under a microscope to check for cancer cells.

If cancer cells are present in this tissue, you will be taken back into theatre the following day and more tissue will be removed and examined overnight. This will be repeated until all the tumour cells have been removed.

The local anaesthetic lasts for about two hours and can be 'topped up' if necessary.

## What happens after the procedure?

Once all the tumour cells have been removed, there are several options for repairing your resulting wound, depending on your individual circumstances. These will be discussed with you in more detail before your surgery. Your wound may be:

- closed after the tumour has been removed by the team who performed the micrographic surgery
- dressed and then repaired by a plastic surgeon at St Thomas' Hospital
- left to heal normally
- repaired at another hospital. In this case, we will renew your dressing before you travel to your referring hospital. We will also give you a letter from our doctors to hand to your surgeon when you arrive at your referring hospital. You will be told how to look after your wound by the team that repairs your wound.

## What are the risks?

Your doctor will explain the potential risks for this type of surgery with you in more detail. Complications include:

- **Bleeding** at the site of the tumour
- **Pain after the local anaesthetic has worn off.**  
The local anaesthetic should last until you return home. If you need to, you can buy aspirin-free

pain relief (such as paracetamol) from a chemist without a prescription. Always check that the painkillers will not react with any other medication you are taking and follow the instructions on the packet. The doctor or nurse caring for you can give you more advice.

- **Nerve damage.** Although your surgeon will try to avoid this, nerves can occasionally be damaged during surgery, leading to a numb area of skin. This is usually temporary.
- **Infection at the wound site.** You will be given instructions on how to care for your wound to minimise this risk.
- **Scarring.** You will have a scar after the surgery, although the doctors will use closure techniques to minimise this. Scars fade over time.

## What do I need to do after I go home?

Before you leave the hospital, please make sure you have been given information about how to look after your wound at home.

If you work, you will need to take at least a week off for the surgery. You will probably need to rest after the surgery is complete for at least 48 hours. We will give you more advice prior to your surgery.

## Will I have a follow-up appointment?

You will have a follow-up appointment with the team that repaired your wound.

If your follow-up is with us at St Thomas', we will usually see you one week after your surgery to check that your skin is healing well and to remove any stitches you may have. If there are any changes to this, we will advise you

on the day of your surgery. If another team repairs your wound they will give you a follow-up appointment.

We usually see you again approximately three months after your wound has healed.

## Other sources of support or information

**Dimbleby Cancer Care** at Guy's and St Thomas' Hospital. This service offers information and support for patients with cancer, their relatives and friends.

Please call **020 7188 5918**, email

**RichardDimblebyCentre@gstt.nhs.uk** or visit one of the drop-in centres:

- Guy's Hospital – Outpatient Department, ground floor, Tabard Annexe (next to the Minor Injuries Unit).
- St Thomas' Hospital – Clinical Oncology, lower ground floor, Lambeth Wing.

### **Macmillan Cancer Support** (freephone)

**t:** 0808 808 0000 (for information on all aspects of cancer)

**t:** 0808 801 0304 (benefits enquiry line)

**w:** [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Cancer Research UK** (freephone)

**t:** 0808 800 4040 (for information on all aspects of cancer)

**w:** [www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)

**NHS Choices** – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

## Contact details

You can contact our Mohs' nurse using the hospital bleep system between 8.30am and 5pm, Monday to Friday.

To do this, call **0844 822 2888** and pager number **881893**. You will be asked to leave a message. Please give your name and telephone number and you will be contacted as soon as possible.

You can also leave a message for the Mohs' nurse on **020 7188 6284**. The answer machine will be checked daily and we will endeavour to answer calls within 24 hours.

Alternatively call the Mohs' admin coordinator on **020 7188 6401**, 8.30am to 5pm, Monday to Friday.

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**t:** 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

## Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815 **fax:** 020 7188 5953

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