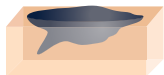


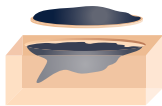
The Mohs Surgery Process

ACMS American College of Mohs Surgery
Fellowship trained skin cancer and reconstructive surgeons

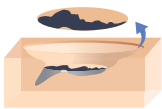


The roots of a skin cancer may extend beyond the visible portion of the tumor. If these roots are not removed, the cancer will recur.

1 Local anesthesia is injected to numb the area completely, and the visible portion of the tumor is removed.



2 A first layer of tissue with a narrow margin around the tumor is surgically removed. The wound is bandaged temporarily while lab work begins.

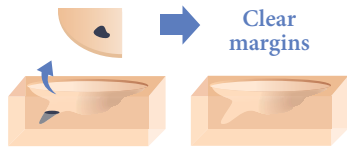


3 The surgeon cuts the tissue into sections, color-codes them with dyes and draws a map of the surgical site. In the lab, the divided tissue is frozen and very thin horizontal slices are cut, placed on microscope slides and stained for examination.



4 The undersurface and edges of each tissue section are examined under a microscope by the surgeon for evidence of remaining cancer.

5 If cancer cells are found under the microscope, the surgeon marks their location on the “map” and returns to the patient to remove another layer of skin—but only from precisely where the cancer cells remain. This process is repeated until there is no evidence of cancer remaining.



6 The wound may be left open to heal or closed with stitches, depending on its size and location. In most cases, the surgeon will repair the wound immediately after obtaining clear margins. In some cases, a wound may need reconstruction with a skin flap, where neighboring tissue is moved into the wound, or possibly a skin graft. In some instances, your Mohs surgeon may coordinate repair with another specialist.