



UCLA Dermatology Post-Operative Wound Care Instructions

I don't see anything after I had my biopsy...Do I still need to have surgery?

Your skin biopsy removes the surface of the skin cancer and sometimes following the biopsy it may no longer be visible. However, the skin cancer may still be present under the surface of the skin and have root-like extensions that spread outward and downward. In effect, the biopsy may just remove the “tip of the iceberg”. If these “roots” are not removed, the skin cancer will continue to grow and have the potential to invade local structures such as the fat, muscle, cartilage, bone, and more rarely could spread to lymph nodes and other vital organs in the body. Your Mohs surgeon will use microscopic analysis to remove all of the skin cancer including its “roots” on the day of surgery.

Do I need to stop taking medications or supplements before surgery?

Continue all prescribed medications including blood thinners unless otherwise stated by your dermatologic surgeon. If you are taking Coumadin (Warfarin), please have routine blood studies (PT/INR) drawn and results faxed to our office within the week prior to your surgery.

If you have no underlying conditions that require you to be on blood thinning medications then please avoid the following for 1 to 2 weeks prior to surgery:

1. Aspirin or product containing aspirin such as Anacin, Bufferin, Alka Seltzer, Excedrin, or Ascriptin
2. Anti-inflammatory medications such as Ibuprophen (Advil, Motrin) and Naproxen (Aleve, Anaprox)
3. Over the counter supplements containing Danshen, Dong quai, Feverfew, Garlic, Ginger, Gingko, Ginseng, and Vitamin E

* Please avoid alcohol 3 days prior to and 3 days after your surgery as alcohol may promote bleeding.

Do I need antibiotics prior to Mohs surgery?

We recommend antibiotics prior to surgery if you have an artificial heart, artificial heart valves, dysfunctional heart valves, a history of infected heart valves, or joint replacement surgery within the past year. If you have any of the above, please call your dermatologic surgeon at least 2 days prior to surgery so that we may prescribe the necessary antibiotics.



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Can I eat before surgery?

Yes. We encourage you to eat breakfast prior to your surgery unless otherwise instructed by your dermatologic surgeon. If your surgery requires multiple stages, you will also have an opportunity grab some food or snacks during the waiting period between stages. You may also choose to bring some light food to enjoy while you wait in the office.

Will I be in pain during surgery?

Mohs Surgery is performed under local anesthesia. When the anesthetic is injected around your skin cancer you may feel a mild discomfort or burning sensation similar to that felt during the initial biopsy. However, you will not experience pain while the surgeon is removing your cancer or while closing your wound. The local anesthetic has a long enough duration of action that if additional stages are necessary, subsequent injections for added anesthesia are painless.

How long does Mohs surgery take?

The amount of time you spend with us varies widely from one hour to several hours depending on multiple factors including the size and type of skin cancer as well as the number of other patients receiving similar treatment that day. As we cannot predict exactly how long you will be here, we suggest you plan on spending most of the day with us. We encourage you to bring reading materials, a relative, or a friend with you to help occupy the time. We will keep you updated throughout the process so that you will be able to make plans following the surgery.

When will my final surgical wound be repaired?

After removal of the entire skin cancer, the Mohs surgeon evaluates the wound and discusses treatment options with you. Options include allowing the wound to heal naturally or by surgical repair (side to side closure, skin graft, or local skin flap). In the great majority of cases, the wound will be repaired by your Mohs surgeon immediately after removal of the skin cancer. At times, depending on the size and location of the wound or if we feel reconstruction under local anesthesia is not appropriate, we may coordinate surgical repair with colleagues in other surgical specialties such as plastic surgery, oculoplastic surgery, head and neck surgery, ENT surgery, and hand surgery.



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Will Mohs surgery leave a scar?

All methods of surgery on the skin will result in a scar. However, Mohs surgery is a tissue sparing technique that obtains tumor free margins while leaving the smallest defect possible. Your Mohs surgeon is fellowship trained to repair the wound in a way to maximize cosmetic results and minimize scarring. Your Mohs surgeon is also skilled in scar revision techniques using laser technology to enhance the appearance of scars if necessary.

Can I go home after the surgery?/Can I drive myself?

Since Mohs surgery is performed under local anesthesia in an outpatient setting, you will be able to return to the comforts of your home after surgery. At the conclusion of the procedure our nursing staff will place a pressure bandage over the wound that will remain on until the next day. This allows you to return to home without having to worry about any dressing changes on the day of surgery. If possible, arrange to have someone drive you home, especially if the surgery is located around the eyes, hands, or feet as post-operative swelling or bandages may obstruct vision or impede your movements.

Will I experience much pain after surgery?

The majority of patients have mild discomfort after surgery which is controlled well with extra-strength Tylenol® (acetaminophen). We may choose to prescribe additional pain relief medications if we believe the discomfort will be greater. Please avoid taking aspirin, products containing aspirin (Anacin, Bufferin, Bayer, Alka Seltzer, Excedrin, or Ascriptin), ibuprophen (Advil, Motrin), or naproxen (Alleve, Anaprox) as these products may enhance bleeding.

How do I take care of my wound?

At the conclusion of the procedure, our nursing staff will thoroughly review the post treatment instructions. We will place a bandage over the wound and demonstrate how to change the dressings each day. We will review the wound care instructions verbally and also give you detailed written instructions on how to care for the site. The instructions also address the most frequently asked questions regarding care of the wound and include contact information should you need to reach one of our staff after hours.



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Can I resume my normal activities after surgery?

We strongly encourage you to minimize your activity level and avoid strenuous activities for 1 to 2 weeks after surgery depending on the location of your wound. We also recommend minimal to no activity on the day of surgery. This maximizes the wound healing environment for optimal healing and scarring. Strenuous activities such as exercise, lifting heavy objects, frequent bending over may result in increased swelling, bleeding and pain placing added stress on the wound.

Do I have to come back to your office after the surgery?

Yes. If you require stitches to close the wound, you will return in 1 to 2 weeks for suture removal depending on the location of the skin cancer. If we allow the wound to heal naturally, you will return for periodic wound check visits to ensure the site is healing well. We may also evaluate the scar 1 to 2 months after surgery to ensure it has healed with the most natural, cosmetically pleasing result. Once the site has healed well, you should return to your referring doctor for regularly scheduled skin checks to monitor for the development of new precancerous or cancerous skin growths.

Will my cancer come back?

Mohs Micrographic Surgery has the highest cure rate of any surgical treatment for skin cancer. Cure rates for the Mohs technique approach 98 percent. Therefore approximately 1 to 3 percent of skin cancer may grow back after Mohs surgery. Due to this slight risk of recurrence, we recommend continued evaluation of the surgical site along with a general skin examination on a regular basis for the development of any signs or symptoms of skin cancer.

What can I do to protect my skin in the future?

See our *Sun-PROTECTION Strategies* for more information.