

Post-Operative Mohs Surgery Instructions

Reconstruction after Mohs Surgery

Mohs surgery is a procedure, during which the skin cancer is removed. After Mohs surgery is completed, the good news is that the skin cancer is gone (with roughly 98-99% certainty). The cancer is now replaced by a wound created by the surgery.

The decision on how best to manage the wound is made once the Mohs surgery is completed and the size and depth of the wound is known. This is an Individual decision. In making this decision we take into account multiple factors. These include likely final cosmetic outcome, healing time, risks of bleeding, pain, contraction of the wound pulling on nearby structures like an eyelid, and patient preference. Options include any of the following (or sometimes a combination):

- **Allowing the wound to heal without stitches (2nd intention healing)**
 - In some wounds this is an excellent option which can leave a scar as good as or better than that created by sewing the wound.
 - In many cases, this option carries a risk of contraction of the wound leading to distortion of a nearby structure (e.g. eyelid, nostril or lip).
- **Sewing the wound directly closed (primary closure).**
 - This results in a straight line of stitches. Often in order to remove the “darts” or bulges created by pulling the wound together, the line is longer than the original wound.
 - The goal is to have those lines fade over time by placing stitches carefully and in the best orientation.
- **Making a further incision near the wound edge to allow transfer of surrounding skin into the wound (flap or tissue transfer).**
 - This also results in stitches but the shape may resemble a letter (eg “T” or “L” or “C”) or other shapes.
 - Again the goal is to have the stitch lines fade over time.
- **Transferring skin from another area like behind the ear to replace what is missing. This is called a skin graft. There are several types of skin grafts each with their own pros and cons.**

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In most cases, the wound is taken care of the same day at the Mohs clinic by Dr. Berg. In some cases, other surgical specialists may be consulted for their unique skills depending on the anticipated or actual defect. In those cases, the reconstruction is often delayed by a day or more. There is no harm in this delay should this be chosen as the best method for you.

Post-Operative Instructions:

Postoperative instructions are provided to you after surgery and differ depending on whether you have had a skin graft, stitched wound or have an open wound being allowed to heal.

Recovery Time and Wound Healing

Depending on the type of reconstruction, wound healing does go through changes with time. Stitches are typically removed after a week (on the face) and two weeks (on the body). The stitch lines initially may be pink and bumpy, a change that gradually improves over a few weeks or months. Occasionally the stitch lines may benefit from some revision including dermabrasion. Makeup including camouflage products may be used once the wound is fully sealed (typically 1-2 weeks after surgery). This helps hide the stitch lines while they are still healing. You are encouraged to come in for a follow-up visit at 6-8 weeks for discussion of expected outcomes and possible treatments.

Stitched wounds will continue to improve (redness, bumpiness) up to a full year after surgery. Most patients are pleased with the final results after surgery.