

You have been scheduled for Mohs Surgery on:

Date: _____

Time: _____ **AM/PM with:**

- David E. Geist, MD
- Benjamin A. Solky, MD
- Hamad Alabdulrazzaq, MD

At the following location:

- 133 Littleton Road, Suite 205, **Westford** MA
- 80 Erdman Way, Suite 100, **Leominster** MA
- 2 Pillsbury Street, Suite 501 **Concord** NH
- 609 South Main Street, **Wolfeboro** NH
- 54 Baker Avenue Extension, Suite 305, **Concord** MA
- 201 Boston Post Rd, Suite 202, **Marlborough** MA
- 75 3rd Avenue, **Waltham** MA
- 87 McGregor Street, Suite 2100, **Manchester** NH

On the Day of the Appointment:

- Please plan on arriving 15 minutes prior to your appointment
- Please bring an up-to-date list of all medications that you are currently taking, including over the counter medications and vitamins along with your insurance card
- If your insurance requires referrals, please call your primary care physician with the date of your surgery and request a referral to see Benjamin Solky, MD, David E. Geist, MD or Hamad Alabdulrazzaq, MD

Directions to all of our locations can be found on our website: www.apderm.com.

If you have any questions before or after surgery, please do not hesitate to contact our office at (978) 371-7010. Press 1, press 2.

About Our Mohs Surgeons:

David E. Geist, MD

Dr. David Geist is a Yale Medical School graduate, a Board-Certified dermatologist, and a fellowshiptrained surgical dermatologist. Dr. Geist is a fellow of the American Academy of Dermatology and the American College of Mohs Surgery. He has trained multiple residents and dermatologic surgery fellows as faculty at UMass Medical School. Dr. Geist has performed thousands of skin cancer surgeries. He is committed to evidence-based, effective skin cancer management and reconstruction with individualized treatment plans for each patient.

Benjamin A. Solky, MD

Dr. Benjamin Solky is a Board-Certified dermatologist trained at the Harvard Medical School and fellowship-trained in Mohs Micrographic Surgery by the Mayo Clinic. He is a member of the American Academy of Dermatology and American College of Mohs Micrographic Surgery and Cutaneous Oncology. Dr. Solky has taught skin cancer surgery and reconstruction on the faculty of the Harvard Medical School and has performed thousands of surgical procedures.

Hamad Alabdulrazzaq, MD

Dr. Hamad Alabdulrazzaq is a Board-Certified dermatologist and fellowship-trained Mohs surgeon. He is a fellow of the American Academy of Dermatology and a member of the American College of Mohs Surgery and Cutaneous Oncology. Dr. Razzaq received his Bachelor of Medicine and Surgery from the University of Kuwait, where he was selected as a Graduate of Excellence by the faculty of medicine. Dr. Razzaq has acted as a clinical instructor at several institutions, including Dartmouth College, the University of Florida, and the Kuwait Dermatology Residency program. He has performed thousands of skin surgeries and procedures and focuses on creating individualized treatment plans to effectively address the medical needs of his patients.

What is Mohs Surgery?

Mohs surgery is a method of removing skin cancer that has the highest cure rate (98-99%) and saves the most normal, healthy skin. Typically, skin cancer is removed with a “safety margin” to remove the roots that extend beyond what can be seen with the naked eye. By utilizing the Mohs technique, a minimal margin of extra skin can be taken because 100% of the tissue’s edge is checked in a more complete way. The tissue is processed and checked right here in the office while you wait (approximately 30-45 minutes). In the event that the roots of your skin cancer come to the edge of the tissue taken, the surgeon will return to the area where the skin cancer is still present and remove another thin section of the skin. The edge of this tissue is then checked for roots of the skin cancer. This is done in small layers to ensure that the least possible amount of tissue is removed.

Once the skin cancer is completely removed, the area is repaired using sutures. Drs. Solky, Geist and Razzaq are also trained in the repair of the defects or the “holes” left once the entire skin cancer is removed. The decision about the best method of repair is made after the skin cancer is all out. Most commonly, the area is repaired in the office on the day of surgery. The skin may be repaired with a simple row of stitches, a local flap (moving the skin nearby to fit in the hole), or a skin graft (taking a piece of skin from somewhere else as a patch over the area of removed skin). Occasionally, it is deemed best to let the area simply heal naturally in the same way as the original biopsy. Rarely the skills of another specialist are required, and repair is arranged for later that same day or on a day shortly thereafter.

The area will be anesthetized or “numbed” using an injection of lidocaine prior to the procedure. You should not feel any discomfort during the procedure. Re-administration of numbing medicine is needed prior to each stage of removal and also prior to the repair.

Frequently Asked Questions

Do I need to stop taking Aspirin/Coumadin?

If you take Aspirin/Coumadin and have had a heart attack, blood clot, TIA, or stroke, you should continue your daily treatment. If you are on preventative daily aspirin and have not had these problems, please discontinue aspirin 10 days before surgery.

Can I eat the morning of surgery?

Yes, please go ahead and have a light breakfast. Also, you should bring a snack with you as the appointment may last several hours.

You may want to bring reading material or a quiet activity for the waiting times.

Should I take my daily medications?

Yes. For advice regarding aspirin, please see above.

If you take NSAIDS (ibuprofen/Advil[®]/Motrin[®] or naprosyn/Aleve[®]) please stop taking these two days prior to surgery as they may increase your risk of bleeding. If you take these every day for arthritis, please stop 12 hours before surgery.

Please inform us if you take any other blood thinning medications or products (but do not stop any of these medications unless instructed to do so) such as: Coumadin (warfarin), Plavix (clopidogral), Pradaxa[®] (dabigatran), vitamin E or fish oil.

How long does this procedure take?

Typically, this procedure takes between 2-4 hours, but could last longer. The reason is there is no way to know how extensive the microscopic roots of the skin cancer may be. Please refer to the "About Mohs Surgery" section of this packet for further explanation.

What if I have questions?

The Mohs staff will be happy to answer any questions you may have. Please don't hesitate to contact the Mohs Surgery team: **(978) 371-7010, press 1, press 2.**

What can I expect after surgery?

You will leave with stitches and a bulky bandage that will be in place for 24-48 hours. You will be a little sore and will likely need some Extra Strength Tylenol[®] when the numbing medicine wears off and possibly for a day or two after. Advil[®], ibuprofen, Aleve[®] can all thin the blood and increase the risk of bleeding and should be avoided for 48 hours after surgery. The area treated will be bruised and swollen for 1-2 weeks.

You need to plan to be on "light duty" for about one week after the surgery. This means no exercise, no lifting of heavy objects.

What are the risks of Mohs surgery?

- The surgical wound may be larger than anticipated. There is no way to predict the final surgical scar. Your Mohs surgeon will discuss this with you through the entire process so that there are no surprises regarding the final wound.
- There is always a scar after surgery. Your Mohs surgeon will make all efforts to place the scar in natural contours and make the scar as subtle as possible. Scars improve over weeks to months as scar tissue remodels, so it is important to let the scar “mature”. Sometimes a second procedure is needed to modify or smooth the scar. Wound healing can be variable from patient to patient. Despite our best efforts, there is no way to predict how well you will heal.
- Numbness or tingling are possible. Numbness is often temporary but may be permanent. Lips and scalp are areas where numbness is more common.
- Infection is a rare risk. There may be times when a wound becomes infected. If you notice drainage, redness or tenderness, please contact our office. We may require you to return to the office for evaluation and treatment with an oral or topical antibiotic.
- Bleeding is a risk. Slight bleeding under the pressure dressing is normal. More extensive bleeding rarely may occur after surgery. If this happens, apply firm pressure using a clean cloth or gauze for 20-30 minutes. If there is still active bleeding, please call the office or page the afterhours surgeon for further instruction.

****We recommend that everyone have someone drive them to and from their appointment if surgery is on head, face or neck.**

Other Recommendations:

***Take Vitamin D3 – 1,000 IU daily**

***Keep your scar out of the sun for at least three months after your surgery to prevent hyperpigmentation.**