



JEFFREY C. DAWES MD, FRCSC
PLASTIC AND DERMATOLOGIC SURGERY

PREPARING FOR MOHS SURGERY

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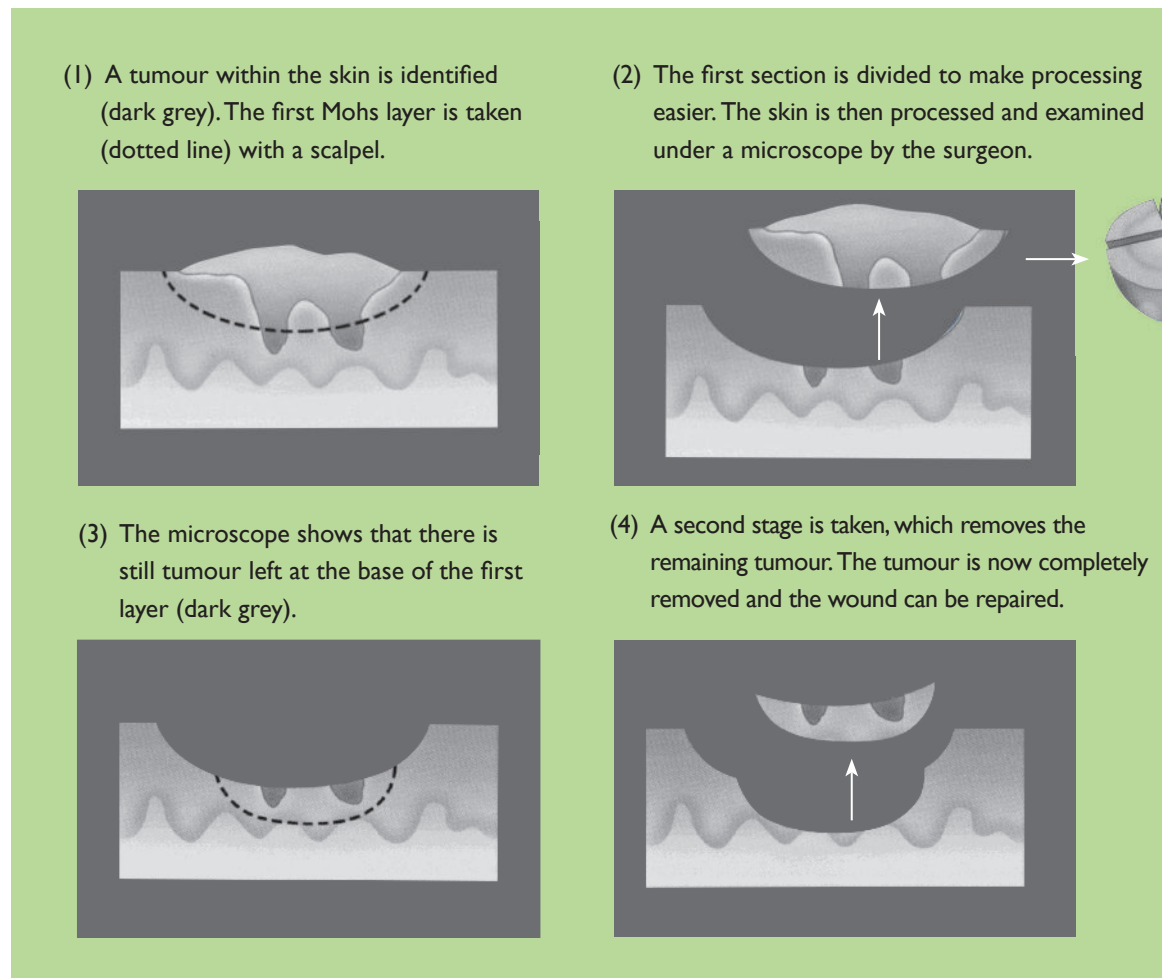
Please read all the information in this package carefully. It has been prepared to help you understand the Mohs surgery procedure and repair. Please fill out and return the Health Questionnaire, as per the last page instructions. Please call if you have any questions.

What is Mohs surgery?

Dr. Fredrick Mohs, while a medical student in Wisconsin during the 1930's, developed this surgery to treat skin cancer. It is a technique that enables a surgeon to operate on a skin cancer with greater certainty that the tumour has been completely removed. Dr. Jeffrey C. Dawes is a Board Certified Plastic Surgeon who completed his formal Mohs micrographic surgery training at an American College of Mohs Surgery (ACMS)-accredited facility. He performs Mohs surgery at the Calgary Mohs Surgery Centre (CMSC) in Calgary, Alberta, Canada.

Skin cancers grow like icebergs; whatever can be seen on the surface, there is more below. If just the visible portion of the tumour is removed, microscopic cancer cells can be left behind. With Mohs surgery, Dr. Dawes cuts around a cancer and examines every edge under the microscope. If cancer is still seen, more skin is removed until the margins are cancer-free. This specialized surgery takes away only the skin that contains cancer, while the normal skin is left alone.

Mohs surgery provides a 99% cure rate for most skin cancers. The process of what happens in this surgery is illustrated below.



(1) A tumour within the skin is identified (dark grey). The first Mohs layer is taken (dotted line) with a scalpel.

(2) The first section is divided to make processing easier. The skin is then processed and examined under a microscope by the surgeon.

(3) The microscope shows that there is still tumour left at the base of the first layer (dark grey).

(4) A second stage is taken, which removes the remaining tumour. The tumour is now completely removed and the wound can be repaired.

What should I do before surgery?

- Eat a normal breakfast on the morning of surgery.
- Arrange to have someone drive you to and pick you up from the Surgery Centre.
- Please do not bring children to the Surgery Centre.
- Try to stop smoking one week before surgery and three weeks afterwards.
- If the procedure involves your face, please do not wear make up.
- Wear loose, comfortable clothing; avoid wearing light colours. Some patients find it cold in the Surgery Centre, so warm clothing is recommended.

What medications can I take?

The following medications increase the risk of bleeding during and after the procedure. Stop two weeks before your surgery date and for one day afterwards.

- Ibuprofen (Aleve, Advil)
- Vitamin E
- Ginko
- Garlic
- Ginseng
- Ephedra (Ma Huang)

Otherwise, take any medication you would normally take.

- Bring any medication you would normally take during the day.
- Bring a list of the medications you take, including vitamins and herbal supplements.
- If you normally require antibiotics prior to having surgery or dental work, please ensure you take them before your Mohs surgery appointment as instructed by your primary care physician.

Aspirin, Plavix and Coumadin (Warfarin)

These medications ‘thin the blood’ by helping to prevent clotting. If you are taking them because you have had a stroke, artificial valve, atrial fibrillation, heart attack or a blood clot then **you should remain on them for your surgery**. Increased minor bleeding is likely to occur during the procedure; however, it can be controlled and is less dangerous than having another stroke, heart attack or blood clot. In the past, these medications were stopped before surgery, but new research shows it is safe to continue them.

If you are taking them just as a health measure, but have **NOT** had a stroke, heart attack or blood clot, **check with your primary care doctor or internist to see if it is safe to stop them**. Do not stop these medications without checking first. Aspirin (including baby aspirin) should be stopped ten days before surgery, if possible.

If you are taking Coumadin (Warfarin) please **have your INR test performed at the lab the week prior to your surgery and call our office to let us know what your result is**. Typically, your INR must be 3.0 or below to proceed with surgery.

What can I expect on the day of surgery?

- Please try to arrive at the Calgary Mohs Surgery Centre (CMSC) 15 minutes before your appointment to check in and complete any necessary paper work.
- Be prepared to spend the entire day with us (5-8 hours), as we cannot predict how long the surgery will take. Please ensure you bring a lunch with you as you are unable to leave the Surgery Centre to purchase food once the procedure starts.
- If you have memory issues or require a translator, you must have a friend or family member stay at the Surgery Centre with you for the entire day.
- There is limited room available at the Surgery Centre. Unless you require a companion, you likely will not be able to have someone stay with you during the day.

1 The front desk staff will register you.

2 Our nursing staff will take you to one of the procedure rooms and ask you about your medical history, current medications and allergies.

3 You will be asked to sign a consent form that gives us your permission to undergo the procedure and to be photographed.

4 We will take a close-up photograph of the area to be operated on.

5 The skin will be cleaned with alcohol and then numbed with an injection of a local anesthetic. This may burn and sting for a few seconds, then the area will become numb. We help to make this procedure as painless as possible.

6 The first step of Mohs surgery is to determine the extent of the tumour under the skin. This is usually done with a curette, an instrument used to scrape the skin. The tumour cells will come away while the normal skin stays intact.

7 The first layer of skin is removed with a scalpel; any bleeding is stopped.

8 Your nurse will put a bandage on the wound and show you back to the waiting room.

9 The removed tissue is taken to our lab where it is processed and examined under a microscope to see if the cancer has been completely removed. This process takes approximately 60 minutes for basal cell and squamous cell carcinoma.

continued on next page

What can I expect on the day of surgery? (cont.)

I 0 Once the tissue has been prepared, Dr. Dawes will look at it under a microscope. If any tumour is left, the area is marked on a map, which is used to identify where the tumour is still present in your skin.

I I You will come back to the procedure room. We remove the dressing and inject more local anesthetic, if necessary. Further skin is removed from the area where the cancer is still present; the process is repeated as above until cancer-free margins are achieved.

- It usually takes at least two such cycles to completely remove the tumour, though this may vary.
- Once the cancer is completely removed, we will take another photograph of the wound and discuss your repair options.
- We will ask you to look at the wound for a better understanding of the extent of the tumour; however, you may decline if desired.

Wound closure and defect reconstruction

With extensive, formal soft-tissue reconstructive training and experience, Dr. Dawes is able to perform effective repair of even the most complex wounds, including advanced reconstructive techniques. His primary goal after the removal of skin cancer is to help restore healthy appearance and function to the affected area. Most repairs are completed the same day and within the same facility. Exceptionally large or complex reconstructions may be better performed at the hospital within a main-operating-room setting.

Skin has a remarkable ability to heal itself. Depending on the nature and location of your wound, it may be allowed to heal without stitches. If stitches are required, they will need to be removed in one to two weeks. Dr. Dawes will discuss your wound repair and closing procedure with you, as well as any follow-up appointments that may be necessary.

Please do not schedule your surgery close to a vacation, travel for work, or a time when you will not be available for follow-up care.

Once the stitches are taken out and the wound is healed, the resulting scar will continue to heal and mature over the next six to 12 months. Further scar-revision procedures may be necessary to help reduce the scar's visibility. Scar treatment can include additional surgery, injections of anti-scarring medication, laser procedures and/or dermabrasion.

What will happen after surgery?

After the wound is closed, you will have a bandage in place. We will give you detailed, written wound-care and follow-up instructions; please follow these instructions carefully to help ensure proper healing. We will also provide you with a number you may call for 24/7 access to Dr. Dawes or one of his qualified nursing staff, should you have any urgent questions or concerns.

Most wounds are not excessively painful after Mohs surgery and any pain is usually well-controlled with acetaminophen (Tylenol) alone. Acetaminophen is preferred over aspirin or ibuprofen-based medications. You may be prescribed additional painkillers, if indicated.

Our objective is to put you at ease before, during and after your surgery, while curing you of your skin cancer and reconstructing the wound with the least scarring possible. Please let us know if you have any special concerns or questions.

Frequently Asked Questions

Q What are the risks of surgery?

A Please read the Risks of Surgery form contained in this package. You will need to bring this form to your appointment; it will be placed in your medical record.

Q Since the biopsy, the area appears to have healed. Do I still need surgery?

A Most skin cancers have roots under the skin that cannot be seen with the naked eye. The biopsy is performed to sample the tumour, not to remove the entire tumour. Even though the surface of the skin has healed, there is still tumour underneath.

Q I have a wedding/graduation/vacation/reunion/special event within two weeks of the surgery. Should I still have the surgery?

A Depending on the type and nature of the tumour, many cases can be delayed without a problem. It is not advisable to have surgery around the time of major events, as bandages and bruising will still be present.

Q Will I have pain afterwards?

A Most wounds are not excessively painful after Mohs surgery and any pain is usually well-controlled with acetaminophen (Tylenol) alone. Acetaminophen is preferred over aspirin or ibuprofen-based medications. You may be prescribed additional painkillers, if indicated.

Q Will my cancer become a melanoma?

A Basal cell carcinoma, squamous cell carcinoma and melanoma are all completely different types of cancer. One does not become the other. Each type has its early and advanced stages of the disease, but they still follow the characteristics of that particular type of cancer.

Q Why did it take so long for this cancer to be diagnosed?

A Skin cancer is not always easy to detect. Your cancer may have been looked at by a doctor who reassured you it was nothing to worry about, or that it was a pre-cancer and only needed a freezing treatment. Often, it is not until the area begins to change that the diagnosis is made. Some skin cancers are easy to spot and look like the pictures in brochures and textbooks. Others can be very difficult to detect, looking like non-cancerous skin growths or irritated skin.

Q After a biopsy, what would happen if I leave this area and do nothing?

A Tumours are unlikely to be completely removed by a biopsy, and will continue to grow if left alone; instances where a biopsy cures a cancer is rare. Basal cell carcinoma keeps growing locally and eats away at skin and surrounding tissues and usually doesn't spread to other parts of the body. Squamous cell carcinoma does have a risk of spreading to other parts of the body. The longer the tumour is left, the more the risk increases.

Frequently Asked Questions (cont.)

Q What are the chances of developing another cancer?

A Recent studies suggest that about four out of ten people (40%) will get another cancer in the next two to four years. The cancer may not necessarily reoccur in the same area. After your surgery, we recommend regular skin checks by a dermatologist every six months, then if no other tumours are found, once a year. Patients with multiple tumours may have to be seen more often. Frequent skin checks help to catch tumours at an early stage so they are smaller and easier to treat.

Q What training has a Mohs Surgeon had?

A A Mohs surgeon is a Board Certified dermatologist or surgeon who has undergone additional training in skin cancer surgery – during residency, through colleague-to-colleague training, or through an ACMS-accredited fellowship training program of one-to-two years. Dr. Dawes has been fellowship-trained, which involves extensive and closely-supervised removal of skin cancers, interpretation of the findings under a microscope, then repair of the defect left by tumour removal. For more information on Mohs surgery training, visit www.mohssurgery.org.

Q Why can't I drive myself to and from the surgery?

A It is preferable that you do not drive the day of surgery. Patients are likely to feel tired and/or shaky after having surgery, or may require larger bandages that can interfere with movement, vision or wearing glasses. Usually, patients are able to drive the next day when smaller bandages are used.

Q What are the alternatives to surgery?

A Your doctor has recommended Mohs surgery as the most effective treatment for your skin cancer. This decision is often based on a number of factors relating to the cancer, including its type and location, your medical profile and prior treatments used. There are alternative treatments for skin cancer, including freezing with liquid nitrogen, scraping and burning (electrodessication and curettage), simple excision and anti-cancer creams – though these methods may offer lower cure rates and varying side effects. Please call our office to make a consultation appointment with Dr. Dawes, or visit your referring physician or dermatologist for more information on the risks of alternative skin cancer treatments.

Q When is Mohs surgery appropriate over other alternatives?

A Mohs surgery is appropriate, over other alternatives, for skin cancers that:

- Develop on areas where preserving cosmetic appearance and function is important
- Have recurred after previous treatment or are likely to recur
- Are located within scar tissue
- Are large
- Have ill-defined edges
- Grow rapidly

Checklist before Mohs surgery

- Complete the Health Questionnaire on page 13 and return to us as soon as possible. Please see last page for further instructions.
- Complete the forms on pages 10, 11 and 12 and bring these pages to your appointment.
- Have breakfast and bring along a lunch or snacks.
- Wear loose, warm and comfortable clothing; avoid wearing light colours.
- Arrange to have someone drive you to and pick you up from the Surgery Centre.
- If you have any issues with memory or there is a language barrier, it is crucial that someone accompanies you and stays with you during your appointment.
- Be prepared to spend the whole day with us (5-8 hours).
- Check with your regular doctor before stopping aspirin or other blood thinners.
- Stitches need to be removed in one to two weeks. Please make sure that you will be available for follow-up care.
- Stop smoking one week before surgery and two weeks afterwards.
- No alcohol two days before surgery and two days afterwards.
- Be prepared to take it easy for one-to-two weeks after surgery. No exercise, golf, yard work, or heavy lifting during this time, or as advised by the nurse or surgeon.

Medications

- Take your normal medications that morning.
- Bring medications needed during the day.
- Bring a list of your medications. Call us with any questions or concerns you may have.

Risks of Surgery Form

PLEASE READ, SIGN AND BRING THIS FORM TO YOUR APPOINTMENT.

Please read below for the most common risks of Mohs surgery; this form is not intended to be a complete list of all the potential complications that may occur with surgery.

1 Scarring.

It is impossible to cut the skin without leaving a scar. The aim of any surgery is to leave the least-noticeable scar possible and to hide it within the normal lines of the skin to make it less visible.

INITIAL _____

2 Infection.

The rate of wound infection is very low with this kind of surgery, generally less than one person out of 100. We reduce this risk by cleaning the skin and occasionally recommending antibiotics after surgery. If you do develop a wound infection, we treat it with antibiotics.

INITIAL _____

3 Bleeding.

There is a risk of bleeding whenever we cut the skin. We reduce this risk by cauterizing any blood vessels during the surgery. Rarely, bleeding may occur after the surgery. Please inform us if bleeding occurs, and we will advise you on what to do.

INITIAL _____

4 Bruising and swelling.

Bruising and swelling is common and usually begins the day after surgery. It may persist for up to two weeks while the skin is healing.

INITIAL _____

5 Pain.

Some discomfort is expected after surgery; usually it is minor and controlled with Tylenol. If pain is more severe, we will give you prescription-strength pain medication. Occasional discomfort may be felt during the healing phase of any wound (up to six months).

INITIAL _____

6 Numbness or loss of function.

Occasionally, nerves can be damaged during surgery. This damage may lead to areas of decreased sensation (numbness) or a loss of muscle function. Although these effects are often temporary, they may be permanent.

INITIAL _____

7 Opening of the wound.

Stitches stay in for one-to-two weeks. Rarely, the stitches may not hold and come out before you are due back, which can happen for a number of reasons. Please contact us if your stitches don't hold.

INITIAL _____

continued on next page

Risks of Surgery Form (cont.)

8 Abnormal scarring.

Scars continue to heal and mature for up to two years. Occasionally, a keloid or hypertrophic (thickened) scar may develop after a surgery, which may or may not respond to treatment .

INITIAL _____

9 Recurrence of the tumour.

Mohs surgery provides the highest cure rate of any form of skin cancer treatment. However, it is not a 100% cure rate and recurrences can occur, though very uncommon. If skin cancer recurs, then Mohs surgery would likely be performed again.

INITIAL _____

10 Additional procedures.

The need may arise for additional procedures that will help reduce scar swelling, redness or thickening. Your doctor will recommend further treatments, if indicated.

INITIAL _____

I HAVE READ AND UNDERSTAND THE ABOVE.

(Please sign) _____

Date ____ / ____ / ____

Copy of Consent Form

YOU WILL BE ASKED TO SIGN THIS FORM AT YOUR APPOINTMENT ONCE YOUR QUESTIONS HAVE BEEN ANSWERED.

Consent Form for Mohs Surgery, Release of Information and Photography

Please read carefully before signing. If there are any sections you do not consent to, draw a line through them or ask us to do so.

I _____ have had a consultation with Dr. Jeffrey C. Dawes MD, FRCSC, concerning the following:

Mohs excision of _____

Located on _____

With possible repair of defect.

Risks include scar, bleeding, infection, recurrence of tumour; numbness, loss of function and others.

Other specific side effects _____

The nature, purpose and possible complications of the procedure(s), the risks and benefits reasonably to be expected, and the alternative methods of treatment that are available have been clearly explained to me. I understand the explanation that I have received, including my right to refuse such treatment. I have had an opportunity to ask any questions I may have and have been encouraged to ask any further questions that may arise during the course of treatment.

I acknowledge that the practice of medicine and surgery is not an exact science and that reputable practitioners therefore cannot properly guarantee results. I further acknowledge that no guarantee or assurances have been given to me regarding the success or benefits that may result from the above procedure.

The taking of photographs before, during and after treatment is essential for the medical records and insurance purposes. Rarely, pictures will be used for academic purposes; dissemination to other health care professionals, medical journals, research, teaching, publication or presentation. If used for such purposes, no reference will be made to your name. Your pictures will become part of the medical record and any digital images may be stored on a computer or compact disc.

If your health care provider requests copies of these photographs or other such information from your medical record, your signature authorizes the office of Dr. Jeffrey C. Dawes to release this information to your health care provider.

After reviewing the above I hereby consent to the treatment, release of information and photography.

Patient or Representative _____	Date ____/____/____
Relationship to Patient _____	Date ____/____/____
Witness _____	Date ____/____/____

Health Questionnaire

PLEASE COMPLETE THIS HEALTH INFORMATION FORM PRIOR TO YOUR APPOINTMENT.
Please fax, mail, scan/email or submit online asap. See last page for further instructions.

Do you faint with needle injections? Yes No

Allergies

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Cipro | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Anesthetic | <input type="checkbox"/> Adhesive |
| <input type="checkbox"/> Sulfa | <input type="checkbox"/> Band Aids | <input type="checkbox"/> Iodine |
| | <input type="checkbox"/> Other: _____ | |

Medical Problems

- | | | |
|--|--|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Gorlin Syndrome (basal-cell nevus syndrome) | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Crohns Disease |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Organ transplant |
| <input type="checkbox"/> Leukemia/Lymphoma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> MRSA / Skin infections |
| <input type="checkbox"/> Bleeding problems | <input type="checkbox"/> Back/Neck pain | <input type="checkbox"/> Previous Skin Cancer(s) |
| <input type="checkbox"/> Liver Disease / Hepatitis | <input type="checkbox"/> Memory problems / Confusion | |
| | <input type="checkbox"/> Other medical problems _____ | |

Implants

Do you have a pacemaker? Yes No

Please list: _____

Do you have a defibrillator? Yes No

Do you have any implants? Yes No

Do you have to take antibiotics before going to the dentist? Yes No

If you normally require antibiotics prior to having surgery or dental work, please ensure you take them before your Mohs surgery appointment as instructed by your primary care physician.

Are you Pregnant? Yes No

Are you a Smoker? Yes No _____ a day

How much do you weigh? _____ lb

Medication

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Coumadin (Warfarin) | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Heparin | <input type="checkbox"/> Vitamin E |
| <input type="checkbox"/> Plavix | <input type="checkbox"/> Aggrenox | <input type="checkbox"/> Immune suppressants |
| | <input type="checkbox"/> Other medications _____ | |

If possible please email or mail a clear photo of the lesion(s). See last page for address information.

Patient Name _____ Date ____ / ____ / ____

Calgary Mohs Surgery Centre (CMSC)

Jeffrey C. Dawes MD, FRCSC

Suite # 120, 1016 – 68th Avenue Southwest

Calgary, Alberta, Canada

T2V 4J2

We are located in the Rockyview Health Centre Building II (behind Mayfair Place)

Ph: (403) 571-3141

Fx: (403) 571-3140

Office Email: info@calgarmohssurgery.com

Please call, or visit our website for directions: www.BeautifulNaturalYou.ca

PLEASE FILL OUT the Health Questionnaire on page I3 and RETURN TO US as soon as possible by fax, mail or scan-and-email using the above contact information.

Or, for your convenience, you may fill out this form online on our website, using our secure Mohs Patient Login at www.BeautifulNaturalYou.ca. Please follow the directions to set up your patient account (if you have not already done so) before filling out and submitting the form.

