



MOHS SURGERY PREOPERATIVE INSTRUCTIONS

- **Mohs is a surgical procedure.** In some cases, you may need a support person with you on the day of your surgery visit or at least have someone available to call should you not feel up to driving home. The entire procedure is performed with local numbing medicine, so you will not be put to sleep for the procedure. Plan not to be alone for at least 12 hours after surgery, if possible.
- **Plan to be here most of the day.** Surgery appointment times are approximate. We do our best to remain on time, but surgery is unpredictable, and your surgery may be delayed on occasion by up to an hour. Please plan to be here for at least 4 hours or more.
- **Please do not schedule any appointments, work, or social events for later that day.** Depending on the extent of the surgery and the lab time, it may take several hours to remove the cancer, and then another 1-2 hours for the repair. You will have some downtime while we are waiting for lab results, so you may bring a book, tablet, crosswords, etc. Wireless internet is available.
- **Plan to take it easy for several days after your surgery.** We recommend no heavy lifting, exercise or anything that increases your heart rate a lot for 48 hours after surgery (due to the increased risk of bleeding). It is recommended to avoid any exercise routine for the remainder of that 1st week. If possible, take at least 2 days off from work because you will be wearing a bulky bandage and may have swelling/bruising for several days afterward.
- **You may eat and take any medications before the procedure unless you are told otherwise.** (If you take a blood thinner, please discuss with your physician). If you are having an eye surgeon perform your repair, then refer to their preoperative instructions because they may want you to fast
- **Please have a list of all medications you are taking and bring it on the day of your appointment.** If you are taking Vitamin E, garlic, ginkgo, or ginseng please discontinue these one week prior to surgery. All of these can cause bleeding.
- **We recommend comfortable clothing.** A shirt that buttons and does not need to be pulled over your head is a good idea. Do not wear your favorite shirt or white/light clothing if you can avoid it.
- **Postoperative care.** After surgery, there will be some pain. We usually recommend acetaminophen (Tylenol) combined with Ibuprofen (Advil or Motrin) for pain because together they are very effective (more than either alone). We will provide aftercare instructions and supplies before you leave.
- **The surgeon will be overseeing the entire procedure.** Physician assistants, Resident physicians, and a Mohs Surgical fellow often work with the surgeon and perform the numbing/local anesthesia prior to surgery, as well as assist the surgeon with the Mohs procedure, etc. They may perform removals or suturing, which they have experience and are very skilled.
- **You may request a consultation to meet with the surgeon.** If you have any concerns about the procedure and what to expect, you may schedule an appointment.

Please contact the Dermatology office for any further questions at 802-864-0192 or 1-800-564-3237.

ADDITIONAL INFORMATION ABOUT MOHS SURGERY

Please visit the following website from the American College of Mohs Surgeons: www.mohscollege.org and an additional video from the American Society for Dermatologic Surgery: www.asds.net/Mohs-Surgery-for-Skin-Cancer

**354 Mountain View Drive, Suite 300
Colchester, VT 05446
Phone: 802-864-0192 or 1-800-564-3237
Fax: 802-860-4919**



MOHS PREOPERATIVE QUESTIONS

Have you had any heart valves replaced or repaired? _____

Have you had any joint replacements in the past 2 years? _____

Do you need any antibiotics prior to surgery (dental work)? _____

Do you have an implanted cardiac pacemaker or defibrillator? _____

Do you have a cochlear implant, deep brain stimulator, or other implanted electrical devices?

Are you taking any blood thinners? Which ones? _____

Do you have any bleeding disorders? _____

Do you have any medication allergies? _____

Please list any medications you are currently taking, or you may bring a list with you on the day of your scheduled procedure.

Your appointment is scheduled for: _____ at _____ AM/PM

With surgeon: _____

Patient name: _____ DOB: _____

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