A Diagnosis of Skin Cancer Can be Frightening...

Especially When it Occurs on Your Face, Know your Options

Skin cancer can appear anywhere on the body, but nowhere is the diagnosis more frightening than when it occurs on the face. A special surgical technique called Mohs Micrographic Surgery is an effective method for treating many types of facial skin cancers.

HISTORY
Mohs micrographic surgery is a state-of-the-art treatment for skin cancer that offers the highest possible cure rate and minimizes scarring. The Mohs surgical technique was developed by Dr. Frederic Mohs at the University of Wisconsin. This treatment requires a highly specialized physician that serves as a pathologist, surgeon and reconstructive surgeon. Mohs relies on the ability of a microscope to trace out and ensure removal of the skin cancer’s roots. This treatment allows physicians who have completed a fellowship in Mohs surgery to see beyond the visible disease and to precisely identify and remove the entire tumor, leaving healthy tissue intact and minimizing scarring.

INDICATIONS
Skin cancers often send out slender strands of malignant cells into the surrounding normal tissue. In the past, surgeons would routinely remove or excise an extra margin of healthy tissue in the hope of eliminating all of the malignancy. But the cancer often would recur because of microscopic cells that were left behind. Mohs surgery is indicated for: Large of microscopic cells that were left behind. But the cancer often would recur because of incomplete margins. Mohs surgery is indicated for: Large of microscopic cells that were left behind. But the cancer often would recur because of incomplete margins.

Of all treatments for skin cancer, Mohs surgery offers the following advantages:

- Excellent cosmetic results
- The highest cure rate (up to 99%)
- The lowest chance of recurrence
- Lesions completely removed-in only one visit
- Minimizes the potential for scarring or disfigurement
- Tissue sparing
- The most exact and precise means of skin cancer removal

The tissue is then processed in a CLIA certified Mohs laboratory located in our office—a process that takes about an hour. A temporary bandage is placed over the site and the patient waits in the waiting room while the tissue is processed. After processing, the surgeon uses a microscope to trace the roots of the skin cancer to see if the entire tumor has been removed. If the margins are clear, and the tumor has been completely removed, then the surgeon will repair the wound that was created by tumor removal. If the margins are not clear, meaning that some of the tumor was left behind, then the surgeon will go back and remove the edges only in the area where the roots were left behind. This will likewise be processed and examined with a microscope. This process is repeated as many times as necessary until the entire tumor is removed.

THE PROCEDURE
The Mohs process includes a specific sequence of surgery and pathological investigation. Physicians who have completed a Mohs-College-approved fellowship will, by virtue of their rigorous training, possess the skills and expertise necessary to perform Mohs Micrographic Surgery at all levels of complexity.

Mohs surgery is an outpatient procedure that is performed under local anesthesia, therefore the risks associated with prolonged general anesthesia are avoided. Before the surgery begins, a small needle is used to place the numbing medicine (lidocaine) in the area surrounding the skin cancer. After this first step, the remainder of the procedure is relatively pain free. The surgeon first removes the obvious skin cancer that can be seen with the unaided eye. Then a very thin saucer-shaped layer of normal appearing skin is removed taking special care to map the tissue so that the surgeon is able to determine the corresponding margins on the patient.

The best method of managing the wound resulting from surgery is determined after the cancer is completely removed. Once the final defect is known, management is individualized to achieve the best results and to preserve functional capabilities and maximize aesthetics. The Mohs surgeon is also trained in reconstructive procedures and will perform the reconstructive procedure necessary to repair the wound. A small wound may be allowed to heal on its own, or the wound may be closed with sutures, a skin graft or a flap. On some occasions another surgical specialist may complete the reconstruction as part of a team approach.

Many patients find that the most difficult part of the procedure is waiting on the results. So to make the time you spend with us as pleasant and comfortable as possible we have a separate Mohs lounge with books, magazines, flat screen cable TV, small board games, coffee, tea, soft drinks and snacks. A microwave, toaster oven and refrigerator are available for your use. Please feel free to bring your own reading materials, small hobby or craft items, business paperwork, etc. if you so desire. Our office also has Wi-Fi available for your laptop. We look forward to making sure your experience with Mohs Micrographic surgery is a positive one and appreciate the opportunity to serve you.

Dafnis C. Carranza, M.D. is a Board-Certified Dermatologist and fellowship-trained Dermatologic Surgeon with thousands of cases of experience. As a Mohs surgeon, Dr. Carranza completed an intense post-doctoral fellowship approved by the American College of Mohs Surgery at UCLA. Dr. Carranza specializes in the diagnosis and treatment of skin cancer.

Dr. Carranza does an amazing job. I am thrilled! SM

I am so pleased with how my scar looks after Mohs surgery. No one can tell; and I can barely tell myself! Dr. Carranza does an amazing job. I am thrilled! SM

Let us HELP you.

ACMS American College of Mohs Surgery Fellowship-trained skin cancer and reconstructive surgeon

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