Mohs surgery most effective way to remove, treat nonmelanoma skin cancers

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SPECIAL TO THE BLADE

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Today skin cancer is the most common cancer in the United States. And, as you might expect, there are many different treatments for skin cancer.

Mohs micrographic surgery (Mohs surgery), however, is an outpatient procedure that has the highest cure rate available for the most common types of nonmelanoma skin cancer: basal cell carcinoma and squamous cell carcinoma.

Mohs surgery has been proved to be the single most effective technique for removing and treating nonmelanoma skin cancers. It has a cure rate exceeding 95 percent in most patients who are in otherwise good health.

Mohs surgery is a tissue-sparing procedure performed under local anesthesia to remove skin cancer one layer at a time. Tissue-sparing means that normal, healthy skin and support structures are conserved when compared to standard removal procedures resulting in better functional and cosmetic outcomes.

When a skin cancer layer is removed, a customized tissue map is created and the tissue is processed and stained in a specialized way that allows your surgeon to examine the complete margin under the microscope.

If cancer cells are still visible under the microscope, then your surgeon will remove another layer of tissue exactly where it is necessary based on the customized tissue map. Since tissue removal, processing, and microscopic examination happen in the outpatient office setting, patients no longer have to wait several days to find out if their skin cancer has been completely removed. When there are no more cancer cells detected under the microscope the Mohs surgery is complete.

After the skin margin has been cleared with Mohs surgery, the patient then has reconstructive surgery, usually the same day and under the local anesthesia that is already in effect. A typical Mohs surgery and reconstruction can take three to five hours, some of which is wait time for tissue processing and microscopic margin examination. During this wait time, patients are able to walk around the office, and many bring reading materials to keep themselves occupied. Recovery for the procedure is generally well tolerated, with most discomfort being easily controlled with ice packs and acetaminophen (Tylenol). Patients should plan on taking one to two days off of work and should refrain from strenuous exercise or high stress situations in order to minimize rises in blood pressure.

Patients who are good candidates for Mohs surgery will have nonmelanoma cancers that:

- Are located in a visible, sensitive and/or tight area of the body, including the face, head, neck, genitals, hands, feet, and shins.
- Are aggressively growing or evolving rapidly.
- Have a high risk of spreading to other parts of your body.
- Are greater than 2 cm in diameter where standard surgical margins would make closure difficult.

In addition to Mohs surgery, there are other effective treatments for nonmelanoma skin cancers that have excellent cure rates of up to 90 percent for primary skin cancers. However, they can result in larger wounds or scars, having less favorable outcomes in sensitive areas.

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