



IDAHO
**SKIN SURGERY
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ANSWERS TO FREQUENTLY ASKED QUESTIONS AFTER MOHS SURGERY/STAGED EXCISION

PLEASE NOTE: Dr. Scott does make himself available after hours. If you have an urgent problem or concern, and you are not comfortable waiting until the next business day to address it, he can be reached on his cell phone, which will be given to you on the day of your surgery.

Now that I have had one skin cancer, am I likely to get other new ones?

Patients who have had one skin cancer have a 40% chance of developing another one over time. We therefore recommend an annual full body skin exam with us or your referring dermatologist.

Where is the other skin cancer likely to occur?

Basal cell skin cancer and squamous cell cancer occur most commonly on the face, head, and neck although they can occur at other sun-exposed sites, too. Melanoma, the most potentially lethal form of skin cancer, can occur anywhere and you should be aware of the warning signs.

What are the warning signs?

For basal cell cancer and squamous cell cancer, any pimple that does not heal after a few weeks, or a growth that begins to bleed should be examined promptly. A patch of redness, scaling or irritation that persists should also be evaluated by your dermatologist.

The warning signs of melanoma include: any change in the color, shape or size of a mole; a mole that itches or begins to bleed or crust; or a new mole that appears unusual. These should be evaluated **immediately**. Remember that most melanomas are virtually completely curable in the earliest stages if diagnosed and treated promptly.

What are the chances that the cancer that has been removed by Mohs surgery will come back?

Your chances of complete cure are excellent. However, no technique is perfect. You underwent Mohs surgery because of the need to obtain the highest cure rate. In general there is a 95% to 99% cure rate. However, if your cancer had been previously treated or was very large, the cure rate is somewhat lower and careful follow-up is a must.

Since skin cancer is related to sun exposure, do I now have to stay out of the sun completely?

Most skin cancers result from sun exposure over a lifetime, so moderation with respect to sun exposure continues to be the best policy. In our region, sunscreen should be used when you go outdoors. If you sunburn easily, a broad spectrum sunscreen with SPF 30 or higher should be applied. If you're especially active or spend time in the water, the sunscreen should be reapplied frequently. You may also use a waterproof sunblock. If you do not burn easily or tend to have a darker complexion you should still use SPF 30 sunscreen. Sunscreens are considered safe and important to use in children.

Is there anything else I can do to minimize my risk of getting other skin cancer?

While it has not been proven that you can halt much of the damage that has already been initiated (skin cancers take several years to develop), following simple guidelines will help you prevent further sun damage, and perhaps reduce the chance of getting other cancers. Avoid the sun between the peak hours of 10 AM and 3 PM. Wear a broad brimmed hat. When outdoors for lengthy periods, such as on a boat or playing golf, wear clothing with a tight weave. Do not sunbathe. Do not use tanning parlors.

How often should I be checked out for skin cancer?

Dermatologists have different opinions on this and you should be guided by your dermatologist.

Because you have already had one skin cancer, an annual full body skin examination is recommended by most dermatologists.

After your discharge from our care, be certain to follow-up with the doctor who referred you to us so that he or she may examine you for any new signs of skin cancer.

How often will I have to come back to ISSC after my surgery?

Usually, your first visit to our office will be in 5 to 7 days to have your sutures (top layer of stitches) removed. In cases where it is difficult for you to return to our office, arrangements can be made for your local physician to remove the sutures. After sutures are removed, you may follow-up with your referring physician or we may ask to see you back in 6 to 12 weeks. This decision is made on an individual basis.

For granulating wounds (wounds that are allowed to heal on their own), the return visit will vary. In general we will see you 2-8 weeks after surgery.

Who will coordinate my post-operative visits?

You will see the clinical assistants (CMA), Physician Assistants (PAs) or Dr. Scott. The MA's are experienced in advanced dermatologic surgery practice and will help you in your post-operative care. They and Dr. Scott are always available to answer questions or to see you if you have concerns about how healing is progressing.

What is going to happen to my scar?

Complete healing of the skin takes time. Whether you had plastic *reconstructive* surgery or allowed the wound to heal on its own, patience is essential. The healing process continues in the skin for up to 12-18 months. Sometimes, areas of hard scar tissue develop in the first six months after surgery but these soften and mature with time. If you had a flap or skin graft, the final result can only be judged nine to twelve months after the surgery. Occasionally, it is necessary to inject the scar with a type of cortisone to reduce

excessive scar tissue. To help soften the scar, beginning 2 weeks after surgery, you may massage the area daily for 5-10 minutes using a lubricant such as petrolatum or a silicone-based scar gel. This is best accomplished by applying a small amount of cream over the hard or raised part of the scar and massaging firmly in a circular fashion. ONLY silicone-based scar products have proven data to support using them (if desired). We do not endorse one brand over another, but examples include ScarAway®, ScarGuard®, and Kelo-cote®. These types of products are easily found in most pharmacies or online. DO NOT use other products like Mederma®, Vitamin E gels or other oils.

Occasionally superficial skin nerves are cut during surgery, which results in localized numbness or loss of sensation to a small area around the surgery site. The nerves will grow back but the time for this to happen will vary. In addition to numbness, as the healing process proceeds you may feel tingling and/or itching. This may last up to 6 months after surgery, but everyone is different and the duration of these symptoms can vary markedly among individuals.

Will there be changes in skin color associated with the surgery?

Often, during the early stages of healing, the scar will be red or pink because of the temporary growth of new blood vessels. These will fade with time, but until they do, unsightly redness can be concealed with make-up. In addition, if the redness does not resolve as expected, methods are available to improve it.

Remember: If you have any questions about your surgery, do not hesitate to call. If we are unavailable at the time, please leave your name and number with our receptionist and we will return your call as soon as possible.

Jared Scott, MD

UNDISSOLVED SUTURES

Early on, about four weeks after the surgery, some of the dissolving stitches placed under the surface of the skin may not dissolve completely, and may form a small pimple. The stitch is trying to push its way out and is behaving like grass pushing up through pavement. This is not dangerous but you should give us a call if this happens so that we may see you to remove it.

All wound care instructions as well as Mohs FAQ's can also be found electronically on our website under "surgical care information" at <https://www.idahoskinsurgerycenter.com/patient-handouts> or by scanning the QR code below:

