

Hospital contacts

If you have any queries, you can contact our Mohs' nurse coordinator via the paging system between **8.30am and 5pm, Monday to Friday**. Please telephone **08448 222 888** and give the operator the pager number for the nurse you want to speak to.

881893 – Mohs' nurse coordinator

Once you have given the pager number, you will be asked to leave a message. Please give your name and telephone number and you will be contacted as soon as possible.

You can also leave a message for the Mohs' nurse coordinator on **020 7188 0860**. The answer machine will be checked at least once a day and we will endeavour to answer calls within 24 hours of checking.

Alternatively call the Mohs' admin coordinator on **020 7188 6401**, 8.30am to 5pm, Monday to Friday.

PALS - To make comments or raise concerns about the Trust's services, please contact our Patient Advice and Liaison Service (PALS). Ask a member of staff to direct you to PALS or: **t: 020 7188 8801** at St Thomas' **t: 020 7188 8803** at Guy's **e: pals@gstt.nhs.uk**

Language support services - If you need an interpreter or information about the care you are receiving in the language or format of your choice, please get in touch using the following contact details:

t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

Micrographic (Mohs') surgery to treat your skin cancer

Your doctor has recommended micrographic surgery to remove your skin cancer. This leaflet explains what the procedure involves as well as its risks and benefits. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

Guy's and St Thomas' NHS Foundation Trust

St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH

Guy's Hospital, Great Maze Pond, London SE1 9RT

Switchboard: 020 7188 7188 www.guysandstthomas.nhs.uk

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Dermatology/Dimbleby Cancer Care/PPG 1622

What is micrographic surgery?

This is a specialised form of surgery to remove certain skin cancers (tumours) and is called Mohs' surgery after the doctor who developed it.

Your surgeon removes the visible portion of your tumour and then removes further tissue that may contain cancer cells, one layer at a time. This tissue is examined under a microscope while you are still in the dermatology unit. If it contains cancer cells, another layer of tissue is removed and examined. This is repeated until all the cancer cells have been removed, which may last several hours.

Your doctor may have recommended Mohs' surgery because:

- your skin cancer has returned;
- your tumour was previously removed, but some cancer cells remain;
- your cancer is in an area where we want to reduce the amount of healthy tissue we remove, such as on your eyelids, nose, ears or lips; or
- the edges of your tumour are not well defined.

Why should I have micrographic surgery?

Other types of surgery for skin tumours rely on the surgeon being able to see the extent of the cancer. This can sometimes lead to a large wound and scar if too much healthy tissue is removed. It could also lead to too little tissue being removed and the cancer returning.

Micrographic surgery maximises the chances of your tumour being completely excised (removed) while minimising the amount of surrounding normal skin that needs to be taken away.

Other sources of support or information

The unit's **Macmillan nurse (skin cancer specialist)** can offer support and advice from the time of your diagnosis. Call **020 7188 6384**.

Dimbleby Cancer Care at Guy's and St Thomas' Hospital. This service offers information and support for patients with cancer, their relatives and friends. Please call **020 7188 5918** email **RichardDimblebyCentre@gstt.nhs.uk** or visit one of the drop-in centres:

- Guy's Hospital – Outpatient Department, ground floor, Tabard Annexe (next to the Minor Injuries Unit).
- St Thomas' Hospital – Clinical Oncology, lower ground floor, Lambeth Wing.

Macmillan Cancer Support (freephone)

t: 0808 808 0000 (for information on all aspects of cancer)

t: 0808 801 0304 (benefits enquiry line)

w: www.macmillan.org.uk

Cancer Research UK (freephone)

t: 0808 800 4040 (for information on all aspects of cancer)

w: www.cancerhelp.org.uk

surgery, leading to a numb area of skin. This is usually temporary.

- **Infection** at the wound site. You will be given instructions on how to care for your wound to minimise this risk.
- **Scarring.** You will have a scar after the surgery, although the doctors use closure techniques to minimise this. Scars fade over time.

What do I need to do after I go home?

Before you leave the hospital, please make sure you have been given information about how to look after your wound at home.

You will probably need to rest after the surgery for about 48 hours. If you work, we recommend that you take **at least** two days off after the surgery. We will give you more advice on the day of your surgery.

Will I have a follow-up appointment?

You will have a follow-up appointment with the team that repaired your wound.

If your follow-up is with us at St Thomas', we will usually see you one week after your surgery to check that your skin is healing well and to remove any stitches you may have. If there are any changes to this, we will advise you on the day of your surgery. If another team repairs your wound they will give you a follow up appointment.

We usually see you again approximately three months after your wound has healed.

Are there any other alternatives?

Your doctor has recommended that this is the most appropriate treatment for you. Any alternatives will have been discussed at your consultation. If you have further questions please see the contact details overleaf.

If your skin cancer is not treated, it will continue to grow and you may need more aggressive treatment in the future.

How can I prepare for my surgery?

The letter accompanying this leaflet contains information about how to prepare for your surgery. Please make sure you read this carefully.

Please do not wear any make up or jewellery on or near the site of your surgery. You may want to bring a packed lunch with you on the day of the surgery, as you may be here for several hours.

We **strongly** suggest that you bring a friend or family member with you. We **strongly** recommend that you do not travel home by public transport and you should not, under any circumstances drive yourself on the day of your surgery.

Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with this surgery, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask us for one.

What happens during Mohs' surgery?

There are several stages to Mohs' surgery. First, your doctor will inject the area where your tumour is, with a local anaesthetic. This numbs the area, so you will not feel any pain during surgery and will remain awake. If you are particularly anxious, we can give you a mild sedative to help you relax. Please discuss this with your doctor. We may also use anaesthetic eye drops if the tumour is near your eye.

Once the anaesthetic has taken effect, the visible (also called the clinically evident) part of the tumour is removed, along with a small margin of normal skin tissue. This tissue is taken to a laboratory where your doctor will be able to look at it under a microscope to check for cancer cells. This takes about 40–60 minutes, so a temporary dressing is applied to your wound and you are asked to sit in the waiting area.

If cancer cells are present in this tissue, you will be brought back into theatre and more tissue will be taken away and examined under the microscope. This will be repeated until all the tumour cells have been removed.

The local anaesthetic lasts for about two hours and can be 'topped up' if your surgery takes longer than this. Because of the nature of this procedure, we are unable to tell you exactly how long your surgery will last.

What happens after the procedure?

Once all the tumour cells have been removed, there are several options for repairing your resulting wound, depending on your individual circumstances. These will be discussed with you in more detail before your surgery.

Your wound may be:

- closed by the team who performed the micrographic surgery immediately after the tumour has been removed
- dressed and then repaired by a plastic surgeon at St Thomas'
- left to heal normally
- repaired at another hospital. In this case, we will renew your dressing before you travel to your referring hospital. We will also give you a letter from our doctors to hand to your surgeon when you arrive at your referring hospital. You will be told how to look after your wound by the team that repairs your wound.

What are the risks?

Your doctor will explain the potential risks for this type of surgery with you in more detail, but complications include:

- **Bleeding** at the site of the tumour.
- **Pain.** The local anaesthetic should last until you return home. If you need to, you can buy aspirin-free pain relief (such as paracetamol) from a chemist without a prescription. Always check that the painkillers will not react with any other medication you are taking and follow the instructions on the packet. The doctor or nurse caring for you can give you more advice.
- **Nerve damage.** Although your surgeon will try to avoid this, nerves can occasionally be damaged during