

Frequently Asked Questions

The BCM Mohs Surgery Center offers full-time Mohs Micrographic Surgery for the treatment of high-risk skin cancer. Our facility has also been awarded one of the few certified fellowship-training programs in the country for this leading-edge treatment to cure skin cancer.

Fast Facts

- More than 1 million cases of skin cancer are diagnosed every year in the United States and are a direct result of sun exposure.
- Skin cancer is a disease that affects men and women of all ages, in a variety of ways.
- Skin cancer is the most common cancer in humans.
- Most cases can be cured with early detection.

What is Mohs Micrographic Surgery?

Mohs micrographic surgery is a technique of skin cancer treatment in which the cancer is surgically removed, and the specimen is processed immediately with frozen sections so that the surgeon can examine the tissue under the microscope. If the cancer has not been completely removed, then additional tissue is excised and reviewed again under the microscope. Once the skin cancer is totally removed, the wound is closed.

What is the cure rate for Mohs Micrographic surgery?

The cure rate with Mohs surgery is over 99% for most types of skin cancer. You can see a tumor on your skin. What is visible on the surface of the skin may be only the tip of the tumor that exists underneath the skin. What you don't see is what is around and under the tumor - often more cancerous cells. This specialized surgical technique combines precise horizontal sectioning with careful microscopic examination. All cancerous tissue in and around the tumor is removed.

Where do I go for the procedure?

The procedure is performed entirely in our outpatient surgical suites at Jamail Specialty Care Center - 1977 Butler Boulevard, Suite E6.200, Houston, Texas 77030. The tissue is examined in the office. The high cure rate means fewer return visits and less need for additional treatment. Finding skin cancer is the

first step towards curing it. Mohs micrographic surgery is the next step. However, skin cancers that are large or occur in high-risk areas such as around the eyes, ears, nose and lips, or which have recurred after previous treatment are more effectively treated using Mohs Micrographic Surgery.

What is skin cancer?

There are several different types of skin cancer. The Mohs technique is primarily used to remove basal cell carcinoma and squamous cell carcinoma. Both of these tumors are locally destructive, however squamous cell carcinomas have the potential for metastasizing (spreading).

Are skin cancers life-threatening?

The two most common types of skin cancer, basal cell carcinoma and squamous cell carcinoma, are rarely life threatening. These tumors replace normal surrounding tissue and generally do not spread to other areas. Squamous cell carcinoma, may metastasize when it becomes large and in certain immunosuppressed patients. The third most common skin cancer, malignant melanoma, can be life threatening if treated late. When discovered and treated early, malignant melanoma is curable. Basal cell carcinomas and squamous cell carcinomas never "turn into" malignant melanoma.

How are skin cancers such as basal cell carcinomas or squamous cell carcinomas treated?

There are several effective treatments for these tumors. The treatment chosen is dependent on several factors such as the histological subtype, location, size, history of previous treatment. The different types of treatment available are: scraping and burning with electric current known as curettage and desiccation, and surgery and radiation therapy are successful. However for tumors that have recurred following treatment or for tumors in difficult-to-treat sites, a technique of skin cancer treatment known as Mohs surgery offers the best chance for total removal. It is this type of surgery for which your doctor has referred you to our office.

What does "Mohs" stand for?

Dr. Frederic Mohs developed this technique about 60 years ago. The procedure has been modified and refined over the years. Practitioners of the technique have kept Dr. Mohs' name in respect for his contribution. Mohs surgery has other names including Mohs chemosurgery, Mohs microscopically controlled surgery, and Mohs micrographic surgery.

How is Mohs surgery like other surgery?

The Mohs surgeon uses conventional surgical instruments to remove malignant tissue during surgery.

How is Mohs surgery different from other types of surgery?

The difference is what happens to the tissue after it is removed. After complete removal of the obvious tumor, the surgeon removes a thin layer of normal appearing skin surrounding the tumor. A map is made of the specimen. It is then processed in the laboratory for approximately thirty minutes to one hour. The surgeon then examines the specimen under the microscope. If cancer is present in the specimen, the Mohs surgeon marks its location on the map and then returns to the patient and removes more tissue in that area. This step is repeated, if necessary, until the tumor is completely removed. The surgeon acts as surgeon, anesthesiologist, pathologist and reconstructive surgeon. The entire surgery, including the processing of the tissue is all done in our facility.

What are the advantages of Mohs surgery?

There are two primary advantages (cure and preservation of normal tissue). First, by using the microscopic examination of the tissue as a guide, the Mohs surgeon is better able to remove all of the skin cancer. Secondly, by carefully mapping out the tumor, the surgeon removes cancerous tissue and leaves behind as much normal skin as possible. This results in the smallest possible scar.

How large of a scar will I have from the surgery?

The size of the scar depends on the size of the tumor. It is often difficult to predict the size of the tumor prior to surgery.

Will I have stitches following the surgery?

There are three main ways your surgical wound may be handled:

- Direct closure of the wound: in most instances, surgical wounds are sutured (sewn) closed. Depending on the closure, dissolving sutures maybe used so that you do not have to return for a follow-up.
- Skin graft: In some instances, it is necessary to remove skin from some other site and graft it over the wound.
- Second intention healing: The body has an excellent capacity to heal open wounds. This healing period is approximately three to six weeks depending on the size of the wound. It requires regular wound care. In addition to wound size and location, the surgeon considers other factors to determine how your wound will be handled. This will be fully discussed with you on the day of surgery.

Will I be put to sleep for the surgery?

No. The surgery is well tolerated with local anesthesia. Because the surgery may be time-consuming, the risk of prolonged general anesthesia is avoided.

How long will the surgery last?

The length of surgery depends on the extent of the tumor. Often surgery lasts half a day or longer. Much of the time is spent waiting for tissue to be processed. Bring reading materials, needlework, etc., with you to help pass the time. You are also welcomed to bring one family member or friend to keep you company.

What if I live far away from BCM Mohs surgery center?

If you have to travel a great distance, you may want to spend the night before surgery in Houston.

Should I bring someone with me?

Yes. It is recommended that you bring someone along, as you will be unable to drive after surgery. Someone other than the patient must perform postoperative wound care in many instances. The nurse can give this person direct instructions, demonstrate wound care, and answer any questions after the surgery.

What should I wear?

Please wear comfortable clothing.

Should I eat breakfast before surgery?

Yes. Breakfast is recommended. Only if we have another surgeon set up to do the closure. If that surgeon asks you not to eat then please follow his instructions. This is particularly true for patients with eyelid tumors.

Should I take my regular medications on the morning of the surgery?

Yes. Take your regular medications as they have been prescribed.

Are there any medications I should avoid prior to surgery?

Yes. Please avoid taking medications that may increase your bleeding potential the two weeks prior to surgery. These would be supplements such as vitamin E or nonsteroidal medications such as Advil, Naprosyn etc., or aspirin. Please take all your prescribed medications, just avoid supplementals.

Will my activity be limited after surgery?

Possibly, depending upon the extent of your surgery. In general, we would like for you to take it easy for at least 24 hours after surgery.

What are the potential complications of surgery?

Bleeding and infection are the two primary complications. Both of these are uncommon. We will discuss how to recognize and deal with these problems on the day of surgery.

What are BCM Mohs surgery center hours of operation?

The BCM Mohs surgery center is open 8:00 a.m. to 4:30 p.m., Monday through Friday. Mohs surgery is scheduled Monday through Friday of each week.

What telephone number should I call for scheduling or for further details regarding surgery?

During office hours, you may call the BCM Mohs surgery center at 713-798-6925 or 713-798-6624. For urgent matters after hours, you may reach the provider on call by dialing 713-798-6131. The medical staff of The BCM Mohs surgery center is available to assist you on the day of surgery, and to answer your questions before and after surgery.

Will my insurance cover the cost of surgery?

Under most circumstances your carrier will pay for surgery. If you are a member of an HMO, it may be necessary to obtain a referral or authorization from your primary physician. If you are in doubt about your particular coverage, please check with your insurance representative prior to your appointment. If you have specific questions regarding insurance or billing matters, please contact our office at 713-798-6925.