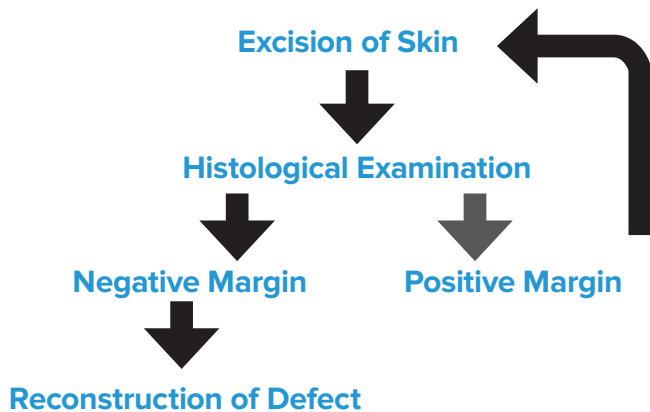


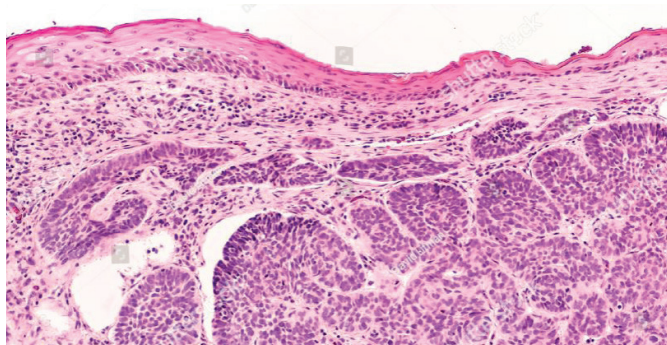
Mohs Micrographic Surgery

Of all treatments available, Mohs micrographic surgery (MMS) offers the highest chance of cure of the commonest skin cancers (over 99% success rate), particularly Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC) while ensuring the removal of healthy skin around the tumour is kept to a minimum, meaning scars are the smallest possible.



What is Mohs micrographic surgery?

Named after its inventor Dr Frederick Mohs from Wisconsin USA, Mohs Surgery is a highly specialised treatment for the total removal of skin cancers. Essentially, it is a technique that allows the surgeon to histologically test the edges of the excision on the day of surgery, while the patient waits. Any residual areas still positive for cancer are identified and subsequently removed. This process continues until all the cancer cells are cleared.



Why is it important that all cancerous cells be removed?

If cancer cells are left behind at the time of initial surgery, there is a very high chance that the cancer will recur. When this happens it will frequently grow for a substantial period of time hidden under the previous surgical scar. This makes the subsequent treatment of the recurrent cancer much more extensive and difficult.

When is (MMS) recommended?

Mohs surgery is ideal when a skin cancer

- Is present in a difficult site, where the conservation of as much normal tissue is critical, as on the face and especially around the nose, eyes, lips, ears, neck, fingers, toes and genitals.
- Has recurred after previous treatment(s), or is near scar tissue.
- Is large.
- Is growing rapidly or uncontrollably.
- Is difficult to visualise
- Is discovered to be a certain microscopic type on initial biopsy or demonstrates aggressive features.

What are the advantages of (MMS)?

- It ensures that all cancer cells are removed during surgery, providing the highest success rates compared to other treatments (98-99%), even the most difficult and aggressive forms of skin cancer.
- As much healthy skin as possible is preserved, minimizing scars and maximising the functional and cosmetic outcome following surgery.
- Skin cancer removal, confirmation of negative margins and repairing the site of cancer removal in one surgical session, in most cases.

The (MMS) procedure:

First stage

The area to be treated is first numbed with local anaesthetic and the visible cancer is removed. A dressing is applied to the wound and the patient returns to a comfortable waiting area.

Tissue mapping

While the patient waits, the removed tissue is precisely oriented and then divided into small sections and the edges marked with coloured dye and a tissue map is drawn. The tissue is then handed to the laboratory technician.

Tissue processing and examination

The tissue is frozen and cut by the technician, then mounted on to microscope slides and stained using highly specialised chemicals to identify the different cell types. The doctor then examines the tissue under the microscope to see whether any residual cancer cells can be identified.

Further surgery (second and or subsequent stages)

If there is any residual cancer, the wound is re-anaesthetised and further tissue corresponding precisely to the area of positivity is excised and, again, microscopically checked. This process continues until the Mohs Surgeon is satisfied that no cancerous cells remain.

Wound repair

Once the cancer is shown to be completely removed the patient wound is repaired.

There are many ways in which the post Mohs Surgery wound can be repaired, including:

- Granulation (healing by itself)
- Simple side to side closure
- Skin flaps where adjacent skin is utilised to cover the defect
- Skin graft
- Combinations of the above

How long does (MMS) take?

Typically, anywhere from 2 to 4 hours, depending on the number of stages needed to clear the tumour. About 70% of patients only require one stage.

Final outcome

Almost certainly following Mohs Surgery the cancer will be cured. The final functional and cosmetic outcome is usually excellent.

For more information about (MMS) visit:

American College of Mohs Surgery website and skincancermohssurgery.org

More about Dr Simon Tucker

Dr Simon Tucker has worked as a Dermatologist for over 18 years, studying at the University of Manchester and relocating to Cairns in October 2009. He became a Fellow of the Australian College of Dermatologists in November 2010. Special interests include the early diagnosis and management of Skin cancer. Undertook his Mohs Surgery Fellowship in Perth, 2017-2019.



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