



NW DERMATOLOGY
— INSTITUTE —

Preparing for Mohs Surgery

NW Dermatology Institute

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Preparing for Mohs Microsurgery

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Please read this information carefully. We know there is a lot but it has been prepared to help you understand the Mohs surgery procedure and repair. Please call our Surgery Coordinator, Paige Williams at 503-223-1933 if you have any questions.

Welcome

We know you have a choice when it comes to selecting a Mohs surgeon and we appreciate the trust in you have placed in our expertise at NW Dermatology Institute. We believe continuity and coordination of patient care is essential in meeting your healthcare needs. Our providers, nurse and medical assistants work closely in a “team approach” to support patient care. We have a dedicated surgery scheduler, Paige Williams, that will do her best to accommodate your schedule and communicate with you throughout the process. Paige will also ensure that we have received the medical records and have obtained any necessary prior authorizations prior to your surgery. Parking is easily accessible (see parking section) and there is an elevator providing easy access. Our office is open Monday-Friday 8-5 and our answering service will contact your surgeon should you have a need afterhours.

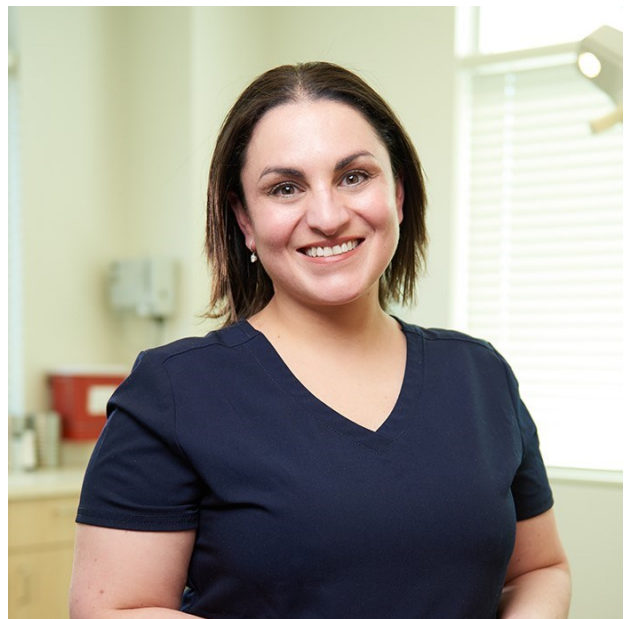
Following your surgery, Dr. Hajar will send a letter to your referring dermatologist notifying them that your surgery has been completed. If you have any questions or concerns, please do not hesitate to reach out to our office. Our goal is to provide you with the best possible patient and surgical experience.

As a reminder, please bring your health insurance card as well as a photo I.D. Please bring a complete list of all of your medications, as well as the strength and dose of each medication. Once again, thank you for choosing us and for allowing us the privilege to participate in your care. We look forward to working with you.

Meet Tamar Hajar, MD

Dr. Tamar Hajar is a Board-Certified Dermatologist and Board-Certified dermatologic surgeon, specializing in Mohs Micrographic Surgery for the treatment of skin cancer.

Dr. Tamar Hajar was born in Mexico City, Mexico. In 2001, Dr. Hajar was admitted into “Universidad Anahuac” School of Medicine, one of the best Latin American universities in Mexico. She completed medical school in the top 10% of her class in 2007. Dr. Hajar completed a Dermatology residency in 2013 in Mexico City, the best academic institution in the Country. In 2013, she married and moved to the United States to pursue dermatologic clinical research. Dr. Hajar was accepted as a clinical research fellow at Oregon Health and Science University where she performed a large number of clinical trials participating as a principal investigator and sub-investigator in many projects.



Dr. Hajar completed her internship in general surgery at Oregon Health and Science University followed by her dermatology residency at OHSU in 2019. Dr. Hajar completed her Mohs Micrographic Surgery and Cutaneous Oncology Fellowship at the University of Colorado in Denver in 2020. She began her private practice in 2020 in Colorado Springs, CO. She recently relocated back to Portland after her husband accepted a position at Oregon Health Science University.

Dr. Hajar is a member of the following institutions: American Academy of Dermatology, American College of Mohs Surgery, American Society for Dermatologic Surgery, Council for Nail Disorders, International Transplant Skin Cancer Collaborative, and the Alpha Omega Alpha Honor Society.

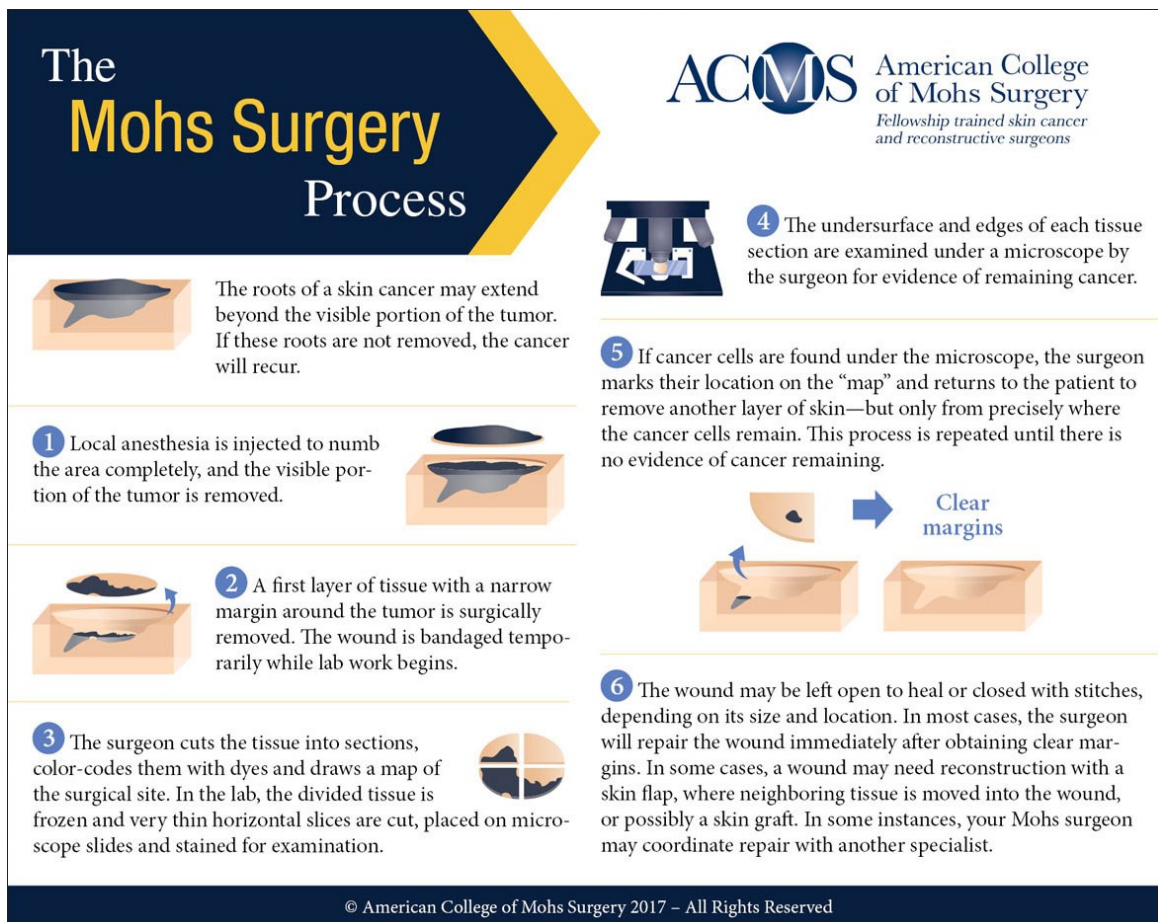
Dr. Hajar has two daughters and spends most of her free time with them. She feels very fortunate to be back in Oregon and to be part of our local community and NW Dermatology Institute.



What is Mohs Surgery?

Mohs surgery was developed by Dr. Fredrick Mohs in the 1930's for treating skin cancer. At the time, Dr. Mohs was a general surgeon at the University of Wisconsin. The Mohs procedure that he developed allows a dermatologic surgeon to perform surgery on a skin cancer and have a greater certainty that the tumor has been completely removed. Mohs surgeons are Board Certified Dermatologists who have undergone additional training in the Mohs surgery technique.

Skin cancers grow like icebergs; there is more below the surface than can be seen on the skin surface. If only the visible tumor is removed cancer cells can get left behind. With Mohs surgery we cut around a cancer and examine all edges under the microscope to make sure all of the abnormal cells are removed. If remaining cancer is seen, we will remove additional skin but only from the area with the cancer. In this way the surgeon will remove all remaining tumor while leaving the normal intact. Mohs surgery provides a 99% cure rate for most skin cancers. It has the lowest recurrence rates, highest cure rates and best cosmetic results of any skin cancer treatment currently available. Most patient undergoing Mohs surgery have a common type of skin cancer, basal cell carcinoma (BCC) or squamous cell carcinoma (SCC). Mohs is usually recommended when a BCC or SCC is aggressive or large, appears in an area with little tissue beneath it (i.e. eyelid, nose, ear, scalp, genitals hand or foot) or was treated and skin cancer has returned. There are some other rare forms of skin cancer where Mohs may also be indicated. The diagram below shows the process of Mohs surgery and you may view a short video describing Mohs microsurgery utilizing this web link. <https://youtu.be/F6TxdvjPk5I>



What Are My Pre-Op Instructions?

- ◆ You may eat a normal breakfast on the morning of surgery. If your surgery is in the afternoon please eat lunch.
- ◆ We recommend you have a support person drive you to and home from the office. They may remain with you during most of the day. There will be only short periods where your support person will be asked to wait in the waiting room.
- ◆ Please do not to bring children to the office.
- ◆ If you are a smoker, try to stop smoking 1 week before surgery and for 2 weeks afterwards as smoking impedes healing.
- ◆ If the procedure will be on your face please come with a clean face and do not wear make up.
- ◆ Wear loose comfortable clothing.

May I Continue To Take My Medications?

The following medications increase the risk of bleeding during and after the procedure. **Stop the medications below 2 weeks** before your surgery date and for 1 day afterwards.

- ◆ Ibuprofen (Advil)*
- ◆ Naproxen (Aleve)*
- ◆ Vitamin E
- ◆ Fish oil
- ◆ Garlic
- ◆ Ginseng
- ◆ Ginko

*** If you are prescribed ibuprofen or naproxen for a medical condition such as arthritis, you may continue to take as prescribed by your doctor. Please alert us if you take Coumadin (warfarin) or Imbruvica.**

Aspirin, Aggrenox, Plavix, Eliquis, warfarin and Imbruvica

If you are taking one of these medications which thin the blood, you may remain on the medication for the surgery. This is likely to increase minor bleeding during the procedure but this can be controlled and is less dangerous than having stroke, heart attack or blood clot due to discontinuing blood thinning medication. In the past it was recommended stopping these medications prior to surgery but new research indicates it is safe to continue during surgery.

Otherwise, continue to take all of your prescription medications.

- ◆ Bring any medication you would normally take during the day.
- ◆ Bring a list of the medications you take, including vitamins and herbal supplements.
- ◆ If you have been advised you need antibiotics before surgical or dental procedures because you have an implant or abnormal heart valve, please contact us at 503-223-1933. You may ask to speak with a surgical team member so we may arrange for you to have the antibiotics on the day of your surgery.

What To Expect On the Day of Surgery

- ◆ Please arrive 15 minutes before your appointment.
- ◆ Be prepared to spend the entire day with us as we cannot predict how long your surgery will take.
- ◆ You are welcome to have a friend or family member come to your appointment with you.

1. After checking in, our nurse or medical assistant will take you to one of the procedure rooms and review your medical history, current medications and allergies.
2. You will be asked to sign a consent form that will give us your permission to perform the procedure and take photographs.
3. We will take a close up photograph of the area where the procedure will be performed.
4. Your skin will be cleansed with alcohol and then numbed with an injection of Lidocaine anesthetic. This may burn and sting for a few seconds; but the area will become numb quickly. We will take every step to make the procedure as painless as possible.
5. The first step of Mohs surgery is to try to determine the extent of the tumor under the skin. This is typically done using a curette, an instrument used to scrape the skin. The tumor cells will come away while the normal skin stays intact.
6. Then the first layer of skin is removed with a scalpel; any bleeding is stopped.
7. The nurse or medical assistant will bandage the wound and we will show you back to the waiting room or have you wait in your surgery room.
8. The removed tissue is taken to our lab to be processed and will be looked at under the microscope to see if the cancer is removed. This process takes approximately 90 minutes.
 - ◆ When the tissue is ready, the doctor examines it under the microscope. If there is tumor remaining we will mark that area on a map. We use the map to tell us where the tumor remains on your skin.
 - ◆ You will come back to the procedure room; we will remove the dressing and inject more local anesthetic (Lidocaine). The doctor will excise additional skin from the area where the cancer is still present; the process is then repeated as above.
 - ◆ The average number of these stages that need to be taken is two.
 - ◆ Once the cancer is completely removed we will take another photograph of the wound and discuss the repair.
 - ◆ If you would like to look at the surgical wound at this point, you may do so however, most people opt not to.

Wound Closure

Skin has a remarkable ability to heal. Sometimes a wound is allowed to heal in by itself without stitches. This can take 4-6 weeks but this option, when performed in the right area, can lead to an excellent result.

If sutures are required, the next simplest way of closing skin is stitching it side-to-side in a straight line. On the face the stitches stay in place for 6-8 days. If the skin will not close side-to-side, we may need to do either a graft or a skin flap. A flap borrows skin from next to the wound and moves it over to fill the wound. Your doctor will tell you if you need to return for suture removal.

A graft is a piece of skin removed from a site away from the wound, usually from around the ear or above the collarbone, and used to cover the wound like a patch.

Most wounds are repaired at the end of the Mohs surgery. Occasionally the wounds are complex, in a location (such as around the eyes) or a large size that will necessitate referral to a plastic surgeon or eye surgeon for repair; ideally on the same day but sometimes in the next day or two after surgery. In this case, your Mohs surgeon will temporarily close the wound. You would be notified if this is necessary when scheduling your surgery.

What Happens After Surgery

We will explain the methods of closure with you which we think will give the best result. Once wounds are healed and the stitches taken out, the scar will continue to heal and develop over the next 6-12 months. Sometimes a second procedure is needed to help the scar be less noticeable. This is typically done between 4 to 8 weeks after the surgery. This can include injections of anti-scarring medication or laser procedures.

After the wound is closed, we will make you an appointment to be seen for follow up, if necessary. You will have a bandage in place. We will give you detailed written post-op care instructions and phone numbers to call if you have questions or concerns. To give yourself the best chance of healing well we strongly advise you follow the written wound care instructions. Typically, most wounds are not painful after surgery. If there is discomfort you may take an acetaminophen. Your referring doctor will receive a letter and surgery notes from Dr. Hajar.

FAQ's

What are the risks of surgery?

Please read the risks of surgery sheet at the end of this informational package. We need you to bring this to your appointment and we will place it in your medical record.

Since the biopsy the area appears to have healed. Do I still need surgery?

Most of the skin cancers have roots under the skin that can not be seen with the naked eye. The biopsy is performed to sample the tumor, not to remove the entire tumor. Even though the surface on the skin has healed there is still tumor underneath.

I plan to travel or have a wedding/graduation/vacation/ reunion/special event within 2 weeks of the surgery; should I still have the surgery?

Depending on how concerning the tumor is, many cases can be delayed 4-6 weeks without problems. We will address your scheduling concerns with you. Please do not schedule your surgery close to a vacation, travel for work, important event or a time when you will not be available for us to see you for follow up. If surgery will be on your face, please do not schedule near a time that you will be expected to be in photographs such as a wedding, reunion or graduation.

When do I remove my bandages?

You may remove the white pressure dressing and tape after 48 hours. Please leave the flesh colored Steri-Strips in place until they fall off, The Steri-Strips will start to curl up around the edges and you may trim them flush with the skin with some clean scissors. Please leave the Steri-Strips on as long as possible to assist with wound closure.

When may I shower after surgery?

You may shower 48 hours after surgery after the white pressure dressing has been removed. Please do not allow the shower water to hit the surgical site directly. Soap and water running over the Steri-Strips and surgical site is fine

Do I need to take extra time off work?

We recommend you limit vigorous physical activity, excessive bending over or exercise for seven days after your Mohs surgery. This will allow your wound to heal and prevent bleeding or damage. Functionality may be affected, for example, if the surgery takes place on your hand, your ability to do manual work will be negatively affected.

When may I resume exercise?

You should plan on avoiding exercise for a full two weeks after surgery. If your surgery is on your lower legs, Dr. Hajar may recommend avoiding exercise longer. You may go for short walks gradually working up to moderate walking. You should avoid yoga, weightlifting and aerobic exercise for the full two weeks or the amount of time recommended by Dr. Hajar.

Will my cancer become a melanoma?

Basal cell carcinoma, Squamous cell carcinoma and Melanoma are all completely different types of cancer. One does not become the other. Each has early stages and more advanced stages of the disease, but they are still their own cancers. Basal cell carcinoma and squamous cell carcinoma should not be confused with malignant melanoma.

What would happen if I leave this area and do nothing?

There are rare instances where a biopsy may cure a cancer but by far the majority of tumors are not removed by the biopsy. If left alone the cancer will continue to grow. Basal cell carcinoma rarely spreads to other parts of the body, it keeps growing locally becoming destructive to the skin and surrounding tissues. Squamous cell carcinoma does have a risk of spreading to other body parts. The longer the tumor is left the more the risk increases.

What are the chances of me getting another cancer?

Studies show that about 4 out of 10 people (40%) will get another skin cancer in the next 2 to 4 years. Once you have had your surgery we recommend regular skin checks by your dermatologist. Initially, skin checks should be done every 6 months and if no other tumors are found then usually once a year. People with a history of multiple skin cancers should be seen more often. Frequent skin checks will allow for identifying tumors at an early stage so they are smaller and easier to treat.

What additional training has a Dr. Hajar had?

A Mohs surgeon is a board certified dermatologist who has undergone intense training in skin cancer surgery after completion of their residency program. Only fellowship-trained Mohs surgeons may become members of The American College of Mohs Surgery. This is the only organization that requires its physician members who have completed residency, to successfully complete an additional specialized Mohs surgery fellowship which involves at least one year of extensive surgical training in the Mohs procedure, skin cancer pathology and surgical reconstruction.

Why do I need to bring someone with me?

It is preferable for you not to drive the day of surgery. Some tumors on the face can require larger bandages on the first day that may interfere with vision or wearing glasses. Patients may feel quite tired after having surgery and it is safer to have a driver.

What are the alternatives to surgery?

Mohs surgery is not appropriate for all types of skin cancer and there are alternative options for treating skin cancers. The decision to use Mohs depends on a number of factors relating to the cancer, the location, size, unique circumstances and prior treatments used. Other methods we use for treating skin cancer include the following:

- ◆ **Scraping and burning (curettage and electrodesiccation– C&D):** this is often used on the trunk, arms or legs where we have skin to spare, but the recurrence rate on other areas are higher and the scars tend to be wide. There is no pathology confirmation the tumor has fully removed. Any recurrent tumor will be affected by scar tissue making it more difficult to remove using this method a second time.
- ◆ **Simple Excision:** When a lesion is excised, we use a standard margin, usually 4 mm around the tumor. A 4mm margin is usually fine when there is extra skin to spare. For the face and areas where the skin is very tight we prefer to take more narrow margins. When the specimen is sent to the pathologists, they only examine a few sections through it, so the recurrence rates tend to be higher with simple excisions.

- ◆ **Anti-Cancer Creams:** There are creams that have been FDA approved for many years and being used to treat skin cancers. The concept of using a cream and avoiding surgery is very attractive. Creams must be used for several months at a time to work and they may cause skin irritation. Recent studies have shown 1/3 of the tumors treated topically will recur over time. The creams do not penetrate very far in the skin, so deeper tumors are not appropriate to treat topically. Some tumors have scar tissue around themselves and this acts as a barrier to the cream. For these reasons, creams have shown to be more effective for thin tumors.

Risks of Mohs Microsurgery

PLEASE REVIEW PRIOR TO YOUR APPOINTMENT AND AFTER YOUR PROCEDURE

This lists the most common risks of Mohs surgery. It is not intended to be a complete list of all the potential complications that may occur with surgery. Your doctor has referred you for Mohs as they feel this is the most appropriate method of treatment for the type tumor you have. If there is an alternative treatment that may be more appropriate Dr. Hajar will discuss the options with you.

1. **Scarring** — it is impossible to cut the skin without leaving a scar. The goal of a Mohs surgeon is to remove the tumor and leave the least noticeable scar as possible. Ideally, the scar will be hidden within the normal lines of the skin to make it less visible.
2. **Infection** – the rate of wound infection is very low with Mohs surgery, generally less than 1 person out of 100. We aim to keep it this low by cleaning the skin and occasionally using antibiotics after surgery. If you do develop a wound infection we treat the infection with antibiotics.
3. **Bleeding** – there is a risk of bleeding whenever we cut the skin. We reduce this risk by cauterizing any blood vessels during the surgery. Rarely bleeding may occur after the surgery. We will let you know what to do if this occurs.
4. **Bruising and Swelling** – are common after surgery and may be significant, especially around the eyes. Both usually begin the day after surgery and may persist for up to 2 weeks while healing.
5. **Pain** – some discomfort is expected after surgery; usually it is minor and controlled with Tylenol. If pain is more severe, we will give you prescription strength pain medication. Occasional discomfort may be felt during the healing phase of any wound (for up to 6 months).
6. **Numbness** – occasionally nerves can be damaged during the surgery. This may lead to areas of numbness (loss of feeling) in the surrounding skin. Usually this is temporary; sometimes it is permanent.
7. **Opening of the Wound** – when used, stitches stay in for 1-2 weeks. Rarely the stitches may not hold and come out before your scheduled follow up appointment. This can happen for a number of reasons. You will need to contact us if this happens.
8. **Abnormal Scarring** – scars continue to heal and improve for up to 1-2 years. Sometime several months after the surgery the scar may begin to thicken and become “ropy”. This is called a keloid scar. There are many ways of treating this so please contact our office.
9. **Recurrence of the tumor** – Mohs surgery provides the highest cure rate of any form of skin cancer treatment. Nonetheless, it is not a 100% cure rate and recurrences can occur. This is very uncommon but it can happen. If you do get a recurrence then Mohs surgery would be performed again.
10. There may be a need for **Additional Procedures** at a later date to reduce scar swelling, redness or thickening. Your doctor will let you know if this is necessary.

PLEASE CALL 503-223-1933 IF YOU HAVE ANY QUESTIONS FOLLOWING YOUR SURGERY. YOU MAY NEED TO LEAVE A MESSAGE FOR A SURGICAL TEAM MEMBER TO RETURN YOUR CALL. YOU SHOULD RECEIVE A CALL BACK THE SAME DAY IF YOU CALL BEFORE 3:00PM. IF YOUR QUESTION OR ISSUE IS URGENT, PLEASE ADVISE OUR RECEPTIONIST SO YOUR CALL MAY BE ESCALATED APPROPRIATELY.

Contact Us

Your Surgery Coordinator:

Paige Williams (503) 223-1933

NW Dermatology Institute — Tamar Hajar, MD

2525 NW Lovejoy St. #400

Portland, OR 97210

(503) 223-1933

(503) 223-1947 fax

EMAIL: mohs@pdxderm.com

Parking

Parking is easily accessible in parking garage located underneath our building. You may enter from NW 25th or NW Marshall Street. Please be aware that there are signs that indicate a 3-hour parking limit. In the event your car receives a ticket for overtime parking, please call our office and we will have the ticket voided. This limit is not intended for our patients but rather to limit unauthorized parking so that patient parking remains available. Thank you for your understanding.

Our Location

