

You can take mild pain killers, e.g. paracetamol.

- There may be bruising and swelling of the wound which can take several weeks to improve. Any scar will fade over time but will not disappear completely.
- You may feel tired and light headed after the long procedure. It is probably best to have someone collect you from the hospital.
- Sometimes it is best to take a few days off work and to avoid strenuous exercise to allow the wound to heal.

In some cases it is necessary to have skin grafts to repair the wound. If this is the case this may be carried out by a Maxillofacial (head and neck) surgeon in the Queen Elizabeth University Hospital or by a Plastic surgeon at Glasgow Royal Infirmary. If we need to transfer you the doctor or nurse will arrange this and explain any further treatment needed. This will usually be carried out on the same day.

If you are referred to another department to repair the wound they will give you instructions about after care.

Possible complications of MMS

Although these are uncommon the possible complications of MMS are:

- Excessive bleeding during or after surgery. This is one of the reasons why it is important to know beforehand if you are taking blood

thinning drugs. You may have to stop taking these before your surgery.

- Small nerve fibres may be damaged when the tumour is removed. This can result in numbness in the skin. Usually this is only temporary.
- If a large tumour is removed it can sometimes affect muscle movement in the area. It can be temporary or permanent but this is rare.
- Infection in the wound which may need treatment with oral antibiotics, e.g. tablets.
- Poor wound healing.

Advantages

- Highest chance of completely removing the tumour.
- Reduces the amount of normal tissue removed.
- Usually only needs a local anaesthetic
- Treatment can normally be given as an outpatient in one day.
- Risk of complications are low
- Highest success rate for certain cancers that have come back after other treatments.

Follow up

We will advise you of any follow up required on the day of your surgery. If you have any further questions please speak to the doctor or the nurse.



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Acute Services
Division



Information about Mohs Micrographic Surgery (MMS)



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What is Mohs Surgery (MMS)?

This is a type of surgery to treat some kinds of skin cancer. It is named after Dr. Frederic Mohs who first performed this procedure in the 1930's. It is a very specialised way of removing a cancer, while causing as little damage as possible to the normal skin.

A specially trained doctor performs the surgery at the dermatology outpatient department in the Queen Elizabeth University Hospital.

Before your surgery

- You may have to wait a number of months for an appointment.
- It is important to let the doctor know what medicines you are taking and if you have any allergies.
- If you are taking warfarin you will need a blood test at least a week before the MMS is carried out. Your GP should be able to do this for you. We will need the result before we can carry out the MMS.
- Your doctor's secretary will usually contact you by telephone when an appointment is available.
- We will then send you a letter with your appointment details and a directions leaflet.

The doctor or nurse will tell you about the surgery and any possible side effects. You will have the chance to ask any questions. We will then ask you to sign a form giving your consent to the treatment.

On the day

- You can have breakfast before you come to the hospital.
- You should also take your regular medicines unless your doctor has told you not to.
- You should not wear any creams or makeup on the area that has to be treated.
- We will normally ask you to attend the outpatient department at 8am. If getting to the hospital is going to be a problem for you let the staff know as soon as possible.
- The surgery is carried out under a local anaesthetic. This numbs the area. You do not need a general anaesthetic or sedative.
- The surgery can take a few hours to complete and you may wish to bring a book or magazine with you.

What the surgery involves

- We will ask you to lie on a couch with a strong light above you.
- The doctor will outline the area to be removed with a marker pen.
- We will clean the skin with an antiseptic liquid which will feel cold.
- We will give you a local anaesthetic by injection to keep the skin numb throughout the surgery. This injection is likely to sting a little and the numbing effect will last a long time.

- Once the local anaesthetic takes effect (several minutes) the doctor will use a surgical blade to remove the skin with the visible part of the tumour and a small area round about it.
- The doctor will apply a dressing and we will ask you to sit in the waiting room.
- Part of the removed skin will be examined under a microscope by the doctor who carries out the surgery.
- If any cancer cells are found in the edges of the tissue, the doctor will repeat the removal process as above until the edges of the skin removed are clear of any cancer cells.

After the procedure

It is not possible to say before the surgery exactly how much skin we will need to remove or how we will repair the wound. Once all the cancer cells have been removed the doctor will decide on the best way to repair the wound. It may be left to heal on its own or your doctor may stitch it themselves.

- We will cover your wound with a dressing which you should keep dry. We will tell you how long this needs to stay in place.
- We will tell you when any stitches will need to be removed. Once the local anaesthetic wears off the area may be quite sore.