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**Frequently Asked Questions About Slow Mohs Surgery**

**1. Who will be performing my surgery?**

You have been scheduled for Mohs Micrographic Surgery. Dr. Haberle will be performing your surgery in the office. Sasha Jenkins Haberle, M.D., M.P.H., FAAD is a Board-Certified Dermatologist and Fellowship-Trained Mohs Surgeon from Emory University. She graduated Phi Beta Kappa and with highest distinction from the University of North Carolina at Chapel Hill. She then received her M.D. and Masters in Public Health from the University of North Carolina School of Medicine at Chapel Hill. Graduating at the top of her class, Dr. Haberle was inducted into the prestigious Alpha Omega Alpha honor society, which is the highest academic honor in medical school.

Dr. Haberle completed her internship at Intermountain hospital in Salt Lake City, Utah. She completed her dermatology residency training at Emory University School of Medicine, serving as the Chief Resident during her final year. During her time as a resident, she received the ASDS resident scholarship award and worked with leading experts in both cutaneous and transplant oncology.

After her residency she went on to receive highly competitive sub-specialty training and completed her fellowship training in Mohs Micrographic Surgery, Cutaneous Oncology, and Reconstructive Surgery at Emory University Department of Dermatology. This Procedural Dermatology fellowship is certified both by the American College of Mohs Surgery (ACMS) and the American Medical Association's Accreditation Council for Graduate Medical Education (ACGME). During her training Dr. Haberle performed thousands of dermatologic surgeries.

She has authored numerous scientific articles and textbook chapters, spoken at national meetings and served on numerous committees. Dr. Haberle is Board Certified in Dermatology and is a Fellow of the American Academy of Dermatology and American College of Mohs Surgery. She is a member of the American Academy of Dermatology, American Society of Dermatologic Surgery, Women's Dermatologic Society, and Alpha Omega Alpha National Honor Society, and North Carolina Dermatology Association.

Prior to moving back to North Carolina, she practiced with Dermatologists of Southwest Ohio in Cincinnati performing mohs surgery, skin surgeries, general dermatology, and cosmetics.

**2. What is melanoma?**

Melanoma is the most serious form of skin cancer because if not caught early it does have the potential to spread to other parts of the body. Melanoma originates from melanocytes, the cells that produce the pigment melanin that colors our skin, hair, and eyes. The majority of melanomas are black or brown in color, but they can also be skin colored or pink.

### **3. What causes melanoma?**

Sunlight is the main environmental agent that causes melanoma. There are certain risk factors that make individuals more likely to develop melanoma such as dysplastic or atypical moles, more than 50 moles, fair skin, light eyes, personal or family history of melanoma, weakened immune system (such as organ transplant or HIV), history of severe blistering sunburns, excess sun exposure or tanning bed use.

### **4. Why should melanoma be treated?**

Melanomas are curable if recognized and treated early. If not, the cancer can spread to other parts of the body, where it becomes more difficult to treat and can be fatal.

### **5. What is Slow Mohs?**

Slow Mohs is a staged surgical excision used to precisely remove certain types of melanoma and melanoma in situ. The entire margin of the excision is examined, providing the best cure rate possible, and allowing the surgeon to “trace” the roots of the skin cancer. Similar to classic Mohs Micrographic surgery, the skin cancer is removed in the office and Dr. Haberle then marks the tissue. The tissue is then sent to an outside lab and processed in the “Mohs” method to let the dermatopathologist examine the entire lateral and deep margins. The dermatopathologist will mark areas of the map where it is positive and alert Dr. Haberle. If any tumor cells are present, Dr. Haberle will remove another small sliver of affected skin and then sent it again to the off site lab where the dermatopathologist will read the slides. This process is repeated until the specimen is clear, then Dr. Haberle will reconstruct the surgical defect to give you the best scar possible.

**If you need slow mohs, please understand that you will have several appointments on different days until the skin cancer is clear. Each day, you will go home with a pressure bandage that you should not touch, unless otherwise instructed. Dr. Haberle will provide you with wound care instructions.**

### **6. Will I be put to sleep?**

No. We use local anesthesia with a small needle, which is one of the reasons Slow Mohs surgery is so safe and is done in the office.

### **7. Will the procedure/surgery hurt?**

Before we start the procedure, you will be given local anesthesia with a small needle. Although everyone’s tolerance to pain is different, patients who undergo the procedure find the procedure relatively tolerable and not painful. We pride ourselves on being gentle, attentive, and taking time with patients to make sure they stay comfortable during the procedure. After surgery, Tylenol and possible NSAID if needed typically control pain. In some circumstances, you may be given a prescription for a pain. Most patients state that they do not even require it.

### **8. What do I wear for my procedure?**

Before surgery, please do not apply any make-up, creams, shaving lotion, etc to the affected area. We also recommend loose fitting comfortable clothes. Wear a shirt or blouse that buttons up the front if possible. Please be aware that clothing may get stained during your procedure. You may also want to bring a jacket or sweater, as our office tends to be a little cool.

**9. Will I have stitches/sutures? Do I need to return to the office to have them removed?**

You will go home with a pressure bandage that you will leave in place each day until your margins are clear. Once your margins are clear and Dr. Haberle reconstructs the defect, typically, you will go home with two layers of stitches underneath a pressure bandage. The deep layer of sutures placed underneath the skin and is dissolvable taking 3-4 months to dissolve. The top layer of sutures is visible on the skin surface, and may or may not be dissolvable. If we cannot use dissolvable stitches, then we will ask you to return to the office in one to two weeks after the procedure to have them removed.

**10. How many stitches/sutures will I have?**

The number of stitches/sutures that you need is determined at the time of surgery based upon what type of closure is used, the location on the body, and the size of the suture material. Certain areas are under more tension and require more stitches to ensure a good cosmetic outcome, while others have less tension and require fewer stitches.

**11. Can I bring someone with me to the surgery?**

Yes. We understand that this experience can be intimidating or frightening and we want to make sure this experience is as comfortable for you as possible. You may bring someone with you on the day of the procedure. Although we want you to feel as secure as possible, we reserve the right to determine who can be in the surgical suite based on our need for space and/or complexity of the case.

**12. Will I be able to drive home?**

It is reasonable to expect that you can safely drive home, unless you have had surgery near your eye or on your hands. You will go home with a pressure bandage over your surgical site.

**13. Will it leave a scar?**

Yes. It is impossible to have a surgery on the skin without leaving a scar. However, it is our commitment to you that you will be satisfied with the cosmetic outcome. This means that, in some instances, it may take extra post-operative corrective procedures to attain the desired goal.

**14. What will the scar look like?**

Everybody heals at a different rate and the scar will look different over time. At first, it will be red and bumpy, but eventually the scar will be a barely visible thin white line. When possible, we try to hide the scar in lines of facial expression or in your natural skin folds.

**15. Will I need plastic surgery?**

As an ACMS fellowship trained Mohs surgeon, reconstructive surgery is part of the procedure. If the cancer involves the eyelid margin or inside the eye, or if the reconstruction requires you to be put to sleep, we will coordinate your care with other specialties. If you would like to discuss further requiring a plastic surgeon, please make a consult appointment with our office to discuss in person.

## **16. Do I need to stop any medications?**

In general, we do not have you stop any medications prior to surgery. Please do not stop any medications that were prescribed by a doctor without checking in with that doctor. Self-prescribed over the counter medications containing aspirin, ibuprofen, or vitamins should be stopped if possible. See the pre-op instruction handout.

## **17. Can I eat before surgery?**

Yes. Please eat breakfast or lunch prior to your appointment.

## **18. Can I go back to work after the procedure?**

After the procedure, you will leave with a pressure bandage over the surgical site and recommend you go home, relax, and ice the site. Although we use local anesthesia and the surgery takes place in the office, most patients feel “drained” after the procedure. Furthermore, any activity that puts strain on your surgical site or causes your blood pressure to elevate is contraindicated.

## **19. When can I exercise?**

This depends on where your cancer is located and how the area was sutured. If the surgery was on your head or neck area, we recommend 2-3 days of no exercise. If the surgery was on your trunk (back, chest, abdomen) or arms/legs, we recommend two weeks. Depending on other circumstances, this could be longer. Please ask us about specific exercises that you have concerns and/or questions about.

## **20. Will I have a follow-up appointment with the doctor?**

Yes. The time frame of when you return for a follow-up appointment varies, and will be determined on the day of your procedure by the doctor. You may call our office at any time if you have any questions or concerns.

## **21. Will my insurance cover this procedure?**

Yes. This is a medically necessary procedure

## **22. Can you do more than one surgery at the same time?**

The chances of getting an infection increase when multiple surgeries are done at the same time. In addition, recovery on multiple sites can be more uncomfortable. In general, we try to limit the number of surgeries performed to two at a time

## **23. How can I protect myself in the future?**

Having had a melanoma puts you at increased risk for developing future melanomas. Thus, early detection is very important. It is important for you to have regular total body skin exams by your dermatologist as well as performing skin self-exams monthly to every two months. You should also wear sun-protective clothing and sunscreen use, minimize sun exposure, and avoid tanning bed use.

If you have any questions and/or concerns, please call our office. We look forward to meeting you