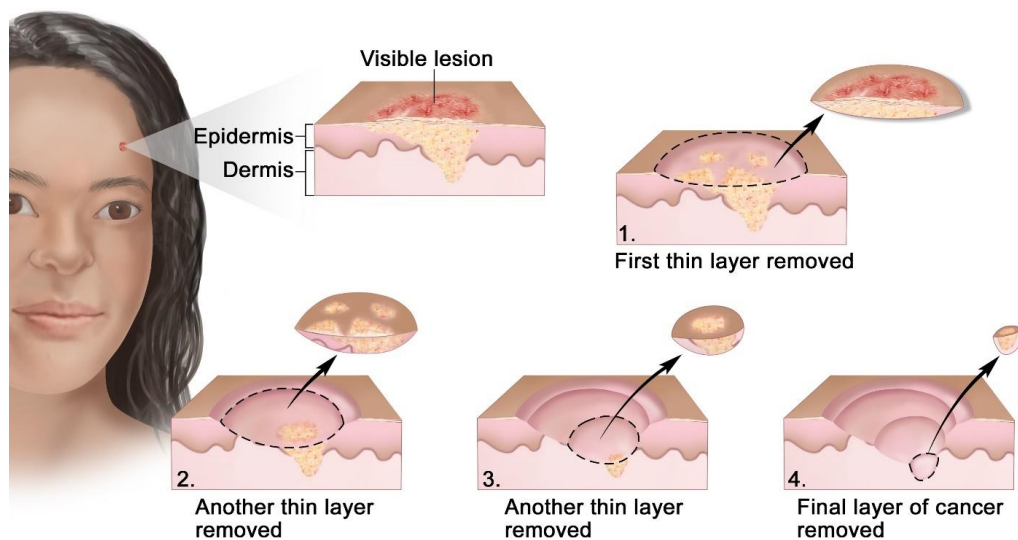


Dr. Sauvageau Mohs surgery Pre-operative Instructions

Mohs surgery is a precise surgical technique used to treat various types of skin cancer, particularly basal cell carcinoma and squamous cell carcinoma. It involves removing the cancerous tissue layer by layer and examining each layer under a microscope until all cancer cells are removed. This approach minimizes the removal of healthy tissue and maximizes the chances of complete cancer removal (see diagram below).

Mohs Surgery



© 2020 Terese Winslow LLC
U.S. Govt. has certain rights

The duration of your Mohs surgery procedure can be quite unpredictable. Since the surgery involves removing thin layers of tissue and examining them under a microscope until all cancerous cells are eliminated, the number of layers required cannot be known in advance. It depends on factors like the size, depth, and growth pattern of the cancer. For most patients, the entire process takes 3-6 hours from start to finish. However, the surgery could potentially be quicker or take much longer depending on your individual case (anywhere from 2-8 hours). Therefore, it is recommended that you plan on being in the office the ENTIRE DAY, and bring snacks, entertainment, and anything else to keep yourself occupied during the waiting periods between surgical stages.

Before Mohs Surgery

Medications and Supplements

- Take your regular prescribed medications as directed, unless instructed otherwise by your doctor.
- Avoid taking aspirin, aspirin-containing products, ibuprofen (Advil, Motrin), naproxen, or other blood-thinning medications for at least 7-10 days before the surgery, unless prescribed by your doctor. These products can increase bleeding during the procedure.
- Stop taking herbal supplements like ginkgo biloba, garlic, ginseng, vitamin E, fish oil, and ginger at least 72 hours before the surgery, as they may increase the risk of bleeding.
- Patients on prescribed blood thinners (ex. Coumadin, Warfarin, Plavix, etc.) should continue their medications, unless otherwise directed by your surgeon. If you insist on discontinuing these meds, you **MUST** obtain clearance from your prescribing physician, PCP, or Cardiologist. If you are taking a medication called Imbruvica or Ibrutinib, please inform the office prior to your surgery date.
- If you require antibiotics before dental work or surgery, if you have had a joint replacement within the last 6 months, if you have an artificial heart valve, or have a congenital heart defect, inform your surgeon prior to the date of surgery, as preoperative antibiotics may need to be prescribed.

Lifestyle Adjustments

- Stop smoking for at least 7 days before and after the surgery, as smoking can impair wound healing.
- Avoid consuming alcohol for at least 48 hours before and after the surgery, as it can increase bleeding.

Preparation

- Take a shower and wash your hair the evening before or the morning of the surgery. Wear freshly laundered clothes to reduce the risk of infection. We recommend wearing comfortable clothing, including a sweater because it could get cold in the office.

- Often clothes do not need to be removed depending on the location of surgery, such as on the face, lower arm, or lower leg. Therefore, if surgery site is on the arm a short-sleeved shirt or tank top under sweater is preferred, if on the chest or back, a button up or tank top is preferred and if on the leg, sweatpants are preferred, avoid jeans.
- If the surgical site can be accessed without the removal of regular clothing, you may decline a gown. However, if you do not wear a gown, blood or surgical cleaning solutions may stain clothing, therefore, we recommend wearing clothing that could be stained or easily washed.
- Avoid using makeup, lotions, or heavily scented products on the day of the surgery, especially if the procedure is on your face.
- Bring a sweater or light jacket, as the office may be cool. You may also want to bring a small blanket, snacks, drinks, and entertainment (e.g., books, tablets, laptops, noise cancelling ear buds to wear during the surgery) as the procedure can take several hours.
- Plan to have someone drive you to and from the appointment, especially if the surgery is near the eye.
- Avoid making travel plans for up to two weeks after the surgery due to necessary follow-up care.
- Plan to avoid strenuous activities, physical exercise, and activities that could cause sweating or increase your heart rate until your sutures are removed, typically 10-14 days after the surgery.

Risks of Mohs surgery

While complications are uncommon, it's important for patients to be aware of the potential risks or Mohs surgery

- Infection of the surgical wound
- Excessive bleeding or hemorrhage, especially if taking blood thinners
- Temporary or permanent numbness if small nerve endings are cut
- Temporary or permanent weakness if a muscle nerve is cut
- Poor wound healing, leading to the wound opening up (dehiscence)
- Distortion of features if surgery is near the eyelid, lip, or nose
- Return of skin cancer at the surgical site, requiring further treatment

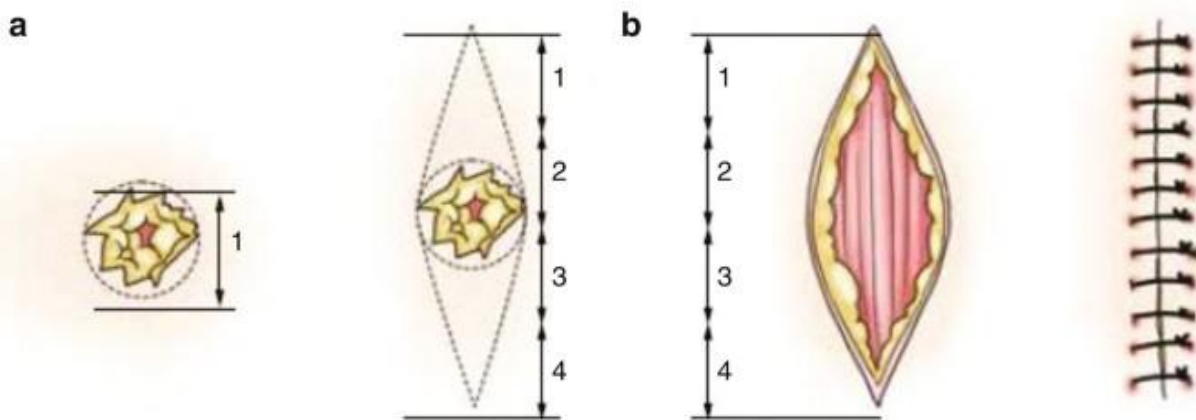
During Mohs Surgery

1. **Identifying the Surgical Site:** The surgical area will be marked by the surgeon.
2. **Local Anesthesia:** The surgical area will be numbed with a local anesthetic injection, usually lidocaine with epinephrine (inform your surgeon if you have an allergy to lidocaine or sensitivity to epinephrine). You will remain awake during the procedure.
3. **Tissue Removal:** The surgeon will remove a thin layer of skin containing the cancer, which will be processed and examined under a microscope.
4. **Waiting Period:** You will need to wait while the tissue is processed and examined by the surgeon, which can take 30-90 minutes. This process may be repeated several times until all cancer cells are removed. On average it takes 2-3 times to remove all the cancer.
5. **Wound Repair:** Once all cancer cells are removed, the surgeon will discuss the best method for repairing the wound, which may involve stitches, a skin graft, or allowing the wound to heal naturally. Wound repair is most often performed by the Mohs surgeon on the day of your planned surgery.
 - Following reconstruction, we will provide you with written instructions for the care of your wound, along with verbal explanations from the doctor and nurse.
 - There may be times when additional assistance from other subspecialties is required for large or complex cancers. A delay between your Mohs surgery with us and reconstructive surgery with another doctor may not be convenient, but it will not cause ill effects.

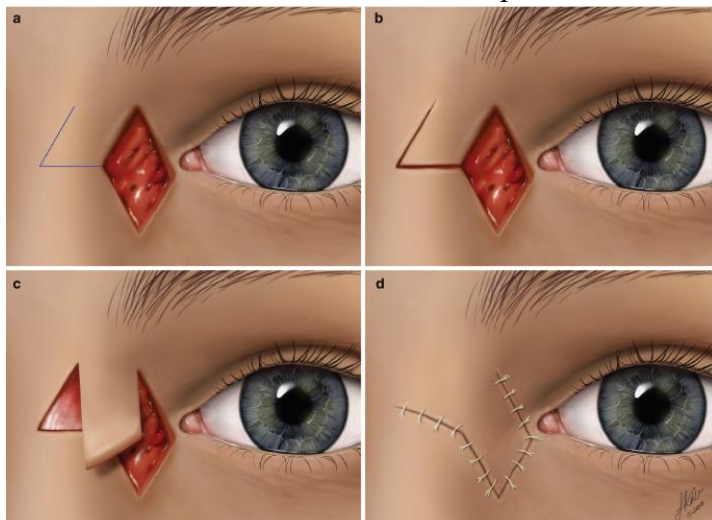
Types of wound repair:

- Allow the wound to heal on its own. This is appropriate if the wound is extremely small or in a location where a scar is cosmetically acceptable. Daily care of the wound is required. Depending upon the size, it may take up to 6 -8 weeks for the wound to heal completely, but infection, bleeding and pain are uncommon. If the wound is below the knee, healing can take months.

- Close the wound with sutures (stitches). This option is appropriate when the natural healing process would be inadequate or a linear scar would be more cosmetically acceptable. The wound may be closed in a line by an elliptical excision (see the diagram below), by shifting nearby tissue, also known as a flap (see below diagram), or by taking skin from another area of your body, also known as a skin graft.



After the removal of cancer during Mohs surgery, a defect or wound is left behind. To ensure proper healing and minimal scarring, the wound is often closed using a technique called an elliptical excision (shown above). This involves removing two small triangles of skin on either side of the defect, allowing the remaining skin to be pulled together and sutured in a line. While this technique may leave a longer scar, roughly 3 to 4 times the size of the original defect, it ensures a smooth and flat surface for optimal wound healing.



Sometimes after Mohs surgery, the resulting defect is too large, or next to a critical structure such as the eye, and therefore cannot be repaired in a simple line. In these cases, a flap can be utilized (as shown above) to close the defect. This technique involves additional incisions and suturing, however, prevents distortion of nearby structures, and therefore can provide a better cosmetic outcome compared to linear closures or grafts.

After Mohs Surgery

Wound Care

- A pressure bandage will be applied to the surgical site, which should be kept dry for the first 24-48 hours.
- Follow the specific wound care instructions provided by your surgeon, which may include cleaning the wound, applying ointments (e.g., Vaseline, Aquaphor, Mupirocin), and changing dressings.
- Avoid submerging the wound in water (e.g., bathtub) until sutures are removed.
- If bleeding occurs, apply firm pressure for 20-45 minutes without releasing. If bleeding persists, contact your surgeon or go to the nearest emergency room.

Pain Management

- You may experience discomfort, which can be managed with over-the-counter pain medications like acetaminophen (Tylenol).

Swelling and Bruising

- Some swelling and bruising around the surgical site are normal and should subside within a week.
- If your surgery is on the face, head, or neck, sleep with your head elevated on 2 pillows to reduce swelling. Avoid bending with your head below heart level.
- If your surgery is on the arm or leg, keep the limb elevated as much as possible to prevent swelling and speed healing.
- If you have surgery on your forehead or nose, you may experience some swelling of your eyelids, which, at times, may nearly close them due to swelling and bruising settling in that area. Similarly, swelling and bruising may occur down the neck, and rarely the chest, when surgery is performed on the chin or jawline area.

- To help reduce swelling and bruising, apply an ice pack for 20 minutes each hour while awake for the first 48 hours following surgery.
- While bleeding rarely occurs after Mohs surgery a little blood or seepage on the dressing is normal. If you notice active bleeding (meaning the bandage is soaked with blood), remove the bandage and apply firm pressure over the area with dry gauze or a dry cloth for 15 minutes. Do not check to see if the bleeding has stopped every minute or it will not!
- If bleeding continues, contact our office. On rare occasions, it may be necessary to have the bleeding stopped by cauterization.

Activity Restrictions

- Avoid strenuous activities, heavy lifting, and excessive bending for the first 10-14 days after surgery to allow proper healing.
- Exercise or other strenuous activities that place tension on the surgical site (e.g., weight lifting, golf) should be avoided for two weeks after the surgery.

Follow-up Care

- Attend all scheduled follow-up appointments for suture removal, wound evaluation, and scar management.
- Sutures are usually removed 7 days after surgery on the face, and 14 days for surgery on the trunk or extremities.
- Protect the surgical site from sun exposure during the healing process to minimize scarring. Use at least SPF 30+ mineral sunscreen (active ingredients: Zinc or Titanium oxide)
- Continue regular skin checks and follow-up appointments with your dermatologist to monitor for any new or recurrent skin cancers.

Scarring

Anytime the skin is disrupted to the point of bleeding, scar formation occurs as part of the body's natural healing process. Therefore, as with any surgical procedure, some degree of scarring is inevitable following Mohs surgery.

- While scarring is a normal and expected part of the wound healing process, Mohs surgeons prioritize removing skin cancer and then focus on leaving patients with the best possible cosmetic and functional outcome. The goal is to minimize scarring and disruption of normal appearance. Mohs surgery is designed to remove skin cancer with the smallest possible margin of healthy tissue, which helps to minimize the size of the surgical wound and resulting scar. The precise nature of Mohs surgery allows surgeons to remove less tissue compared to other surgical techniques, leading to smaller scars.
- Several factors can influence the appearance of a scar after Mohs surgery, including size and location of the tumor, skin type, skin color, age and overall health, adherence to post-operative care instructions, smoking status (smoking can impair healing).
- Scars on the face tend to heal better than those on other parts of the body due to the face's rich blood supply. However, scars in areas of high tension or movement, such as the shoulders or knees, may be more noticeable and may spread with time.
- What to Expect During Healing
 - While most wounds heal within 4-6 weeks, but it can take several months to a year for a scar to fully mature. Initially, the scar may be red, raised, or firm, but it will typically flatten, soften, and fade over time. In some cases, the scar may be slightly lighter or darker than the surrounding skin.
- Caring for Your Scar (General guidelines):
 - Keep the wound clean and covered with a bandage as directed
 - Apply petroleum jelly or other ointments as instructed to keep the wound moist until fully healed
 - Avoid strenuous activity and protect the surgical site from trauma
 - Use mineral sunscreen (containing zinc or titanium ingredients) with at least SPF 30+ on the scar to prevent discoloration from sun exposure
 - Utilize the Scar Massage Technique and topical silicon pads after the wound has healed



297 Spindrift Drive
Williamsville, NY 14221

- While scarring can be a cosmetic concern, it's important to remember that scars are a natural part of the healing process and a sign of your skin's resilience. With time, most scars fade and become less noticeable. By following your surgeon's instructions and taking good care of your skin, you can help ensure the best possible outcome after Mohs surgery.
- In some cases, additional treatments such as laser therapy, dermabrasion, or scar revision surgery may be recommended to optimize the appearance of the scar, however, this is often not performed until at least 2-3 months after surgery.

If you would like to discuss your Mohs surgery case in more depth, be evaluated in person by the surgeon prior to surgery, or have additional questions prior to your scheduled procedure, please call our office to request a pre-operative consultation appointment. During this visit, explain the procedure in additional detail, and address any additional concerns you may have.



Live
Skin
Healthy

Dr. Sauvageau Mohs surgery Post-operative Wound Care Instructions

Changing The Dressing

You will need the following items after your surgery (can be found at Walmart or other pharmacies):

- Gentle Soap, such as Dove bar soap
- Vaseline or Aquaphor
- Non-stick gauze, Telfa, or a band aid to cover wound
- Paper tape
- Gauze (for cleaning the wound)
- Q-tips

Dressing changes

1. A pressure bandage was applied to the surgical site following the procedure. Leave the bandage on for 24-48 hours and do not get it wet.
2. After 24-48 hours, a shower can be taken. To help remove the bandage, you may leave your bandage on in the shower and get it wet to allow the bandage to come off easier.
3. Your wound should be cleaned once daily.
4. Upon removal of the dressing, you may shower and wash the site. Gently clean the area with mild soap (ie. dove bar soap) and water. This can be done by gently applying soap to the wound and allowing the water to rinse off the soap, however, do not let a forceful stream of water hit the wound directly.
5. You may also clean the wound using Q-tip swabs dipped in water. Gently roll the swabs over the wound rather than harshly wiping the area. Continue using these moistened swabs to remove any crusted or dried blood from the site. Care must be taken not to rub the healing wound too firmly. Allow the water and the gentle rolling action to loosen all of the debris. Do not use hydrogen peroxide or alcohol to clean the area unless specifically directed by your surgeon. Tissue injury may result.
6. If you have steri-strips, clean over strips as previously instructed. No need to remove them – they'll fall off on their own when ready
7. If the site is on your scalp, wash gently with shampoo starting 24-48 hours after the procedure.

8. When the wound is clean, gently pat it dry and apply a generous amount of Vaseline, Aquaphor ointment or prescription antibiotic ointment (such as mupirocin, only if prescribed by surgeon) to prevent a scab from forming. A scab may impair the healing process. DO NOT use over the counter NEOSPORIN or TRIPLE ANTIBIOTIC ointment, as these can cause allergic skin reactions.
9. Next, cover the wound with a Band-Aid. If a bandied is too small, apply non-stick gauze but cutting a piece of "NON-STICK gauze" or telfa pad to size just large enough to cover the sutures or surgical site and apply to the surgery site. Apply HYPOLLERGENIC PAPER TAPE to hold your bandage in place.
10. Repeat above once daily until wound fully healed.
11. After the first 48 hours, there is no need to cover the wound if you will be staying indoors and keeping the wound free from contamination of irritation, as long as ointment has been applied. A dressing must be applied when you are outdoors or when you go to bed

SPECIAL INSTRUCTIONS FOR GRAFT PATIENTS ONLY

1. Do Not touch GRAFT site until your wound check, this includes the yellow dressing (bolster) that may be sewed-in.
2. DONOR site should be changed daily as per above instructions.

Pain Control

Pain is a normal and expected process of wound healing and may occur in the evening after your surgery has been performed. Some areas can be more tender than others. These include the ears, nose, hands, and feet.

There are three key steps to minimize discomfort after your surgery:

1. Rest.
2. Over the counter pain medication
3. Ice pack near the bandage for 20 minutes every 2 hours.

If you have discomfort, please take Tylenol (acetaminophen) as directed below. If Tylenol does not subdue your discomfort adequately, Advil (ibuprofen) may be added. Carefully follow the dosages and schedule on the bottle and listed below:

- 1st: Tylenol 1000mg every 6-8 hours. Do not exceed 4000mg in 24 hours
- 2nd (if no kidney problems and if not controlled by Tylenol alone):
Ibuprofen 600mg every 6 hours

You may take them together every 6-8 hours or taking one type alone and then the other type 3-4 hours later. Repeat this pattern, alternate medicines every 3-4 hours. Mohs surgery typically does not require narcotic pain medication, therefore, if you continue to experience severe pain despite following the above instructions, please call the office.

Bleeding

- A pressure dressing has been applied to your wound to prevent bleeding and minimize swelling. You may notice a small amount of blood on the edges of the dressing or wound. **DO NOT BE ALARMED**, this is normal.
- If you notice active bleeding (meaning the bandage is soaked with blood), remove the bandage and apply direct constant pressure to the wound with clean dry gauze or a cloth by pressing firmly over the site for 30-45 minutes (timed by the clock) without releasing or looking at the wound. If bleeding has not stopped after 30-45 minutes, use pressure for another 30-45 more minutes (timed by the clock). Repeat for up to 2-3 hours if necessary.
- Do not check to see if the bleeding has stopped every minute or it will not!
- **If bleeding still has not stopped or is severe, call the clinic where you were seen (numbers listed below) or the on-call physician if after clinic hours.** If the office is closed and you cannot reach the on-call physician go to the nearest emergency room.

Swelling and Bruising

Swelling and bruising are common following Mohs Surgery, particularly when surgery is performed around the eyes. These symptoms can increase for up to 48-72 hours following surgery. **DO NOT BE ALARMED**. This will resolve with time, typically subsiding over 1-2 weeks.

You may use ICE COMPRESSES over the bandage to help decrease bruising and swelling.

- To help reduce swelling and bruising, you may apply an ice pack for 20 minutes each hour while awake for the first 48 hours following surgery. This may be repeat 4-6 times a day for up to 3 days.
- **Do not** apply ice right on the skin. Ice should be placed in a plastic bag then wrapped in a towel and applied to the bandaged wound.
- Ice should be kept on for only 15-20 minutes at a time.

If your wound is on your face, head, or neck:

- Sleep with your head raised on 2 pillows to reduce swelling. Place a towel on your pillow to protect your sheets in case of overnight oozing.
- Avoid bending with your head below heart level.
- Swelling around the eyes and neck is normal if surgery was on the forehead, eye area, nose, or cheeks. At times, the swelling may nearly close the eyes due to swelling and bruising settling in that area. Similarly, swelling and bruising may occur down the neck, and rarely the chest, when surgery is performed on the chin or jawline area.
- Swelling will be worse in the morning and improve during the day.

If your wound is on your arm or leg:

- Wounds on the arm or leg may heal more slowly than other areas. Keep your arm or leg raised as much as you can. This will help prevent swelling and speed healing.
- For surgeries below the knee, use a compression stockings or Ace® wraps as much as possible throughout the day

Activity and other Restrictions

- Avoid strenuous activities, heavy lifting (kids and pets included), and excessive bending for the first 10-14 days after surgery to allow proper healing.
- Exercise or other strenuous activities that place tension on the surgical site (e.g., weight lifting, golf) should be avoided for two weeks after the surgery.
- NO SWIMMING or SUBMERGING IN WATER (Such as bathtub, ocean, pool or lake) for 1 week, or until sutures are removed.
- DO NOT allow pets to sleep in the same bed while you are healing.
- Do not drink alcohol for at least 72 hours. This will increase bleeding, and thus bruising and swelling.
- TOBACCO WILL IMPEDE HEALING. DO NOT SMOKE/DIP/VAPE/etc. Wounds will take longer to heal and will not be as aesthetically pleasing if you do use tobacco products.

Additional Information on The Healing Process

- It is normal for the edges of the wound to be pink and slightly tender. Postoperative erythema, or redness, is a common and expected finding after Mohs surgery. This is a sign of healing and typically resolves within a few days to a week. However, pigmentary changes after surgery (post-inflammatory hyper- or hypopigmentation) are common, can also present as pink skin, and can persist for over a year after surgery.
- In the weeks after your wound has healed, you may feel several different sensations such as tightness, tingling, numbness, itching, pins & needles, etc. As frustrating as these may be, they are within normal limits of wound healing. Please have patience with this, as they are indicative of nerve regeneration and continued wound healing (may last up to one year).
- At times, the area surrounding your wound will be numb to the touch. This may persist for weeks or months, and in some instances, can be permanent. This is due to trauma to the small nerve endings in the skin surface that occurs during removal of the tumor.
- Allowing a surgical wound to heal on its own is called healing by second intention. As your wound heals, you will see it fill in with fresh, pink granulation tissue. Granulation tissue sometimes appears with a yellow coating over the top of it - this is fibrinous tissue. Both tissues are normal parts of the healing process. Depending on the body site and the size and depth of your Mohs wound, it can take weeks or even months for a wound to fully heal.
- After surgery, you may notice that your incision appears raised or bumpy compared to surrounding skin. This is called wound eversion, and it ensures the edges of the wound are brought together properly (or approximated). The incision will flatten with time - this may take several weeks after surgery.

Scarring

Anytime the skin is disrupted to the point of bleeding, scar formation occurs as part of the body's natural healing process. Therefore, as with any surgical procedure, some degree of scarring is inevitable following Mohs surgery.

- While scarring is a normal and expected part of the wound healing process, Mohs surgeons prioritize removing skin cancer and then focus on leaving patients with the best possible cosmetic and functional outcome. The goal is to minimize scarring and disruption of normal appearance. Mohs surgery is designed to remove skin cancer with the smallest possible margin of healthy tissue, which helps to minimize the size of the surgical wound and resulting scar. The precise nature of Mohs surgery allows surgeons to remove less tissue compared to other surgical techniques, leading to smaller scars.

- Several factors can influence the appearance of a scar after Mohs surgery, including size and location of the tumor, skin type, skin color, age and overall health, adherence to post-operative care instructions, smoking status (smoking can impair healing).
- Scars on the face tend to heal better than those on other parts of the body due to the face's rich blood supply. However, scars in areas of high tension or movement, such as the shoulders or knees, may be more noticeable and may spread with time.
- What to Expect During Healing
 - While most wounds heal within 4-6 weeks, but it can take several months to a year for a scar to fully mature. Initially, the scar may be red, raised, or firm, but it will typically flatten, soften, and fade over time. In some cases, the scar may be slightly lighter or darker than the surrounding skin.
- Caring for Your Scar (General guidelines):
 - Keep the wound clean and covered with a bandage as directed
 - Apply petroleum jelly or other ointments as instructed to keep the wound moist until fully healed
 - Avoid strenuous activity and protect the surgical site from trauma
 - Use mineral sunscreen (containing zinc or titanium ingredients) with at least SPF 30+ on the scar to prevent discoloration from sun exposure
 - Scar Massage Technique
 - 2-4 weeks after the wound is fully healed, you may massage the scar to help it form
 - Wait until the incision is fully healed with no open areas before starting massage
 - Massage 2-3 times per day for 5-10 minutes each time
 - Using FIRM pressure with the pads of your fingers, pressing hard enough to change the color of the scar to white. Perform circular, vertical and horizontal motions along the length of the scar
 - Perform scar massage for at least 6 months, or until scar is pale, flat and soft
- Use topical silicone pads
 - For new scars, begin using silicone pads 1-2 weeks after stitches are removed or once the wound has fully closed with no oozing or crusting.
 - Ensure the scar area is clean and completely dry, free of any ointments, creams or lotions

- Cut the silicone pad to the size and shape of your scar, extending about 1/2 inch beyond the scar edges
- Remove the backing from the adhesive side of the pad
- Apply the pad directly over the scar and press gently to ensure good contact
- Secure the edges with medical tape if needed for areas of high movement
- Wear the silicone pad for a minimum of 8-12 hours per day (ie. may be worn nightly), working up to 23-24 hours per day if tolerated
- Remove before showering/bathing or swimming
- Wash the pad daily with mild soap and cool water, allow to air dry completely before reapplying
- The same pad can be reused for 2-4 weeks until it loses adhesion
- Use silicone pads continuously for at least 2-4 months for new scars and 3-6 months for older scars
- If skin irritation, redness or rash occurs, discontinue pad use



- While scarring can be a cosmetic concern, it's important to remember that scars are a natural part of the healing process and a sign of your skin's resilience. With time, most scars fade and become less noticeable. By following your surgeon's instructions and taking good care of your skin, you can help ensure the best possible outcome after Mohs surgery.

- In some cases, additional treatments such as laser therapy, dermabrasion, or scar revision surgery may be recommended to optimize the appearance of the scar, however, this is often not performed until at least 2-3 months after surgery.

Follow-up Care

- Attend all scheduled follow-up appointments for suture removal, wound evaluation, and scar management.
- Sutures are usually removed 7 days after surgery on the face, and 14 days for surgery on the trunk or extremities.
- Protect the surgical site from sun exposure during the healing process to minimize scarring. Use at least SPF 30+ mineral sunscreen (active ingredients: Zinc or Titanium oxide)
- Continue regular skin checks and follow-up appointments with your dermatologist to monitor for any new or recurrent skin cancers.

When to call the Office or Surgeon?

If you experience any of the following:

- Extreme pain or tenderness that has not responded to the above instructions
- Signs of infection, such as:
 - Severe, spreading redness or swelling around the surgical site
 - Yellowish-Green oozing, especially if associated with foul odor
 - Fever over 101°F or chills
 - Infection is a possibility following surgery, but it occurs only in one to two percent of patients. Often a small red area may develop surrounding your wound. This is normal and does not necessarily indicate infection. However, if this redness does not subside, and if the wound begins to drain pus or becomes swollen or very tender, you should notify us immediately.
- Excessive bleeding or oozing from the wound that has not responded to the instructions listed above



297 Spindrift Drive
Williamsville, NY 14221

- **A general good rule of thumb is that after the first two to three days, the wound should be getting better not worse.** For example, if on day 4 or 5 following surgery you experience worsening pain, redness or swelling that was not present or worse than the day before, please contact our office.
- Dissolvable sutures may take up to eight weeks to dissolve; if the sutures are irritating or have not dissolved after 2 weeks, please call us to schedule a suture removal.
- If your sutures come undone and the wound has opened, please contact the clinic during business hours to determine if new stitches need to be placed.
- If any of the above symptoms apply to you, please contact us at the numbers below.

If you have any questions or concerns, please call the office during normal business hours (Monday – Friday, 8 – 5PM) at the following number: (716)-831-2600. If you have called after hours and have a surgical site concern, please follow the prompt for the on-call phone.

Additional and more detailed information on the post-operative course of Mohs surgery can be found on the following link: <https://online.flippingbook.com/view/502707499/28/>



Live
Skin
Healthy