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### **Our Mohs Surgeon**

Dr. Aaron Cetner is a specialist in skin cancer surgery, having completed a fellowship in cutaneous oncology certified by the American College of Mohs Surgery. His expertise includes the treatment of basal and squamous cell carcinomas, malignant melanoma, and other rare skin tumors, as well as aesthetic reconstruction following tumor removal. Dr. Cetner has performed well over 10,000 cases of Mohs surgery. He is a Fellow of the American College of Mohs surgery and a Fellow of the American Academy of Dermatology.

### **Mohs Microscopically Controlled Surgery: Removing the bad. Sparing the good.**

Mohs microscopically controlled surgery was developed in the 1940s by Dr. Frederick Mohs. In a standard excision, a wide margin of tissue is removed around the visible tumor and sent to a pathologist for examination. In contrast, the Mohs surgeon takes a much narrower margin (typically 1 millimeter or so) around the tumor. This saucer-shaped specimen is processed in an on-site lab. The Mohs surgeon then uses a microscope to map the extent of any tumor in this specimen. If tumor is present, a second piece of tissue, or “layer,” is taken for examination. The process is repeated until a margin of cancer-free tissue is achieved. In this way, the Mohs surgeon achieves a 99% cure rate while sacrificing the smallest amount of healthy tissue.

## **Preparation for Mohs Surgery—Frequently Asked Questions**

*Should I arrive earlier than my scheduled appointment time?*

Yes. 10-15 minutes ahead of your scheduled time is advised in order to complete the registration process.

*What papers should I bring with me?*

A list of your medications  
Insurance card(s)  
Medicare card (if applicable)  
Photo ID

*How long will my procedure take?*

It is not possible for us to estimate this at the outset. You may be here for as little as 2 or 3 hours, or in very rare circumstances you might be at the office for the entire day. For this reason, we advise patients to **not schedule any other appointments or engagements the day of surgery.**

*Why?*

Although most skin cancers are cleared in 1 or 2 stages of Mohs surgery, it is impossible to predict those that will require more stages. Similarly, certain locations may require a more complex, and thus more time-consuming, reconstruction.

*May I have breakfast and take my medicine(s) before surgery?*

Yes, please do (especially if you are a diabetic)

*What type of anesthesia will I have?*

We use only local anesthesia. No general anesthesia or IV sedation is used.

*Should I have a driver?*

**You must have someone drive if your skin cancer is around/near your eye.** The dressing you wear home may block your vision.

*What if the skin cancer isn't near my eye?*

It is up to you if you want a friend/family member to do the driving. However, it is always a good idea to have someone to call if the need arises.

*I am very anxious about the procedure? Do you have medicine to help me relax?*

At the patient's request prior to the day of surgery, we can prescribe a dose of oral Ativan (Lorazepam). However, you **MUST** have a driver in order to use this medication.

*Is it true that smoking increases the likelihood of complications following surgery?*

Yes, smoking does impair wound healing. Although we do not expect patients to quit smoking, decreasing the amount smoked (ideally to less than 1 pack per day) for 7 days before surgery and 2 weeks after surgery is recommended.

*I am on oxygen. Do you have oxygen available if I run out?*

We do not have oxygen available. It is your responsibility to have enough oxygen available for the duration of the day.

*Should I stop taking any medicines?*

There are many non-prescription (over the counter) medicines that thin the blood. **Please stop these 7 days before surgery.**

Vitamin E (A multi-vitamin that contains Vitamin E is permissible)

Ginseng

Ginger

Ginko Biloba

Alcoholic beverages 3 days prior to and after surgery

*I am taking **Aspirin**. Should I stop this?*

If you are taking Aspirin for a medical condition (heart disease, history of stroke, history of blood clot, etc.) then you should NOT discontinue Aspirin.

*My doctor has me on **Coumadin**. Should I stop this?*

No. Continue to take this as prescribed. However, we do recommend that you check with your INR level (to see that you are therapeutic on the Coumadin) **within the two week period prior to your surgery.**

*Should I stop **Plavix, Aggrenox, Eliquis, Xarelto or Brillinta?** (or other blood-thinning medication)*

You should continue to take this medication. In general, the risk of you discontinuing this medication is greater than the risk of bleeding they might add to your surgery.

*I have had a joint replacement procedure in the past. Do I need antibiotics prior to surgery?*

If your joint replacement was performed **within the past two years**, pre-operative antibiotics are required **IF** your surgery involves:

- a) The mouth or lips
- b) An infected area
- c) An area prone to infection, such as the lower leg or groin
- d) Or, if you are immunocompromised in some manner (organ transplant, cancer, rheumatoid arthritis, medications that suppress the immune system, HIV, etc).
- e)

*Is it okay to bring food with me?*

Yes. You may be here at lunch-time so bring a sack lunch with you. You may also bring snacks to have on hand during the course of the day.

*Can I leave the office to grab a bite to eat or a cup of coffee?*

If time permits, you may be able to go out for something. Please inform the staff if you desire to leave the building.

*What kind of bandage will I be leaving with?*

You will have a bulky dressing over the surgical site(s) that will remain for 48 hours.

*Can I go to work the day after my surgery?*

This depends on the recommendation of the doctor and the demands of your job. We are happy to provide a work excuse if necessary.

*Can I work-out, run, play sports, or do heavy lifting after surgery?*

No. We ask you to refrain from strenuous activities for several days, and up to 1-2 weeks, following surgery. This is important as to minimize complications and bleeding, and to ensure optimal healing.

*My skin cancer is on my lower leg. Will I be able to walk around after surgery?*

Due to tension on lower leg surgical sites, we recommend that you are off your feet as much as possible following surgery. Walking for necessities is permissible, **but extended distance walking for pleasure** (e.g. exercise, hiking, a trip to New York) **is not recommended for two weeks following surgery.**

*Will I be bruised or have any swelling?*

Yes. Although this varies considerably among patients, assume that you will have bruising and swelling for a week or longer. The site of surgery as well as your activity level contributes to the amount of bruising and/or swelling you may have.

*Will I need to do any wound care to the surgical site(s)?*

Yes. A detailed wound care sheet will be sent home with you.

**If you have additional questions, please do not hesitate to contact our office at (734) 675 0835**