

Our procedural dermatology fellow

A fellow is a fully licensed medical doctor who has chosen to pursue an additional training program in a subspecialty, such as Mohs surgery. Our fellowship program educates physicians who are board-eligible or board-certified dermatologists, and who decide to pursue this highly specialized area of dermatology. Our program is dually certified by the American College of Mohs Surgery and the Accreditation Council for Graduate Medical Education.

Staff and faculty

During your surgical visit, you will meet your surgeon and his team, which consists of nurses, a histotechnician and a secretary, as well as a fellow — an M.D. seeking additional training described above. All of these individuals work together to assure that you receive the highest quality care.

The VCU Medical Center at Stony Point provides a special dermatologic office equipped for our Mohs micrographic surgery procedures. In addition, our dedicated laboratory, which processes only our pathology specimens, has achieved accreditation through the College of American Pathologists.

Contact us

If you experience uncontrollable bleeding, please call (804) 628-MOHS (6647) and leave a message for the physician on-call, who will respond promptly to your concern.

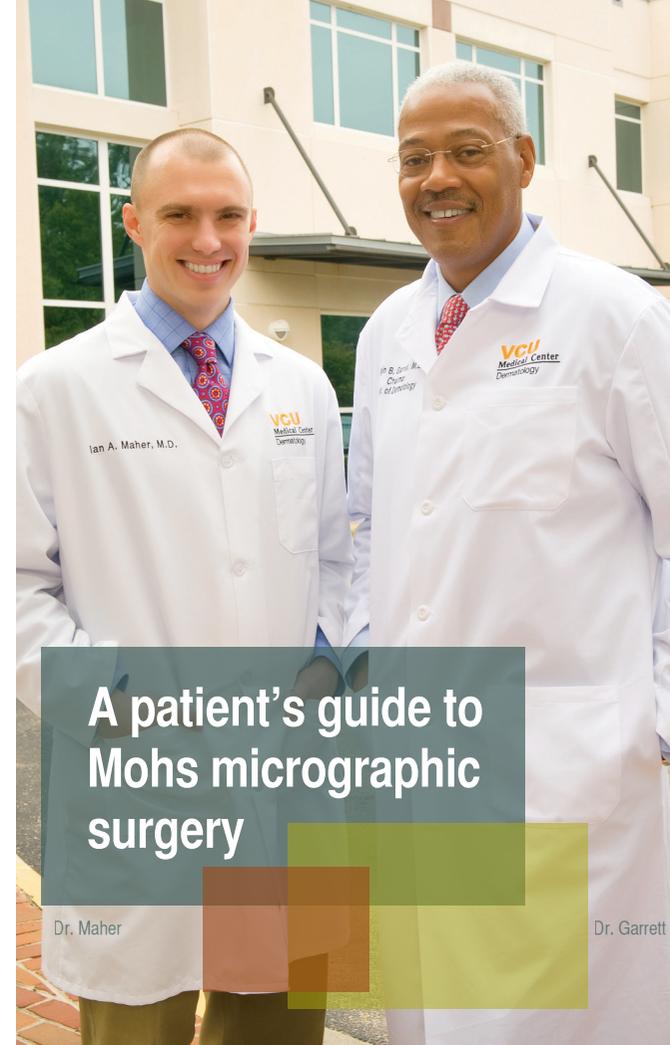
Other services

If you are traveling a long distance for your Mohs appointment and would be more comfortable spending the night in a local hotel, we have a list of special rates available to you. For more information, please ask our scheduler or the nurse who will be contacting you.



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A patient's guide to Mohs micrographic surgery

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VCU Medical Center
Virginia Commonwealth University
Every Day, A New Discovery.®

Our physicians

Algin B. Garrett, M.D., is professor and chairman of the Virginia Commonwealth University Department of Dermatology. He has performed Mohs micrographic surgery since 1988, making him the most experienced Mohs surgeon in the Richmond, Va., area. Dr. Garrett earned his medical degree from Penn State College of Medicine and completed a residency in internal medicine at the Georgetown University Medical Center and a residency in dermatology at the VCU Medical Center. He further trained in Mohs micrographic surgery through a fellowship at Cleveland Clinic Hospitals.

Dr. Garrett is a fellow of the American Academy of Dermatology and a member of the American College of Mohs Surgery, the American Society of Dermatologic Surgery, the American Dermatological Association, the Society for Investigative Dermatology, the Association of Professors of Dermatology and various state and local medical societies.

Ian A. Maher, M.D., is an assistant professor in the VCU Department of Dermatology. He earned his medical degree from Joan C. Edwards School of Medicine at Marshall University and completed his residency in dermatology at Drexel University in Philadelphia, Pa. Dr. Maher completed his procedural dermatology fellowship training at VCU under the direction of Algin B. Garrett, M.D. Dr. Maher is board certified in dermatology and a fellow of the American Academy of Dermatology, as well as a member of the American College of Mohs Surgery and the American Society of Dermatologic Surgery.

Frequently asked questions

What causes skin cancer?

Each year, approximately 1.2 million people in the U.S. develop skin cancer. There are many factors that contribute to the formation of skin cancers; however, the most important factor is sun exposure. Some patients can develop skin cancer in areas of the body that are not sun-exposed, providing evidence that some skin cancers are genetically determined. Other causes of skin cancer include chronic infections, X-ray exposure, trauma and injury. Patients diagnosed with skin cancer should take special precautions to protect themselves from the sun. Use of daily sunblock, wearing sun-protective clothing and avoiding midday sun are just a few recommendations for sun protection.

Why should skin cancers be removed?

Skin cancers represent cells that undergo unpredictable growth patterns. The two most common types of skin cancer are basal cell carcinoma and squamous cell carcinoma. Basal cell carcinomas grow slowly. If left untreated, they may grow rather large, ulcerate and become locally destructive and disfiguring. Only rarely does basal cell carcinoma spread throughout the body. Squamous cell carcinomas are more aggressive and have the potential to spread to other body areas. In order to prevent the cancer from spreading, it is important to have the identified skin cancers removed.

What treatments are available to me?

There are multiple treatment options available for the management of skin cancer. Your physician will consider the type of skin cancer, location, size and previous treatment of the same lesion, if any. A patient's age and overall health status may also contribute to this decision process. Treatment options include:

- Electrodesiccation and curettage – scraping the lesion and burning the tissue with an electric needle
- Cryosurgery – freezing the lesion with liquid nitrogen
- Excision – removing the lesion through cutting, which may require sutures or grafting
- Radiation therapy – a prescribed course of radiation that may eliminate the lesion

- Topical chemotherapy – some chemotherapy agents effectively applied to the skin
- Mohs micrographic surgery – a staged surgical removal of the lesion

What is Mohs surgery?

Developed in 1967 by Frederic Mohs, M.D., Mohs surgery is the most advanced and effective treatment for skin cancer, providing a cure rate of up to 99 percent. Because the Mohs technique involves one physician who acts as surgeon, pathologist and reconstructive surgeon, additional specialty training is necessary to practice Mohs micrographic surgery.

In the initial portion of the procedure, the surgeon removes a layer of skin, which includes the visible portion of the skin lesion. The tissue is immediately prepared for microscopic examination, where the surgeon then reviews the tissue as a pathologist. If the tissue examination reveals the possibility of skin cancer remaining, the physician will remove another layer of skin. This process will be repeated until the microscopic tissue examination indicates that there is no remaining diseased tissue. Finally, the physician will reconstruct the defect area using the optimal technique, which may include sutures, skin flaps or grafts. Mohs micrographic surgery allows the surgeon to remove only the diseased tissue, minimizing the defect and promoting the best cosmetic results. Because of this benefit, Mohs is the preferred treatment for lesions of the face, ears and other sensitive areas.

What should I do prior to surgery?

When your procedure is scheduled, a packet of information will be sent to you. Some patients may be seen in our office prior to surgery, but most patients will be contacted by telephone to gather important health information. A list of the questions you will be asked is included in the packet. When you receive it, please review the questions and be prepared to answer them when the interviewer calls. Our key concerns include:

- Are you currently taking any medications?
- Are you taking blood thinners (aspirin, ibuprofen, Coumadin or Plavix) or any medication that will affect blood clotting or wound healing?
- Are you taking non-medication supplements such as vitamins?
- Do you have a pacemaker, defibrillator or implantable device such as a deep-brain stimulator or cochlear implant?

On the day of your surgery, you should take any routine medications prescribed to you, such as high blood-pressure medication. You should discontinue use of vitamins or supplements 10 days prior to the procedure. You should eat a good breakfast and bring a snack with you, if you like. You should be accompanied by a relative or friend on the day of surgery.

Before the procedure is performed, the procedure and its risks and benefits will be carefully explained.

What should I expect the day of surgery?

The Mohs micrographic surgery procedure is performed under local anesthesia. Photographs of the surgical site will be taken before, during and following completion of the procedure. You should plan to spend two to six hours at the clinic. The majority of your time will be spent waiting for the microscopic tissue preparation and examination. The results of the microscopic tissue examination will determine if additional surgical excision is necessary to remove the entire lesion. If necessary, the procedure will be repeated until the microscopic examination reveals that the entire lesion has been completely removed.

Postoperative expectations

What happens once surgery is completed?

The wound created by the procedure can heal in a variety of ways. It can be left to heal on its own (called secondary intention) or a reconstructive procedure may be required for closure. The final determination of the best reconstructive procedure will be made once the cancer has been completely removed using the Mohs technique.

Will I experience pain, bleeding and bruising?

Pain after surgery varies based on location and extent of procedure. Most discomfort can be controlled with Tylenol. You should avoid medications containing aspirin or ibuprofen because they increase the risk of bleeding. Bleeding may continue after the wound is dressed. Avoid activities such as bending and lifting after surgery, as they may increase the likelihood of bleeding. If bleeding does occur, the wound dressing may become saturated and should be removed. If there is still active bleeding, apply firm, steady pressure continuously for 10 minutes at the base of the wound with a clean cloth. Swelling and bruising may develop shortly after surgery, especially when surgery is performed on areas near the eyes, such as the forehead and nose.

Will there be a scar?

Yes. There is no form of surgery that does not leave a scar; however, the tissue-sparing nature of Mohs micrographic surgery minimizes the scar.

What is healing by secondary intention?

Second intention wound healing describes the method of natural healing with daily care. Depending on the size and location of the wound, it may take from three to six weeks for a wound to heal. Wounds that are allowed to heal by this method may initially have a mild to moderate amount of clear drainage. The base of the wound is initially red, but may become somewhat gray or yellowish in appearance. Detailed written and verbal wound care instructions will be provided following the surgery.

What are closed wounds?

Your wound may be closed with sutures (stitches) and/or skin flaps or skin grafts. Follow-up care will be arranged by your physician. Sutures are generally removed five to seven days following surgery.