

# *Kinnelon Dermatology Associates*

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973.838.1771

[www.kinnelonderm.com](http://www.kinnelonderm.com)

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Dear Sir or Madam:

Your MOHs surgical procedure has been scheduled for \_\_\_\_\_ at \_\_\_\_\_.

Enclosed you will find information explaining your procedure in addition to information regarding your MOHs surgeon.

Please take a moment to fill out your patient history form and remember to bring the form back with you at the time of your surgery. **PLEASE BE ADVISED**, one of the questions on your history form inquires whether or not you need an antibiotic before a dental cleaning; if you are unsure if you fall into this category please call our office to verify. If you in fact know that you need an antibiotic before a surgical procedure due to a transplant surgery, joint replacement or a heart valve procedure please make our office aware of this prior to your appointment time to ensure you receive the appropriate medication.

Your insurance company will be contacted by our office to verify eligibility of the procedure. If your insurance plan is one which requires referrals, it will be your responsibility to obtain the proper referral from your primary care physician. **IN ORDER FOR YOUR REFERRAL TO BE VALID FOR SURGERY IT WILL NEED TO HAVE YOUR SURGEON'S NAME ON IT AND THEIR NATIONAL PROVIDER ID #.** Please make your primary care physician aware of these two things when obtaining your referral.

**NATIONAL PROVIDER ID #S:**

JENNIFER CHWALEK, MD: #1407999667

DAVID CIOCON, MD: #1790878866

Your surgery is done in stages and there is wait time in between. All surgeries are different; however, most patients remain in the office for approximately 4 hours. Please plan accordingly by bringing a book, snack, etc.

Should you have any questions, please feel free to contact us at 973.838.1771. **IF YOU SHOULD NEED TO CANCEL YOUR APPOINTMENT, PLEASE DO SO 48 HOURS IN ADVANCE. NO SHOWS AND LAST MINUTE CANCELLATIONS WILL BE CHARGED A FEE OF \$100.** Thank You and we look forward to seeing you soon!

## **WHAT IS MOHS SURGERY?**

MOHs Micrographic Surgery refers to a very precise type of skin cancer surgery named after its inventor and pioneer, Dr. Frederic Mohs. It is used to treat a variety of skin cancers, including the two most common skin cancers: Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC), as well as some superficial Melanomas and rare skin tumors of the sweat glands and connective tissue.

## **HOW IS MOHS SURGERY DIFFERENT FROM OTHER SKIN CANCER SURGICAL TREATMENTS?**

MOHs surgery is different from standard “excisional surgery” in that it allows the surgeon to remove as little normal tissue as possible around the border of the skin cancer. The advantage to this is that it minimizes the chance of developing unsightly scars and reduces the likelihood that nearby structures (such as the eyelid) are not distorted or destroyed.

## **HOW EFFECTIVE IS MOHS SURGERY?**

In addition to keeping surgical incisions as small as possible, the chief advantage to MOHs surgery is that it offers the best advantage for complete tumor removal, since it involves microscopic analysis and precise mapping of the tumor edge. If one compared a group of 100 patients who underwent MOHs surgery for a first-time BCC on the face to a group of 100 patients who underwent standard surgery for a first-time BCC on the face, only 1 patient in the MOHs surgery group might return with a recurrence of their cancer while up to 12 patients might return from the group that underwent standard surgery.

## **HOW DO I PREPARE FOR THE PROCEDURE?**

Prior to any surgery, your Dermatologist/MOHs Surgeon will meet with you and discuss the various treatment options for your skin cancer. If you decide you want to undergo the surgery, it will be scheduled at a future date. During this consultation, it is important that you inform the doctor of any medications, vitamins, supplements, or special foods that you ingest on a daily basis. It is also important that you tell them your medical history, including any history of bleeding disorders, implantable metal devices, or history of heart valve disease. If you have a history of anxiety, feel free to inform the doctor as medications can be prescribed on the day of the surgery to minimize your discomfort.

## **WHAT SHOULD I EXPECT ON THE DAY OF THE PROCEDURE?**

You can expect to be at the office for up to 2–4 hours on the day of the surgery. If multiple layers are to be taken, the amount of time here will be greater. For this reason, we recommend that you eat a healthy breakfast and bring a snack with you if you become hungry. We do provide snacks and refreshments in the office as well. You may also want to bring a book to occupy your time.

When you arrive at the office, your records will be reviewed, photos will be taken, and the affected area will be numbed. It takes only minutes for the surgeon to take the first layer of tissue. You will then wait for that layer to be processed and analyzed under the microscope in our lab. This can take up to an hour. If that first layer shows the tumor has cleared, you will be taken back to the procedure room, and your wound will be closed. If the tumor has not been cleared, additional layers will be taken until the tumor is completely removed.

### **ARE ALL WOUNDS CLOSED IN THE OFFICE?**

The surgeons close greater than 90% of their MOHs surgery cases on the same day as the procedure. Very rarely do they send the patient to another surgeon for closure unless the patient requests it or if the tumor has invaded a facial structure that requires expertise of another specialist (i.e. the eyelid). If the patient has been in the office for several hours because multiple layers were removed, he/she may request that their wound be closed a separate day.

The surgeons use the most up-to-date techniques and technology to ensure that there is minimal scarring as possible. Depending on the location and size of your defect, they can close the defect in standard side-to-side fashion or in some cases, by rearranging the tissue to cover the defect (flap) or by taking tissue from another part of the body and transplanting it to the affected area (graft). All procedures are performed under local anesthesia.

### **WHAT CAN I EXPECT POSTOPERATIVELY?**

Swelling and bruising are common, especially around the eyes for cases involving the upper third of the face and scalp. Ice packs and elevation can help to alleviate these symptoms. Depending on the size and location of the defect, Tylenol alone should be enough to minimize your discomfort after the procedure. You may also be given antibiotics if warranted. Aspirin and ibuprofen cause bleeding and should NOT be used after surgery, unless they are recommended by a primary care physician or cardiologist. Most stitches are removed within one to two weeks.

### **CAN I BE CLOSED WITH ABSORBABLE, INVISIBLE SUTURES?**

Yes. The surgeons prefer this type of closure as it is more cosmetically appealing and requires less wound care by the patient. However, this type of closure can only be used with specific types of wounds on specific parts of the body. The surgeons will discuss with you if this type of closure is possible on the day of your surgery.

## SURGEON BIOGRAPHIES

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### **David Ciocon, MD -- Mohs Micrographic Surgery**

Dr. David Ciocon received his undergraduate degree from Harvard University (cum laude) and his M.D. from UMDNJ–New Jersey Medical School, where he was elected to the Alpha Omega Alpha Honor Society. Prior to his residency in dermatology, he completed three years of a combined general and plastic surgery residency training at Brown University, Rhode Island Hospital as well as a one-year clinical research fellowship in psoriasis at Harvard University, Brigham & Women’s Hospital. He subsequently completed his dermatology residency at the Albert Einstein College of Medicine, Montefiore Medical Center, where he was Chief Resident and recipient of the Leo M. Davidoff Award for Excellence in Teaching. He then completed a Mohs Micrographic Surgery and Procedural Dermatology fellowship at Skin Laser & Surgery Specialists of New York and New Jersey under the guidance of Dr. David Goldberg. He has co-authored numerous articles and chapters in the fields of psoriasis, nail disorders, and surgical and non-surgical approaches to cosmetic rejuvenation.

A board certified dermatologist, Dr. Ciocon is licensed in New Jersey and New York. He is a member of the American Society for Dermatologic Surgery and the American Academy of Dermatology. He is also a member the American College of Mohs Surgery and Cutaneous Oncology. . He is currently the Director of Mohs Micrographic Surgery and Procedural Dermatology at the Montefiore Medical Center, Albert Einstein College of Medicine. Dr. Ciocon is on the medical staff of Englewood Hospital and Medical Center in New Jersey and Montefiore Medical Center and Mount Sinai Medical Center in New York. His clinical interests include Mohs Micrographic surgery, facial reconstructive and aesthetic surgery, laser-assisted tumescent liposuction, autologous fat transfer, laser medicine, and minimally invasive cosmetic dermatology.

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### **Jennifer Chwalek, MD -- Mohs Micrographic Surgery**

Jennifer Chwalek, M.D. is a board-certified dermatologist and a fellow of the American Academy of Dermatology. She graduated from Vassar College with honors in art history. Dr. Chwalek received her medical degree from the University of Maryland where she was elected to the national medical honor society, Alpha Omega Alpha. Following medical school she completed her internship in internal medicine at Mount Sinai Medical Center in New York and a clinical research fellowship studying cutaneous hair biology and alopecia with renowned hair expert, Dr. Vera Price at the University of California, San Francisco (UCSF). She completed her dermatology residency at the University of Maryland where she served as chief resident. Prior to joining Kinnelon Dermatology Associates, she worked in Northern California and served as a clinical instructor in the department of dermatology at UCSF. She has been asked to lecture at numerous national and international conferences and has written book chapters and articles for peer-reviewed journals. Her professional interests include hair loss, Mohs micrographic surgery, cosmetic and laser procedures.

**PRE-OP CHECKLIST**

**Patient Name,** \_\_\_\_\_

**Date,** \_\_\_\_\_

- |   |            |           |
|---|------------|-----------|
| 1. Do you have a pacemaker, defibrillator or port   | <b>YES</b> | <b>NO</b> |
| a. If YES, patient will need electro cautery.   |            |           |
| 2. Do you have a history of infection(s) in the heart, heart transplant or hole in the heart?         | <b>YES</b> | <b>NO</b> |
| 3. Are you on blood thinners? (Aspirin, Motrin, Coumadin, Plavix, Perdaxa, Effient, Lovenox, Xeralto) | <b>YES</b> | <b>NO</b> |
| a. DO NOT STOP Plavix, Perdaxa, Effient, Xeralto, or Lovenox before surgery).                         |            |           |
| b. If YES to Aspirin, and it is NOT medically necessary, please stop 7 days prior to surgery.         |            |           |
| c. If YES to Coumadin, please check INR level within 5 days prior to surgery.                         |            |           |
| i. *INR lab slip given to patient – Date: _____/Initials: _____                                       |            |           |
| ii. If INR > 3.5, have physician adjust dosage until INR < 3.5  |            |           |
| 4. Are you currently taking Vitamin A, E, or Fish Oil?  | <b>YES</b> | <b>NO</b> |
| a. If YES, advised to stop 7 days prior to surgery.   |            |           |
| 5. Do you have a history high blood pressure  | <b>YES</b> | <b>NO</b> |
| a. If YES, is it well controlled?   | <b>YES</b> | <b>NO</b> |
| i. If NO, check blood pressure on day of surgery.   |            |           |
| 6. Do you have a history of strokes, heart attack or stents replaced?                                 | <b>YES</b> | <b>NO</b> |
| a. If YES, patient should NOT stop Aspirin or Plavix.   |            |           |
| 7. Do you have any total artificial joint replacements or artificial heart valves?                    | <b>YES</b> | <b>NO</b> |
| a. If YES to artificial heart valves, patient will need antibiotics (see #10.)                        |            |           |
| b. If YES to artificial joints, were they placed in the past 2 years?                                 | <b>YES</b> | <b>NO</b> |
| i. If YES to artificial joints in past 2 years, patient will need antibiotics (see #10.)              |            |           |
| 8. Do you take antibiotics before dental procedures?  | <b>YES</b> | <b>NO</b> |
| a. If YES, patient will need antibiotics (see #10.)   |            |           |
| 9. Are you Diabetic?  | <b>YES</b> | <b>NO</b> |
| a. If YES, make sure patient eats a healthy breakfast, brings snacks & takes meds day of surgery.     |            |           |
| 10. Are you allergic to antibiotics?  | <b>YES</b> | <b>NO</b> |

*For patients requiring antibiotics:*

*If NOT allergic to PCN: Amoxicillin 2 GM PO 1 hour before surgery / If ALLERGIC to PCN: Clindamycin 600 MG before surgery*

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|---|------------|-----------|
| 11. Are you allergic to any components of dental numbing medicine (epinephrine or lidocaine)? | <b>YES</b> | <b>NO</b> |
| 12. Are you allergic to Latex?  | <b>YES</b> | <b>NO</b> |