LINDSEY FIX, MD

PHONE: 541-600-2017
FAX: 541-225-4864

EVERGREEN
DERMATOLOGY

ERIC OLSON, MD

21 HAYDEN BRIDGE WAY
SPRINGFIELD, OR 97477

You have been scheduled for Mohs Surgery with Dr. Lindsey Fix at Evergreen Dermatology on:

Date: _____ **Time:** _____

On the Day of Your Appointment:

- Please plan on arriving 15 minutes prior to your appointment
- Bring an up-to-date list of all medications that you are currently taking, including over-the-counter medications and vitamins
- Please bring your insurance card
- Feel free to bring snacks or beverages, reading materials, or other entertainment to occupy your waiting time with us during the procedure day, which can range from 1-3 hours
- Wear comfortable clothes and consider dressing in layers to accommodate the slightly cooler temperature of the surgery rooms

If you have any questions before or after surgery, please do not hesitate to contact our office at (541) 600-2017.

Your Mohs Surgery packet includes the following:

1. Your Guide to Mohs Micrographic Surgery
2. Mohs Surgery FAQs
3. Understanding Your Skin Cancer
4. Meet Your Mohs Surgeon
5. Post-Mohs Surgery Pain Relief
6. Caring For Your Surgical Wound
7. Directions to the Clinic

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Your Guide to Mohs Micrographic Surgery

What is Mohs Surgery?

Mohs micrographic surgery, often referred to as Mohs surgery, is a specialized and highly effective procedure for the removal of certain types of skin cancers, particularly those with high recurrence rates or located in cosmetically sensitive areas. Named after its inventor, Dr. Frederic Mohs, this procedure aims to remove the cancerous tissue while preserving as much healthy skin as possible.

Why is Mohs Surgery Performed?

Mohs surgery is primarily used to treat skin cancers such as basal cell carcinoma, squamous cell carcinoma, and less commonly, early-stage melanoma. It is particularly beneficial when:

1. The cancer has a high risk of recurrence.
2. The cancer is in an area where tissue preservation is crucial for functional or cosmetic reasons, such as the face, ears, or nose.
3. The cancer has unclear borders or covers a large area.

The Mohs Surgery Procedure:

1. **Local Anesthesia:** Before the surgery begins, the affected area is numbed with a local anesthetic. You will be awake during the procedure.
2. **Tissue Removal:** The surgeon carefully removes the visible tumor and a small margin of surrounding healthy tissue.
3. **Tissue Examination:** The removed tissue is processed in our on-site laboratory, and the surgeon examines it under a microscope to check for any remaining cancer cells.
4. **Layer-by-Layer:** Steps 2 and 3 are repeated layer by layer until all cancer cells are removed, leaving as much healthy tissue intact as possible.
5. **Closure:** Once the cancer is completely excised, the surgeon determines the best method for closing the wound, which may involve sutures, flaps, or grafts, depending on the size and location of the excision.

What to Expect Before, During, and After Mohs Surgery:

- **Before Surgery:** You may be asked to avoid certain medications, notify the surgeon of any allergies, and arrange for someone to drive you home after the procedure.
- **During Surgery:** Mohs surgery is typically performed as an outpatient procedure, and you can expect to be at the clinic for a few hours. Bring a book, magazine, or other entertainment to pass the time. One guest is permitted to be in the exam room with you during the procedure and while waiting.
- **After Surgery:** You may experience some discomfort, swelling, and mild bruising at the surgical site. Most patients can resume normal activities within a few days to a week, with proper wound care and follow-up appointments. Strenuous activity should be avoided for at least a week following surgery.

Benefits of Mohs Surgery:

- **High Cure Rate:** Mohs surgery boasts a high success rate in completely removing cancerous cells.
- **Minimal Tissue Loss:** The procedure preserves as much healthy tissue as possible, reducing scarring.
- **Precise:** Mohs surgery allows for real-time examination of tissue, ensuring all cancer cells are removed and it reduces the risk of same-site recurrence.

Risks and Considerations:

- **Scarring:** While Mohs surgery aims to minimize scarring, some may still occur, especially for larger or more complex excisions.
- **Infection:** As with any surgery, there is a slight risk of infection, which is usually managed with antibiotics when diagnosed and confirmed.

Follow-up Care:

After Mohs surgery, regular follow-up appointments with your dermatologist or surgeon are essential to monitor your healing, ensure there is no recurrence of skin cancer and monitor for any new or changing lesions.

Conclusion:

Mohs surgery is a highly effective and precise method for treating certain types of skin cancer while preserving healthy tissue. If your healthcare provider has recommended Mohs surgery, feel free to discuss any concerns or questions you may have with them to ensure you are well-informed and comfortable with the procedure. You are always welcome to schedule a free consultation with Dr. Fix prior to your Mohs surgery.

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Mohs Surgery: FAQs

Q: Should I stop my blood thinner before surgery?
A: ABSOLUTELY NOT. If you take these medically prescribed anticoagulants, then you should continue them during and after surgery. Blood thinners include apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa/Lixiana), enoxaparin (Lovenox), heparin, rivaroxaban (Xarelto), warfarin (Coumadin), clopidogrel (Plavix), dipyridamole (Persantine), prasugrel (Effient), ticagrelor (Brilinta), and full dose aspirin. Warfarin patients, please let us know if your INR is anticipated to be greater than 3 at the time of your surgery.

Q: Should I stop my aspirin before surgery?
A: If you have had a heart attack, a stroke, a blood clot, or if your doctor tells you that you NEED aspirin, then you should NEVER STOP your aspirin for skin surgery. However, if your doctor told you to take a baby aspirin each day "because it is good for you" then please discontinue at least 2 weeks prior to surgery. You can resume your baby aspirin 2 days after surgery.

Q: Can I eat the morning of surgery?
A: Yes, please go ahead and eat breakfast and take your morning medications. You should also bring a snack with you as your surgery appointment may last several hours.

Q: How long does the Mohs Surgery take?

A: Typically, this procedure takes between one to three hours but could last longer. The actual removal of the skin cancer takes a few minutes but the tissue then must be frozen, cut, stained, and placed on a slide for Dr. Fix to read under the microscope. This process takes about 30-45 minutes. The repair, or closure, of the skin with sutures takes about 30 minutes to an hour depending on the size and location of the removed tissue.

Q: Can I bring a friend or family member?

A: Yes, you are welcome and encouraged to bring one person with you to help pass the time during your wai. Your guest can be in the exam room with you during the surgery but can also wait in the lobby during the actual procedure. It is recommended that someone drive you if your surgical site is located on the scalp or face because bandaging may interfere with the proper fit of glasses or hearing aids, and swelling may occur immediately post-op.

Q: What can I take for pain after surgery?
A: Most pain or discomfort occurs the first evening following surgery due to swelling. It is rare that patients ever require prescribed narcotics for Mohs surgery. If you are able to take Tylenol and ibuprofen, it is recommended to alternate between the two so that you are taking something every 3 hours, as needed.

Q: How long do I have to wait before I can exercise?
A: If you receive stitches, you should not return to full exertion exercise until at least 1 week after the sutures have been removed. Exercising immediately after surgery may cause additional bleeding and the wound to open. If your surgery site does not have sutures and is healing in naturally, then you may resume exercising several days after your surgery. Please do not resume any aquatic sport activities for at least one week after surgery.

Q: Is swelling normal?
A: Yes. You may experience some severe swelling and bruising which may peak within 2 to 4 days after surgery. Swelling and bruising will occur if there is surgery around the eye or above the eyes on the forehead area. Ice packs can help with discomfort and Arnica supplementation can help prevent some bruising.

Q: What can I do to prevent swelling?
A: After surgery, swelling is inevitable. Its severity is dependent on the surgical location and extent of the surgery. Any swelling that may arise will generally subside within 4-10 days. However, icing the wound and slight elevation of your surgical site may also reduce some swelling.

Q: Is clear/yellowish discharge from the wound normal?
A: Yes, as long as it is not accompanied by severe, progressive redness, increasing warmth of the area, or progressively increasing pain in the area. Please call the office at 541-600-2017 if you have any of the concerning signs.

Q: Is bleeding normal after surgery?
A: Yes, you may experience some oozing and minor bleeding after surgery. If there is slight oozing or bleeding, apply firm, direct pressure for 20 minutes without removing pressure to look at the wound. If this does not stop the bleeding, please call the office during the day or call Dr. Fix in the evening.

Q: Should I clean the wound with Hydrogen Peroxide?
A: No. Hydrogen Peroxide is abrasive to healing wounds. We recommend that you clean the wound once a day with mild soap and warm water prior to any dressing changes.

Q: May I use Neosporin as an antibiotic ointment?
A: Dr. Fix does not recommend Neosporin or other antibiotic ointment due to a frequent development of allergy to this product. We do recommend Vaseline, petroleum or Aquaphor ointment to be used instead. Once or twice daily application of these ointments will promote good wound healing.

Q: What kind of Band-Aid or bandages should I use?
A: Please use any bandage you prefer, but we do recommend that you trim off any extra adhesive edges to decrease irritation to the skin surrounding the wound.

Q: Who do I contact <u>IN CASE OF AN EMERGENCY</u>?
A: During regular office hours, please call **541-600-2017**. After hours and on the weekends, you can call Dr. Fix on her personal cell phone at **252-561-5558.**

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Meet Your Mohs Surgeon

Dr. Lindsey Fix, FAAD is a double board-certified dermatologist and Mohs Surgeon who is fellowship-trained in Mohs Micrographic Surgery with special interests in complex medical, procedural, and cosmetic dermatology.

Dr. Fix is a Eugene native and graduate of Marist High School. She earned her undergraduate degree in biological chemistry from Wellesley College near Boston, Massachusetts. She received her master's degree in cellular biology and medical degree from East Carolina University in Greenville, North Carolina. While obtaining her medical degree at the Brody School of Medicine, she was class president and received top honors as Valedictorian and as a member of Alpha Omega Alpha honor medical society.

Dr. Fix completed an internal medicine internship at the University of Hawaii on Oahu and her dermatology residency at Columbia University in New York.

Dr. Fix completed an additional year of training at the California Skin Institute as a fellow of Mohs surgery and dermatologic oncology with specialized training in facial reconstruction.

Dr. Fix has presented at national dermatology conferences and has had her work published in several journals. She is dedicated to providing comprehensive and compassionate care to her patients with an emphasis on early skin cancer detection and treatment.

As a seventh-generation Oregonian, Dr. Fix is delighted to be practicing medicine in her hometown. Her hobbies include cake decorating, fishing, singing, quilting and chasing after her Corgi, Winston.

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Understanding Squamous Cell Carcinoma

What is Squamous Cell Carcinoma (SCC)?
Squamous Cell Carcinoma (SCC) is a type of skin cancer that arises from squamous cells, which are thin, flat cells found on the surface of the skin. SCC is the second most common form of skin cancer and often develops in areas exposed to the sun, such as the face, neck, ears, hands, and arms. It can also occur on mucous membranes or scars.

Causes and Risk Factors:

- **Sun Exposure:** Prolonged or repeated exposure to ultraviolet (UV) radiation from the sun or tanning beds is a primary risk factor.
- **Fair Skin:** Individuals with fair skin are more susceptible.
- **Age:** SCC is more common in older adults, but it can occur at any age.
- **Personal or Family History:** A history of SCC or other skin cancers in your family or previous personal history increases your risk.
- **Weakened Immune System:** Certain medical conditions or medications that suppress the immune system can increase susceptibility.

Treatment Options:
The choice of treatment for SCC depends on factors such as size, location, subtype, and your overall health. Your dermatologist will discuss the most appropriate treatment option for your specific case. Common treatment options include:

1. **Mohs Micrographic Surgery:** A precise surgical technique that removes cancer layer by layer until no cancer cells remain, sparing healthy tissue.
2. **Excisional Surgery:** Surgical removal of the tumor with a margin of healthy skin.
3. **Cryotherapy:** Freezing the cancerous cells with liquid nitrogen.
4. **Electrodessication and Curettage:** Scraping the cancer cells and using electrocautery.
5. **Radiation Therapy:** For cases where surgery may not be suitable.
6. **Topical Medications:** Prescription creams or gels (e.g., 5-fluorouracil/imiquimod) applied to the affected area.

Preventing Recurrence:
After treatment, regular follow-up appointments with your dermatologist are essential. Protect your skin from excessive sun exposure, use sunscreen, and conduct self-examinations to detect any changes in your skin promptly. Some dermatologists recommend supplementation with niacinamide 500mg twice a day but this should be discussed with your primary care physician.

Conclusion:
Squamous Cell Carcinoma is a common skin cancer that, when diagnosed and treated early, has an excellent prognosis. Your dermatologist will work closely with you to determine the most suitable treatment option for your specific case. If you have any questions or concerns about SCC or its treatment, please do not hesitate to reach out to Evergreen Dermatology for guidance and support.

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Understanding Basal Cell Carcinoma

What is Basal Cell Carcinoma (BCC)?
Basal Cell Carcinoma (BCC) is the most common type of skin cancer, affecting millions of people each year. It typically develops on areas of the skin that have been exposed to the sun, such as the face, neck, ears, scalp, chest, or back. BCC is typically a slow-growing, painless, and flesh-colored or pinkish bump, although it can also be present in other forms.

Causes and Risk Factors:

- **Sun Exposure:** Prolonged or repeated exposure to ultraviolet (UV) radiation from the sun or tanning beds is a primary risk factor.
- **Fair Skin:** Individuals with fair skin are more susceptible.
- **Age:** BCC is more common in older adults, but it can occur at any age.
- **Personal or Family History:** A history of BCC or other skin cancers in your family or previous personal history increases your risk.
- **Weakened Immune System:** Certain medical conditions or medications that suppress the immune system can increase susceptibility.

Treatment Options:
The choice of treatment for BCC depends on factors such as size, location, subtype, and your overall health. Your dermatologist will discuss the most appropriate treatment option for your specific case. Common treatment options include:

1. **Mohs Micrographic Surgery:** A precise surgical technique that removes cancer layer by layer until no cancer cells remain, sparing healthy tissue.
2. **Excisional Surgery:** Surgical removal of the tumor with a margin of healthy skin.
3. **Electrodessication and Curettage:** Scraping off the cancer cells and cauterizing the area.
4. **Topical Medications:** Prescription creams or gels (e.g., imiquimod) applied to the affected area.
5. **Radiation Therapy:** For cases where surgery may not be suitable.

Preventing Recurrence:
After treatment, regular follow-up appointments with your dermatologist are essential. Protect your skin from excessive sun exposure, use sunscreen, and conduct self-examinations to detect any changes in your skin promptly.

Conclusion:
Basal Cell Carcinoma is a common skin cancer that, when diagnosed and treated early, has an excellent prognosis. Your dermatologist will work closely with you to determine the most suitable treatment option for your specific case. If you have any questions or concerns about BCC or its treatment, please do not hesitate to reach out to Evergreen Dermatology for guidance and support.

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Post-Mohs Surgery Pain Relief: A Patient Guide

Congratulations on successfully completing your Mohs surgery! While you're on the road to recovery, it's normal to experience some discomfort or pain. This handout provides valuable information on managing and relieving pain after Mohs surgery.

1. Follow Your Surgeon's Instructions: First and foremost, always follow your surgeon's post-operative instructions. Dr. Fix will provide you with personalized guidance on pain management based on your specific situation.

2. Over-the-Counter Pain Relievers: Dr. Fix may recommend over-the-counter pain relievers like acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) to manage mild to moderate pain. Follow the recommended dosage instructions on the label.

3. Prescription Pain Medications: In some cases, Dr. Fix may prescribe stronger pain medications if necessary. Take these medications as directed, and let Dr. Fix know if they are not providing adequate relief or if you experience any side effects.

4. Rest and Elevation: Rest and elevate the treated area whenever possible. This helps reduce swelling and discomfort.

5. Ice Packs: Using an ice pack wrapped in a cloth or towel, apply it gently to the surgical site for 15-20 minutes at a time, with breaks in between. This can help reduce pain and swelling.

6. Avoid Strain and Strenuous Activities: Minimize physical activities that could put strain on the surgical site. Dr. Fix will provide guidance on when it's safe to resume normal activities, typically around 1-2 weeks following suture removal.

7. Proper Wound Care: Following your surgeon's wound care instructions is crucial. Keeping the surgical site clean and free from infection helps prevent complications that could cause additional pain.

8. Stay Hydrated and Eat Well: A well-balanced diet and proper hydration support your body's healing process.

9. Communicate with Your Surgeon: If you experience severe or persistent pain, swelling, or any unexpected symptoms, contact Dr. Fix promptly. Our clinic number is 541-600-2017. We are here to help address your concerns and ensure your comfort.

10. Follow-up Appointments: Attend all scheduled follow-up appointments with your surgeon. She will monitor your healing progress and make any necessary adjustments to your treatment plan.

Remember, Pain Will Improve: It's important to know that discomfort after Mohs surgery is temporary, and it will improve as you heal. By following your surgeon's recommendations and practicing good self-care, you can make the recovery process as smooth and pain-free as possible.

Please don't hesitate to reach out if you have any questions or concerns about pain relief or your recovery. Your well-being is our top priority.

Monday through Friday 8am to 5pm,
please direct all questions to our clinic at (541) 600-2017

For Emergencies after-hours or on Weekends,
please call Dr. Fix directly at (252) 561-5558

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Guidelines for Caring for Your Surgical Wound After Mohs Surgery

Introduction:

Congratulations on completing your Mohs Micrographic Surgery. Proper wound care is crucial for a successful recovery and optimal healing. This handout provides you with essential guidelines to follow during your post-operative period. If you have any questions or concerns, please don't hesitate to contact Dr. Fix at Evergreen Dermatology (541) 600-2017.

Immediate Post-Surgery Care:

1. **Dressing:** Dr. Fix will apply a sterile dressing or bandage to the surgical site. Keep this dressing clean, dry, and intact for 24 hours. Leaving your dressing on for longer than 24 hours may result in difficulty removing it.
2. **Activity:** Rest and avoid strenuous activities for at least 48 hours after surgery. Elevate the treated area, if possible, to minimize swelling.
3. **Pain Management:** If you experience mild discomfort, you may take over-the-counter pain relievers, following the instructions on the label.

Wound Care Instructions:

1. **Dressing Changes:** Dr. Fix typically recommends dressing changes every 24 hours. To do so, use clean hands to gently remove the dressing after the recommended time frame. Dispose of the old dressing properly.
2. **Cleaning:** Cleanse the wound gently with mild soap and water. Avoid scrubbing or rubbing the area. Pat it dry with a clean, soft towel, or let it air dry.
3. **Apply Ointment:** Apply a small amount of ointment such as Aquaphor or Vaseline to the wound prior to bandaging. We do not recommend antibiotic ointments because many people develop allergies to one or many of the components over time.
4. **Avoid Immersion:** For the first 24-48 hours after surgery, avoid immersing the wound in water, such as in baths, swimming pools, or hot tubs. Afterward, consult your surgeon about when it's safe to resume normal bathing. Showering is allowed after surgery, but avoid direct high-pressure spray or scrubbing of the surgical site.
5. **Sun Protection:** After your wound heals, protect the area from direct sunlight. Use a broad-spectrum sunscreen with SPF 30 or higher when exposed to the sun. Clothing and hats provide additional protection. Effective sun protection prevents the scar from becoming darker than the surrounding skin.

Signs of Complications:

While complications are rare, it's essential to be vigilant for any signs of infection or other issues:

- Increased redness, swelling, or warmth around the wound site.
- Pus, discharge, or foul odor from the wound.
- Fever, chills, or worsening pain.
- Separation of the wound edges or delayed healing.

If you notice any of these signs, contact the clinic promptly at (541) 600-2017, or reach out to Dr. Fix directly on her personal cell phone at (252) 561-5558.

Follow-up Appointment:

Dr. Fix may schedule a follow-up appointment to monitor your healing progress and remove any sutures if necessary. Attend this appointment as scheduled. Sutures on the face are typically removed within 7-10 days of surgery.

Conclusion:

Proper wound care is crucial for a successful recovery after Mohs surgery. Following these guidelines will help promote optimal healing and minimize the risk of complications. If you have any questions or concerns at any point during your recovery, please contact Evergreen Dermatology for guidance and support.

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DIRECTIONS TO EVERGREEN DERMATOLOGY

21 Hayden Bridge Way, Springfield, OR 97477

When utilizing GPS, please use our administration office address of 2375 Laura Street

From I-5 heading north: Take exit 194A to merge onto Highway 126 towards Springfield. Take the exit for Pioneer Parkway/Springfield City Center and then turn left onto Pioneer Parkway East. At the first light, turn left onto West Q Street. From the right lane, turn right onto Laura Street. Continue straight on Laura Street to the clinic access road on the right (just before Oregon Neurology). The Clinic and Parking Lot are on the right.

From I-5 heading south: Take exit 195 towards Springfield. Keep left at the fork towards Gateway Mall. Turn Left at the light onto Beltline. Turn right onto Gateway Street then turn left onto Harlow Road. Turn right onto Laura Street at the last light before the roundabout (just before Oregon Neurology) and then take the first left onto the clinic access road. The Clinic and Parking Lot are on the right.

From I-105/Hwy 126 heading east: Take the exit for Pioneer Parkway/Springfield City Center and then turn left onto Pioneer Parkway East. At the first light, turn left onto West Q Street. From the right lane, turn right onto Laura Street. Continue straight on Laura Street to the clinic access road on the right (just before Oregon Neurology). The Clinic and Parking Lot are on the right.

From I-105/Hwy 126 heading west: Take the exit for Pioneer Parkway/Springfield City Center. Stay in the left lane and turn left onto West Q Street. From the right lane, turn right onto Laura Street. Continue straight on Laura Street to the clinic access road on the right, just before Oregon Neurology. The Clinic and Parking Lot are on the right.

From Randy Pape Beltline heading east: Turn right onto Gateway Street then turn left onto Harlow Road. Turn right onto Laura Street at the light (just before Oregon Neurology), then take the first left onto the clinic access road. The Clinic and Parking Lot are on the right.

For Further Assistance Please Call the Office at (541) 600-2017