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Important phone numbers:

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**MOHS RECONSTRUCTION
BEFORE AND AFTER YOUR SURGERY**

Thank you for choosing Providence Facial Plastic and Reconstructive Surgery for your care. Please follow these instructions for care of your wound. Do not hesitate to let us know if you have any questions.

Dr. Bhama works with several Mohs Surgeons in the area to ensure you have the optimal result when treating your skin cancer. Mohs surgery is typically performed by a dermatologic surgeon and is performed to remove the skin cancer (usually basal cell or squamous cell carcinoma). This creates a defect in the skin that will need to be repaired. The surgery performed to repair these defects is called *Mohs Reconstruction*. Dr. Bhama will perform your Mohs reconstruction surgery. Melanoma and melanoma-in-situ are cancers that sometimes require different treatment methods. Dr. Bhama can help with this as well.

There are important reconstructive principles that facial plastic surgeons keep in mind when repairing a wound. The goal is to achieve the best functional and aesthetic outcome possible. There are multiple options available to reconstruct wounds, and these are all part of what we call the “Reconstructive Ladder.” Ideally, the type of reconstruction performed is the simplest option to achieve the best possible result (the lowest “step” on the ladder). If the simplest method will not work, we consider a more complex method. If the more complex method will not achieve the goal, we continue to move “up the ladder” considering more complicated reconstructive options until we find the best option to reconstruct your wound. The most common reconstructive options are:

1. Healing by secondary intention (allowing your body to heal the wound naturally)
2. Primary closure (suturing the wound together from one edge to the other)
3. Skin graft (removing skin from elsewhere in the body to repair the wound)
4. Local flaps (using tissue adjacent to the defect to fill in the wound)

5. Local flaps (using tissue far away from the defect to fill the wound, leaving the tissue attached to its blood flow for a period of 3-4 weeks. This requires secondary surgery to detach the blood supply. Examples of this surgery are forehead flap, or melolabial interpolated flaps.)

Your scar will mature over the following one year. You may require additional procedures, which can generally be done under local anesthesia in our procedure room, so you do not have to be put to sleep.

Overall Surgery Timeline:

1. First surgery is to remove the skin cancer – typically performed by your dermatologist/Mohs Surgeon.
2. Your reconstruction with Dr. Bhama will usually be 1-3 days after the skin cancer removal, depending on the situation.
3. Your first follow up appointment will usually be 5-10 days after your surgery to remove sutures.
4. Sometimes, Dr. Bhama will recommend dermabrasion, which is usually performed 6 weeks after your surgery. This can help optimize the appearance of your scar.
5. Follow up appointments after this are variable.

Before your operation:

1. Do not take any of the following medications for 4 weeks prior to surgery:
 - a. Aspirin (unless it is a 81 mg dose required by your primary care provider)
 - b. Advil containing compounds (Motrin, Alleve, etc.)
 - c. Herbal supplements (Ginko, Ginseng, Garlic, etc.)
 - d. Fish oil
 - e. Vitamin E
2. Do not smoke for at least 6 weeks before AND after surgery. This includes tobacco, marijuana, cigars, pipes, etc.
3. Do not drink alcohol for 7 days before surgery.
4. Make sure to purchase a few things over the counter:
 - a. Aquaphor[®]
 - b. Non-adherent gauze pad
 - c. Gauze pad
 - d. Hydrogen peroxide (you will dilute this 1:1 with clean water)
 - e. Paper Tape
 - f. Cotton tipped applicators
 - g. Ice packs
 - h. BioCorneum Scar Treatment Plus SPF[®]

Specific aftercare instructions:

1. While sleeping, keep your head elevated on at least two pillows for the first 2 weeks after surgery so your head is at 20 degrees or more. This will help your swelling.
2. The swelling will peak at 48 – 72 hours post-operatively.

3. Usually, Dr. Bhama will recommend only Tylenol and Ibuprofen for pain. You can take these around the clock per the instructions on the bottle. If required, you may take extra narcotic pain medication if prescribed.
4. DIET:
 - a. On the day of surgery, you may start with a soft diet and then advance to normal as tolerated.
 - b. Minimize your salt intake to help reduce swelling.
 - c. Do not drink alcohol – alcohol and pain medications taken together can be dangerous. Alcohol can also worsen your swelling.
5. It's ok to shower 48 hours after surgery, but If you had ear cartilage harvest or rib cartilage harvest, do not get those areas wet either.
6. WOUND CARE:
 - a. If you had ear cartilage harvest – you may remove the large over the ear dressing and apply bacitracin to the inner dressing three times a day. Then replace the outer ear dressing.
 - b. If you had rib cartilage harvest – no care is needed for this.
 - c. If you had a skin graft – it is ok to get the site wet after 24 hours, but do not soak the site. Apply Aquaphor® to the site three times daily.
 - d. For your wound, GENTLY clean with mild soapy water twice daily. For crusts, clean with a cotton-tipped applicator soaked in ½ strength hydrogen peroxide three times daily using a rolling motion. Apply bacitracin to the wounds three times daily. After three days, discontinue use bacitracin and use Aquaphor® instead.
 - e. Apply ice packs to the wound 20 minutes of each hour while awake for the first 2 days.

General Instructions:

1. ACTIVITY:
 - a. No strenuous activity (anything that increases your heart rate above 100 beats per minute such as aerobics, heavy lifting, bending over) for 4 weeks after surgery.
 - b. After the first two post-operative weeks, you can slowly increase your activity level until back to normal levels at the 4-week point.
 - c. Someone should drive you home after surgery and remain at home with you for 1-2 days.
 - d. You SHOULD start walking as soon as possible after surgery. This will help reduce your risk of blood clots and improve swelling.
2. Swelling will continue to improve over the next few weeks. It takes up to a full year for the swelling to completely resolve.
3. Avoid wearing clothes that need to be pulled over your head, like a turtleneck. The pressure on your nose can move important grafts that were used in your surgery.
4. *Call the office immediately if:* you have nausea, vomiting, rash, shortness of breath, diarrhea, a fever, redness or increased pain at the surgical site.

Long-term care:

1. The facial skin is very sensitive to ultraviolet light after surgery. Keep your face out of the sun as much as possible. Wearing a wide-brimmed hat and using sun block can be helpful. Our Mill Creek Plastic and Reconstructive Surgery clinic sells an ideal sunblock for this purpose.
2. Start massaging the incisions and using scar cream 3 weeks after surgery.
3. Do not use make-up, sunblock, oils, lotions, or any other supplements to the skin until 4 weeks after surgery.