

Mohs Micrographic Surgery

Dermatologists believe that for certain skin cancers Mohs surgery is the best treatment. The other day, a plastic surgeon called me to say that he essentially does micrographic surgery, so why send my patients on a long drive when his office is closer. I've asked a Mohs surgeon to help explain why so that our patients can get the best care.

Dr. FMB, a Mohs surgeon, gave me this explanation:

“Mohs surgery depends on 2 very important concepts”

- The first is that microscope slides need to be prepared with en face sectioning, not a technique that is done rapidly or reliably in the pathology lab. It takes us over 6 months to train a technician to get the full face of the tissue, including epidermis, reliably. Without full face examination of the tissue, the procedure is simply excision with rush sections.
- The second crucial component is that the surgeon be the pathologist. This allows the greatest ability to excise the correct spot on any second or third stage. It is also important to understand the path, so you can excise to the correct layer.

No one has ever done a study to show that pseudo-Mohs is as effective as real Mohs. Imagine, depriving your patients of the real thing.

We feel that Mohs surgery is the treatment of choice for high-risk basal and squamous cell skin cancers (and selected other skin tumors).

[DermNet](#) has a fine page on Mohs Micrographic surgery. It concludes with this paragraph: “The Mohs surgeon needs to have skills in dermatology, oncology, pathology and reconstructive surgery. Occasionally, other specialist practitioners may be called in to assist, e.g. plastic surgeon to reconstruct the wound, head/neck surgeon to treat the deep component of the tumour.” We feel that plastic surgeons who perform pseudo-Mohs simply do not have the interest or training to handle tumors in critical sites.

The ultimate decision as to who performs one's surgery rests with the patient and his/her family. You physicians can be resources.