

# Mayo Clinic Q&A - Dr. Nahid Vidal - Melanoma and Mohs Surger...

Thu, 4/28 11:04AM 11:15

## SUMMARY KEYWORDS

mohs surgery, melanoma, patients, skin cancer, removing, melanomas, mayo clinic, skin, margins, surgeon, procedure, microscope, vidal, clear, scar, pigment, left, cancer, surgery, discuss

## SPEAKERS

DeeDee Stiepan, Narrator, Dr. Nahid Vidal

---

**N** Narrator 00:01  
Coming up on Mayo Clinic Q&A,

**D** Dr. Nahid Vidal 00:03  
Melanoma is one of the skin cancers that if not treated, or if not caught early, can be deadly. And what it essentially is, is the cells that make pigment in our skin decide to misbehave. So, they are either in the wrong location or they start to look differently under the microscope.

**N** Narrator 00:19  
The exact cause of all melanomas isn't clear but exposure to ultraviolet radiation from sunlight or tanning beds increases the risk of developing the cancer. One form of treatment for melanoma is Mohs surgery, which involves removing the visible cancer and a small area of surrounding healthy tissue.

**D** Dr. Nahid Vidal 00:39  
One of the benefits of Mohs surgery, you get a cure rate of 98 to 99%. It's one of the highest cure rates available for any cancer or skin cancer. So, the recurrence rates are very, very low, but not impossible. So, we do recommend that at least in that first year they have closer surveillance every four to six months. And then from there, they can discuss with their dermatologist how often they need to be seen.

**D** DeeDee Stiepan 01:01

Welcome, everyone to Mayo Clinic Q&A. I'm Deedee Stiepan sitting in for Dr. Halena Gazelka. Melanoma is one of the most common types of cancer in the United States, and it's the most serious type of skin cancer. Melanoma develops in the cells that produce melanin, the pigment that gives skin its color. Treatment for early-stage melanomas usually include surgery to remove the cancerous tissues. Mohs surgery is a precise surgical technique used to treat skin cancer. Joining us to explain Mohs surgery is Mayo Clinic dermatologic surgeon, Dr. Nahid Vidal. Welcome to the program.

D

Dr. Nahid Vidal 01:35

Thank you so much for having me. Appreciate it.

D

DeeDee Stiepan 01:37

So, tell us what is melanoma?

D

Dr. Nahid Vidal 01:40

Melanoma is one of the skin cancers that if not treated, or if not caught early, can be deadly. And what it essentially is, is the cells that make pigment in our skin decide to misbehave. So, they're either in the wrong location, or they start to look differently under the microscope, and that causes them to divide and causes skin cancer.

D

DeeDee Stiepan 02:01

And then can you explain what is Mohs surgery?

D

Dr. Nahid Vidal 02:04

Yeah, Mohs surgery is essentially skin cancer removal. It's a surgical removal process that's highly specialized, where we're removing the skin cancer with a goal of not only removing all of it, but also leaving behind as much healthy tissue as possible. I think it helps to understand a little bit more detail that the surgeon and the pathologist in Mohs surgery is the same person. So, the standard process for removing other types of tumors of skin cancers is the surgeon will remove it with a set amount standard of extra skin, we call that a margin, and submit it to the pathologist. And then you find out after the fact whether they got it all or whether, you know, the margins are clear. With Mohs surgery, you find out in real time that the margins are clear before the wound is reconstructed. And so, you have a surgeon who removes the skin cancer, we actually have a lab on-site that takes that tissue we've removed, freezes it, they freeze it for us, they create slides for us, and we actually look under the microscope. And we can see all of the edges around and all of the edges under the skin cancer to see if those skin cancer cells are at those margins or at those edges. And if they're clear, and we have no more skin cancer left, then we can proceed to discussing how to fix that wound. And if we're not clear, then because we have all this happening real time, we're able to go back, take more skin tissue precisely where we saw it and repeat that process over again. So, that's really interesting. So, how do

physicians decide if a patient's Melanoma can be treated with this type of surgery with Mohs surgery? Are there risks associated with Mohs surgery for melanoma? Yeah, I think the simple response is that it depends on the tumor, and it depends on location on the body. So, for stage 1 melanomas, especially with Mohs surgery, we primarily treat something called lentigo maligna, which is a special form of melanoma that is typically caused by the sun, and we tend to see it most often in the head and neck sites. And even though it's not a more aggressive form of melanoma, it's a kind of melanoma that left untreated can become invasive and more aggressive. And we tend to treat it more with Mohs surgery because it's surface level. So, this is not a melanoma that's advanced beyond the skin, it's at the surface of the skin. And the other type of melanoma that we may treat is an invasive melanoma that's very shallow that's still in that stage 1 category. The areas that we tend to treat them on are areas that we call special sites, or areas that are functionally very important or cosmetically very important. And that is the face, the head, scalp, ears, hands, feet and genitalia. Yes, there are risks associated with any surgery. Mohs surgery in general has the advantage of being a very low-risk procedure overall, but there are risks of bleeding, pain, infection, and what kind of scar the patient will have depends on what kind of reconstruction is performed on the wound, but there will be a scar at the site as well. And then finally, because we're doing skin surgery, anytime someone is doing any kind of surgery in the skin or leaving behind a scar, you can affect the nerves and the sensation in that area.

D

DeeDee Stiepan 05:10

So, let's talk about what a patient can expect during this procedure, and what they can do to prepare for Mohs surgery.

D

Dr. Nahid Vidal 05:18

In general, I think it's helpful for patients to understand that it's an all-day procedure. With melanoma in particular, the wait times are longer between the different stages of removal. So, if we're removing the skin cancer, that initial process of removal does not take so long, it's minutes, but there could be hours of wait time between when they have the skin tissue removed and when they learn about that margin status. And what's happening in that background is the lab is actually using a special stain to help highlight those pigment making cells so that it's easier for us to see under the microscope when we're interpreting those margins. And so, they should prepare for an all-day procedure and have nothing else planned. Try to avoid any travel plans, that first two days there is risk of increased bleeding, and if anything were to happen, we would want to be able to be there for our patients and address it. So, no travel plans, prepare for all day, most patients can take their medications as usual. They don't need to be fasting. There are rare exceptions to those, of course, but for most of our patients they can take their medications as usual. And we highly recommend bringing a companion as well as a driver. If that's the same person great, but there's a lot of waiting. And so, having something to do, someone to be there with you makes the experience better.

D

DeeDee Stiepan 06:30

A lot of waiting during the day, but at least like you said, then they'll know by the end of the procedure, so they don't have to wait after to know the results. That's great. You talked a little bit about initial recovery. What else should patients know about recovery from Mohs surgery?

D

Dr. Nahid Vidal 06:45

Mohs surgery in general has had pretty great recovery for patients. I think one of the main advantages is because there's local anesthesia used and the patient is awake, there isn't that recovery from general anesthesia. There is some swelling to be expected, especially in the first 48 hours. But for most patients, the average reported pain level is somewhere between zero and four, and that's typically in the first two days. And the vast majority of our patients do very well with ibuprofen or another anti-inflammatory medication over the counter plus Tylenol. It's very rare that patients need more than that.

D

DeeDee Stiepan 07:19

So, if someone, let's say someone's a candidate for Mohs surgery, what sort of questions should they be asking their care provider?

D

Dr. Nahid Vidal 07:28

I think anytime any patient is having any procedure, it's important for them to understand the what, the why, and the how. You know, what procedure is being performed, how is it performed, and especially the why. With melanoma in particular, there might be different ways that people approach that Mohs surgery, or the location might mean something different for one patient than another in terms of reconstruction. So, it's also helpful for patients to ask ahead of time, you know, what is the likely wound I may end up with knowing that no one can actually predict because of the unpredictable nature of the procedure, it is helpful sometimes to have those expectations discussed ahead of time for what to expect. Healing time is also I think a very good question to ask. Once we actually have the patient before us, we can have a more informed discussion about how it may impact their job, how much time they need to take off, and if they do have travel plans, you know how to plan that.

D

DeeDee Stiepan 08:25

And so, as far as follow-up care, I mean, should patients be concerned about melanoma recurrence after Mohs surgery?

D

Dr. Nahid Vidal 08:32

That's a really good question and an important one. One of the benefits of Mohs surgery using this special stain that we have, is that you get a cure rate of 98 to 99%. It's one of the highest cure rates available for any cancer or skin cancer. So, the recurrence rates are very, very low, but not impossible. So, we do recommend that at least in that first year they have closer surveillance every four to six months. And then from there they can discuss with their dermatologist how often they need to be seen. But definitely initially there should be closer surveillance. And typically, when recurrences do occur, they're going to occur in that first five year period, uncommon, but it can happen.

D

DeeDee Stiepan 09:10

Dr. Vidal, is there anything else that you think is important for people to know about Mohs surgery or about, you know, skin cancer in general?

D

Dr. Nahid Vidal 09:19

Yes, I think that in general it can be very intimidating not only to have the diagnosis and to be scared about it, but also intimidating if it's on the face or somewhere really sensitive to understand that the immediate day and the immediate impact isn't how things look or feel once things are fully healed. So, oftentimes in that moment, there may be quite a few stitches that they have. But almost all of our patients have wonderful outcomes once the scar has fully healed around six months to two years later. So, kind of have that that longer perspective really helps. The other thing to keep in mind too is that not all melanomas are the same. I think that the word melanoma can be extremely scary. The word cancer is scary. And so, Google can be misleading. I think it's important to understand exactly how your personal diagnosis of melanoma, what that means for you, what the treatment options are, and what the prognosis is because for most cases of shallow melanoma, or surface level melanoma in particular, that lentigo maligna type, that sun-damage induced, the prognosis is excellent, and that can change everything for a patient in terms of what it feels like to have that diagnosis.

D

DeeDee Stiepan 10:32

Our thanks to Mayo Clinic dermatologic surgeon, Dr. Vidal, for being here to discuss Mohs surgery for melanoma. Thanks so much for the discussion.

D

Dr. Nahid Vidal 10:40

Thank you.

N

Narrator 10:41

Mayo Clinic Q&A is a production of the Mayo Clinic News Network and is available wherever you get and subscribe to your favorite podcasts. To see a list of all Mayo Clinic podcasts, visit [newsnetwork.mayoclinic.org](https://newsnetwork.mayoclinic.org). Then click on podcasts. Thanks for listening and be well. We hope you'll offer a review of this and other episodes when the option is available. Comments and questions can also be sent to [mayoclinicnewsnetwork@mayo.edu](mailto:mayoclinicnewsnetwork@mayo.edu).