



## Honest Counseling Quells Mohs Anxiety

By Jeff Evans

*Dermatologic Surgery Skin & Allergy News,*

*August 2005*

Clear and realistic communication by both the referring physician and the dermatologic surgeon is key to preparing patients for Mohs micrographic surgery, David M. Zloty, M.D., said at the annual conference of the Canadian Dermatology Association.

Mohs patients who are told to expect a minor procedure may instead require extended surgery that can cause or exacerbate anxiety in those patients who are unprepared. Referring physicians may be setting patients up for a harrowing experience by not telling them what can happen during surgery or by not adequately documenting the size and location of the lesion for the Mohs surgeon prior to surgery, said Dr. Zloty, a dermatologic surgeon in private practice in Vancouver, B.C.

Last year, a letter to a journal suggested that Mohs surgeons are “out of control” in working in ill-equipped settings and in creating surgical defects that are out of line with what is expected or necessary (*Plast. Reconstr. Surg.* 2004;113:775-6).

But the fact that a large defect is unexpected does not necessarily mean that the procedure is out of control, said Dr. Zloty, who performs more than 800 Mohs surgeries each year in Canada’s largest Mohs micrographic surgery center.

Cases get out of control when “you can’t cure the patient because of site or depth or [because] they’re wildly anxious or uncomfortable,” he said.



*“It is important to prepare patients for the possibility that Mohs surgery may have to be extensive,” Dr. David M. Zloty said.—Photo: Jennifer Houghton*

Dr. Zloty suggested to referring physicians that “if a patient has what appears to be a small lesion, please don’t just say ‘don’t worry, it’s tiny, you’ll be cut, cured, and closed in three stitches,’ because it’s usually not the case.”

Instead, it would be preferable for the referring doctor to say “it’s small ... let’s hope it stays small, but if it does get larger, we’ll still be able to cure you and give you a good cosmetic result.”

That way, the Mohs surgeon can deal with anxiety, rather than anger, engendered in the patient because the wound is larger than expected, he said.

Referring physicians can also help the Mohs surgeon by noting the size and specific location of the lesion; those details can substantially affect patient comfort and the potential for cure. It makes



## Honest Counseling Quells Mohs Anxiety, continued

a big difference to note involvement of the ear canal rather than just the ear or the deep medial canthus of the eye rather than just the eye, Dr. Zloty said.

Mohs surgeons may not be able to control the surgical margins of very large, deeply invasive carcinomas, such as those that reach bone, go deep into the medial canthus of the eye, or extend far into the perianal area. “Once you lose margin control, you’re losing the value of Mohs,” he said.

Most of the patients in Dr. Zloty’s practice come from outside Vancouver, so he sees about 90% of them for the first time on the day of surgery. Most patients don’t want to see him before the day of surgery since they often travel from other parts of British Columbia, other provinces, or even the Pacific Northwest region of the United States.

Mohs surgeon Brooke A.A. Jackson, M.D., agreed that it’s unlikely that patients will be able to come for a consultation prior to surgery when they live hours away. In those cases, when Dr. Jackson practiced at the M.D. Anderson Cancer Center and did her Mohs fellowship training at the Baylor College of Medicine in Houston, the staff obtained a biopsy report and patient information from the referring physician. Then they called the patient and told them everything that they would have heard had they come for a consultation, such as what they should and should not do, how long the day could last, and if it was necessary to stop any medications.

“Depending on how your office runs, it is sometimes difficult, especially with Mohs, to have a patient take up a Mohs slot, have them get there, and realize that they’re either not a candidate for

surgery” or are otherwise unfit for the procedure, said Dr. Jackson, medical director of the Skin Wellness Center of Chicago.

Mohs surgeons can maintain control of their operations through adequate presurgical preparation of themselves, their staff, and their patients, Dr. Zloty advised.

Adequate preparation includes reviewing of the patient’s medical history; informing and counseling the patient about the procedure; determining the most appropriate method of anesthesia or sedation; and making decisions about the need for antibiotics, monitoring, and intravenous medications.

But sometimes regardless of what the Mohs surgeon or the referring physician tell patients, they “believe whatever they want to hear, which is not necessarily what you’ve told them,” Dr. Jackson said in an interview with *Skin & Allergy News*. Despite sitting down with patients for consultations and telling them that they will be in her office for the majority of the day for a Mohs procedure and will need to take the day off from work, she said that some will still come in on the day of surgery wondering how long they will be there and if they will be able to go back to work.

The patient and staff should know through the day how the procedure is progressing. “It’s all about reducing patient anxiety. The more they know, the easier it is for the day to flow,” said Dr. Zloty, also a dermatologist at the University of British Columbia, Vancouver.



## *Honest Counseling Quells Mohs Anxiety, continued*

Any size of lesion in an extremely anxious patient can be “too big” to operate on, Dr. Zloty advised. “There [have] been about two or three times where I really couldn’t even do the procedure.” In those cases, he had to put the patients under general anesthesia before he could get started.

Physicians who refer an overly anxious patient for Mohs surgery should “at least let the surgeon know that this patient is going to be a problem,” Dr. Zloty said. “Then maybe in that case the patient will let them see us before surgery to try to put them at ease to some degree.”

Mohs surgeons may not want to perform the procedure on patients who have unreasonable expectations, are afraid of a scar, have not had all their treatment options explained to them, or have major medical conditions that would not allow them to tolerate the procedure, Dr. Jackson said.