

Our office is conveniently located at the intersection of Ogden Avenue and I-294 and can be easily accessed by the tollway, highway or by reaching Ogden Avenue and avoiding the interstate and highway. It is in the medical space in the Professional Office Building attached to Whole Foods and Starbucks. Free reserved parking is near the entrance doors. **The office entrance is in the front of the building to the immediate left of the Starbucks.** Driving directions can be made by visiting:

www.drgoulder.com/directions

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Mohs Surgery

for the Treatment of Skin Cancer

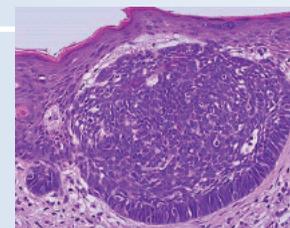
in preparation for your surgery

We want you to be informed, relaxed and comfortable when you arrive for your surgery. Please read through this brochure and ask us any questions that you may have. We are here to assist you.

SG STEVEN GOULDER MD
 Skin Cancer, Mohs Surgery and Surgical Dermatology Specialist

compassionate and experienced care
www.drgoulder.com

the diagnosis of skin cancer



basal cell carcinoma under the microscope

Skin cancer is the most common form of cancer in the United States with over 1.2 million people diagnosed with skin cancer each year. Being diagnosed with skin cancer may bring you concern, but thankfully there is a treatment that provides an excellent cure rate.

The diagnosis of skin cancer is most frequently confirmed by a biopsy, which is then read microscopically by a skin pathologist. Occasionally with small tumors, the biopsy site may have healed nicely and the skin may appear normal on the surface. Unfortunately; however, tumor cells usually persist below the surface of the skin and are continuing to grow similar to the roots of a tree whose trunk has been cut. Therefore, it is only possible to determine the extent of your tumor by examining all margins under the microscope.

mohs micrographic surgery

Mohs Micrographic Surgery is a highly specialized state-of-the-art procedure for the precise removal of skin cancer. Guided by the microscope, the Mohs surgeon removes the skin cancer as a disc of tissue. This specimen is then precisely mapped and within approximately one-hour, microscope slides are processed and read by the Mohs Surgeon. 100% of the margins (both the deep and surrounding skin edges) are evaluated. No other surgical technique for the removal of skin cancer examines the entire margins of surrounding skin to ensure that the highest cure rate is obtained. If all margins are free of cancer, as examined under the microscope, the resultant skin defect is typically repaired that day. If a focal area demonstrates residual cancer, a second stage is taken only in the area that showed cancer cells, thereby preserving as much healthy tissue as possible. Again microscope slides are made and read by the Mohs surgeon. This process continues until all margins are free of tumor. While every case is unique, Mohs surgery provides a cure rate up to 99% for primary skin cancers (those that have not been treated in the past).

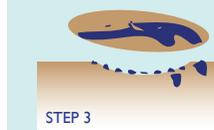
the Mohs Surgery process



step 1: The roots of a skin cancer may extend beyond the visible portion of the tumor. If these roots are not removed, the cancer will recur.



step 2: The visible portion of the tumor is surgically removed.



step 3: A layer of skin is removed and divided into sections. The surgeon then color codes each of these sections with dyes and makes reference marks on the skin to show the source of these sections. A map of the surgical site is then drawn.



step 4: The undersurface and edges of each section are microscopically examined for evidence of remaining cancer.



step 5: If cancer cells are found under the microscope, the surgeon marks their location onto the "map" and returns to the patient to remove another layer of skin - but only from precisely where the cancer cells remain.

step 6: The removal process stops when there is no longer any evidence of cancer remaining in the surgical site. Because Mohs surgery removes only tissue containing cancer, it ensures that the maximum amount of healthy tissue is kept intact.

the mohs surgery advantage – precision, quick recovery and peace of mind

Sometimes what can be seen on the surface of the skin may not represent the “roots” of the skin cancer underneath the skin’s surface. With conventional excisions an educated guess is made as to the extent of the tumor roots and what margin to take. But with Mohs surgery, the Mohs surgeon precisely traces these roots guided by the microscope and aided by detailed mapping of the removed tissue. Only through Mohs surgery is there precise mapping of tumor cells and complete microscopic evaluation of the entire deep and surrounding edges of surgically removed tissue. This technique allows the Mohs surgeon to more accurately remove the skin cancer, preserve as much healthy tissue as possible and provide you the highest cure rate. Mohs micrographic surgery is typically performed as an outpatient procedure, in just one day and under local anesthesia. Thus the risks of sedation and general anesthesia are avoided.

indications for mohs surgery

Mohs surgery is most beneficial in treating skin cancers that have a high risk of recurrence or are located in cosmetically sensitive or functionally critical areas such as the face, ears, nose, lips, eyelids scalp, hands, feet and genitals. High-risk tumors include those that have grown rapidly, are large in diameter, have indistinct borders, have an aggressive growth pattern seen with the biopsy or are recurrent (have been treated previously and have reoccurred). Certain patient populations with skin cancer also benefit with the advantages of Mohs surgery. These include patients with a compromised immune system, skin gene defect disorder or those who are younger than age 40.



pre-operative instructions

- You may continue to take your aspirin (if prescribed by your doctor) and other blood thinners unless you have been instructed to do otherwise. Please avoid non-prescribed, over-the-counter pain medications such as Ibuprofen (Motrin, Advil, Aleve, Excedrin) for 2 weeks prior to surgery. Do avoid taking vitamin E and all herbal supplements, as these too prolong bleeding time. Tylenol may be used as a pain reliever during the pre- and post-operative periods.
- If you smoke: Please decrease or stop smoking 2 weeks prior to surgery and continue to limit smoking for one week after surgery. Smoking inhibits wound healing and negatively affects the ultimate cosmetic outcome of your surgery.
- Make plans to avoid stretching, bumping, and excessively moving the wound area for the first 72 hours after surgery. This includes heavy lifting, jogging and moderate exercise. Plan on icing the area throughout the first 48 hours following your surgery.
- Please shower the evening prior or morning of surgery to help decrease the infection risk. Daily use of a Dandruff Shampoo beginning one week prior to surgery may decrease your infection risk and improve wound healing.
- Please arrive 15 minutes prior to your appointment time to prepare you for your surgery.

the morning of your surgery

- On the morning of your surgery, please take all other prescribed medication, especially ones that control high blood pressure or antibiotics that are needed prior to starting surgery.
- Eat a light breakfast.
- Wear comfortable warm clothing and tops that open in the front. Please avoid pullover shirts as these may disrupt your bandages while dressing and undressing.
- If your surgery involves the face, please do not wear cosmetics or moisturizers on your face on the day of surgery.
- For your convenience, our office has complimentary Wi-Fi.
- Your comfort and care is our top priority. If you have any concerns or questions prior to surgery please call our office.

your surgery day

- Please plan on spending most of the day at our office. You may bring a lunch or snacks to eat throughout the day.
- After you are brought into the surgery room, your skin will be cleaned. The area around your skin cancer will be carefully numbed with a local injection to minimize your discomfort.
- It may take up to 45 minutes to numb and remove the first section of skin (Stage One of Mohs surgery).
- After the First Stage, a dressing will be applied to your wound and your tissue is immediately brought to our adjacent Mohs Laboratory.
- During this time (60-90 minutes), microscope slides are being made and examined by the Mohs surgeon to determine if the margins are free of tumor.
- If all of the cancer was removed, we will discuss closing the wound and wound care. Typically the repair of your wound will be performed the same day.
- If there are cancer cells remaining, we begin Stage Two of Mohs Surgery taking our next stage only in the areas with remaining skin cancer (45 minutes), while preserving the surrounding healthy tissue.
- Again, your tissue is precisely mapped and microscope slides are made of your tissue and examined by the Mohs surgeon.
- This process continues until the microscope slides come back without cancer and all margins are free of tumor. If the margins are free, we discuss reconstruction options and will typically repair your wound that same day.
- Each patient and cancer type varies. The length of time for your procedure unfortunately cannot be predicted. For this reason we recommend that you plan on being here for the entire day; however, your stay may be much shorter.
- Your wound will not be closed until we are sure that the margins are free of skin cancer by examination under the microscope, providing you with the reassurance and peace of mind that your procedure has provided the highest cure rate while preserving healthy tissue.
- You will typically return one week post-operatively for a wound check and suture removal. Afterwards it is important that you return to your dermatologist’s care for future skin exams and preventive skin care.

Steven Goulder, MD, FACMS, FAAD



Dr. Steven Goulder is a board certified dermatologist and fellowship-trained skin cancer and reconstructive surgeon. For more than seven years he directed the skin cancer program and dermatologic surgery program at Loyola University Chicago, creating one of Chicago’s largest academic Mohs surgery and skin cancer

treatment centers. Dr. Goulder has performed over 11,000 dermatologic surgical procedures. As an assistant professor in the Loyola University division of dermatology residency program, Dr. Goulder has instructed medical students and dermatology residents in numerous dermatologic procedures including Mohs Surgery, Facial Reconstruction and Procedural Dermatology. He has lectured and presented at numerous medical conferences in the United States and is a published author on skin cancer and dermatology.

advanced training for advanced care

A distinguished graduate of Amherst College (Amherst, MA), Dr. Goulder was an honor student and Intern in Internal Medicine at Case Western Reserve University School of Medicine in his hometown of Cleveland, Ohio. Dr. Goulder subsequently trained with the nation’s leaders in dermatology at the University of Michigan, where he also held a two-year Extracurricular Training Program in Melanoma and pigmented lesions and was awarded the prestigious Chief Residency position for the Department of Dermatology. He was named a Young Leader in Dermatology in 2003. Dr. Goulder subsequently completed his fellowship training in Mohs surgery, reconstruction and skin cancer at the Northwestern Skin Cancer Institute under the auspices of the American College of Mohs Surgery (ACMS). He is a member of the Leaders Society of the Dermatology Foundation, a Diplomat of the American Board of Dermatology and a Fellow of the American College of Mohs Surgery, American Society of Dermatologic Surgery and the American Academy of Dermatology.