

WHAT IS SLOW MOHS?

You have been diagnosed with a skin lesion that is in the melanoma family:

- a pre-melanoma (compound melanocytic proliferation or CMP, junctional melanocytic proliferation or JMP)
- a melanoma-in-situ (MIS) which is a superficial non-invasive melanoma, or
- an early stage invasive melanoma (melanomas up to 1mm in depth requiring excision alone for treatment, no lymph node biopsy indicated)

Treatment for all the above lesions require complete removal of the lesion itself plus an additional "safety margin." The size of the margin depends on the nature and depth of the lesion.

In areas where the skin is loose (trunk or extremities) it is simple to stitch the skin back together and although rare, not difficult to re-excise and re-stitch should the lab report show that after a microscopic exam, additional margins are needed.

When the lesion is on the head, neck, or any area where stitching is more difficult and where saving as much healthy skin is important, we recommend the "slow Mohs" or staged excision procedure.

Unlike traditional Mohs surgery for non-melanoma skin cancers, melanoma family lesions often require special testing which cannot be done in the office setting. For this reason, the turnaround time between biopsies is at least a week because the tissue must be sent to an outside lab. Like with Mohs, the outside lab will examine 100% of the margin and let us know exactly where any remaining abnormal cells are. Should we need to take additional margins, the processing time will be at least another week for each stage.

While we are waiting for your margins to clear, your biopsy site will remain open and you will need to keep a bandage over the area. Risk for infection is minimal and we do not usually prescribe antibiotics until the area is repaired. Once we have confirmation that your margins are clear, you will be ready to have the area stitched.

