



WELCOME TO OUR PRACTICE

We are pleased that you have chosen our office for your surgical care. Our goal is to provide you with the quality care and expertise that you expect and deserve.

This brochure will acquaint you with our practice and give you a better understanding of how our facility works. We take great pride in our staff's training and professional capabilities. Please feel free to ask any questions you may have regarding your medical care, fees, insurance, or other office policies. We are concerned about you and welcome any suggestions that will improve the care that you receive.

This brochure is designed to complement our personal communications with you. We hope this information will answer many of your questions.

We are always happy to listen to any suggestions regarding our office procedures. It is essential that our patients are well informed, relaxed, happy, and above all confident in their care. For more information about skin cancer and the Mohs surgery please feel free to visit our website www.skinsurgeryokc.com.

MEET THE DOCTORS



Brandon Rhinehart, D.O. (left in photo) was born and raised in Joplin, MO. After graduating college in Missouri, he attended medical school at Oklahoma State University, followed by residency training in dermatology at Brooke Army and Wilford Hall Medical Centers in San Antonio, TX. After serving as the Chief of Dermatology for the US Army hospital in Wurzburg, Germany, he was selected for a one-year fellowship under the direction of Dr. Donald Grande in Boston, MA. Upon completion, he returned to San Antonio to serve as an Associate Professor of Dermatology and Chief of Mohs Surgery at the San Antonio Uniformed Services Health Education Consortium, one of the nation's largest dermatology residency training programs. After

completing 10 years of active-duty service as a medical officer with the United States Army, including a deployment tour with the 101st Airborne in Afghanistan, he relocated to Oklahoma City to start private practice. Dr. Rhinehart is a board certified dermatologist and **fellow of the American College of Mohs Surgery**.

Todd Mollet, M.D. (right in photo) grew up in Yukon, Oklahoma. After graduating college from Oklahoma State University, he attended the University of Oklahoma for both medical school and residency. After residency, he completed an intensive fellowship in Mohs micrographic surgery and dermatologic oncology at the University of Texas Southwestern Medical Center. Dr. Mollet is a board certified dermatologist and **fellow of the American College of Mohs Surgery**. He has taken care of thousands of skin cancer patients. Outside of the office, Dr. Mollet enjoys living life with his beautiful wife, son, and daughter. He loves sports, fishing, and hunting on his family's farm in Western Oklahoma.

INTRODUCTION TO MOHS SURGERY

What is Mohs surgery?

Mohs surgery is a highly specialized treatment for the complete removal of skin cancer. It is named in honor of the late Dr. Frederic Mohs, who developed the technique. This method differs from all other methods of treating skin cancer by using detailed mapping techniques and complete microscopic examination of 100% of the tissue margin. This allows the removal of all cancerous cells for the highest cure rate while sparing healthy tissue and leaving the smallest possible scar.

Today, the technique of Mohs surgery is performed in the following steps. After local anesthesia, the first step is to remove the visible portion of the cancer. Then a thin layer of tissue is surgically excised from the base of the site. This layer is generally only 2 mm larger than the clinical cancer. Next, this tissue is mapped and processed in a unique manner and examined under the microscope. Your surgeon examines 100% of the entire bottom surface and outside edges of the tissue on the microscopic slides. This differs from the frozen sections prepared in a hospital setting which examine less than 1% of the tumor margins. The tissue is precisely mapped. If any cancer is seen during the microscopic examination, its location is marked on the map and a thin layer of additional tissue is excised from the precise area involved. The microscopic examination is then repeated. The entire process is continued until no cancer is found on the edges.

What are the advantages of Mohs surgery?

By using these detailed mapping techniques and complete microscopic control, your Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic "roots" of cancer can be removed. The result is: (1) the removal of as little normal skin as possible, and (2) the highest cure rate for the cancer. Also, unlike standard surgery, the slides are examined the same day, eliminating the chance of finding a positive margin at an outside pathology lab and having to perform surgery at a later time to clear the cancer.

What are my chances for cure?

Using Mohs surgery, the percentage of cure is more than 99% for most skin cancers, and 95-97% when other previous forms of treatment have failed. As a result, Mohs Micrographic Surgery is very useful for large tumors, tumors with indistinct borders, tumors near vital functional or cosmetic structures, and tumors for which other forms of therapy have failed. No surgeon or technique can guarantee a 100% chance of cure. Other methods of treatment for skin cancer are available but their cure rates are significantly lower than Mohs surgery. These include radiation, excision, destruction, photodynamic therapy, and immunochemotherapy.

PREPARING FOR SURGERY

The length of Mohs surgery varies depending on the size and location of the skin cancer and the type of reconstruction to be done. Although the average time is 4-6 hours, **you should plan on spending most of the day in our office and we ask that you make no other commitments for the rest of the day.** If you are on oxygen, please bring enough with you to last the entire day.

Continue all medications prescribed by your doctor including blood thinners like Coumadin/warfarin or aspirin. **If you take Coumadin, Warfarin, or Jantovin, you will need to have an INR level done within one week of your surgery date.** If you are taking aspirin, ibuprofen, or herbal supplements **without your doctor's orders, please discontinue them 10 days prior to your surgery appointment** (this includes fish oil, Ibuprofen, Anacin, Bufferin, Excedrin, Alka Seltzer, Advil, Aleve, Motrin, Oral Vitamin E, and Ginkgo Biloba). You may take Tylenol/acetaminophen if needed for pain. **If you have an artificial heart valve or a replaced joint in the last 2 years**, please let us know. We will likely give you an antibiotic prior to surgery. **Avoid alcohol** 48 hours before and after surgery because it can cause bleeding. **Avoid smoking** 1 week before and 3 weeks after surgery. If stopping is not possible, at least decrease smoking by half. Smoking can result in very poor wound healing.

TRANSPORTATION: It is better to have a companion drive you to and from the doctor's office. If your cancer is on your face, a driver is required. You may also be more comfortable with someone to keep you company in the reception area.

THE DAY OF SURGERY

Be well rested and eat a good breakfast unless instructed otherwise. Please bathe or shower and wash your hair to minimize your risk of a surgical site infection. Please avoid wearing jewelry and make-up if the surgery is on your face.

It is a good idea to wear loose fitting clothing and avoid "pullover" clothing. Tylenol may be taken before the surgery in order to reduce discomfort. The morning of surgery, we will obtain your written consent for the procedure, photographs will be taken, and your blood pressure will be recorded. If you have any additional questions, please feel free to ask them at this time.

The doctor will anesthetize (numb) the area of skin containing the cancer with a small local injection. This injection will probably be similar to the one you received for your biopsy. We will be as gentle as we can when administering this injection. It usually takes about 15 minutes to anesthetize and remove the tissue. After the tissue is removed it will be processed in our laboratory.

Depending upon the amount of tissue removed, processing usually takes an additional 1-2 hours. Your wound will be bandaged, and you will move to the waiting room while the tissue is processed, stained and examined by the doctor. If the microscopic examination of the removed tissue reveals the presence of cancer on the edges, the doctor will go back and remove more tissue. Most skin cancers are removed in 1 to 3 surgical stages, but some require additional stages. The process is continued until the cancer is completely removed.

We would like to make the time you spend with us as pleasant as possible. You may bring reading material to occupy your time. We also have wireless internet available if you wish to bring your laptop or tablet. Magazines, coffee, and water will be available in the reception area. If your visit extends through the lunch hour, your companion may bring you food since you are asked not to leave the reception area of our office.

RECONSTRUCTION

After the skin cancer has been completely removed, a decision is made on the best method for treating the wound created by the surgery. These methods include letting the wound heal by itself, closing the wound in a side-to-side fashion with stitches, or closing the wound with a skin flap or graft. The best method is determined on an individual basis after the final defect is known. Wound repairs are performed immediately in our office while the site is still anesthetized. Rarely other surgical specialists may be utilized for their unique skills if warranted. The length of the procedure varies depending on the size and location of the skin cancer and the type of reconstruction to be done. However, most procedures are completed within 4-6 hours.

AFTER MOHS MICROGRAPHIC SURGERY

Your surgical wound will likely require care during the weeks following surgery. Detailed written instructions will be provided. Plan to return to our office in 1 to 4 weeks for a wound check. We will recommend a time at the end of your surgery appointment. Rarely, we may need to remove staples especially when working on the scalp. Most of our patients report minimal pain which responds readily to Tylenol. You may experience a sensation of tightness across the area of surgery. Skin cancers frequently involve nerves and months may pass before your skin sensation returns to normal. In rare instances, the numbness may be permanent. You may also experience itching after your wound has healed. Complete healing of the surgical scar takes place over 12-18 months. Especially during the first few days to months, the site may feel swollen or lumpy and there may be some redness. Massaging the area starting 1-2 months after surgery will speed the healing process. It is important not to start massaging the wound until told to do so by your provider.

Long-term follow-up is necessary after being diagnosed with skin cancer. Studies have shown that skin cancer patients are at risk for developing new skin cancers in the future. It is important to schedule a follow-up skin exam with your referring doctor 3 to 6 months after your skin cancer diagnosis. If you develop any new lesions near your surgery scar, please schedule an appointment with our office.

RISKS OF MOHS MICROGRAPHIC SURGERY

Because each patient is unique, it is impossible to discuss all the possible complications and risks in this format. The usual risks are discussed below. Our doctors will discuss any additional risks associated with your particular case. *Please understand that these occurrences are the **exception and not the rule**.*

- The wound created by the removal of the skin cancer may be larger than anticipated. There is no way to predict prior to surgery the exact size of the final wound.
- There will be a scar at the site of removal. We will make every effort to obtain optimal cosmetic results. Our primary goal is to remove the entire cancer. Mohs surgery will leave you with the *smallest* wound possible while still removing the entire cancer.
- There may be poor wound healing. Despite our best efforts and for various reasons (bleeding, poor physical condition, smoking, diabetes, or other diseases), healing is slow or the wound may reopen. Flaps and grafts utilized to repair the defect may at times fail. Under these circumstances, the wound will usually be left to heal on its own. The scar may be revised at a later date if necessary.
- There may be loss of motor (muscle) or sensory (feeling) nerve function. **Rarely**, the tumor invades nerve fibers. When this is the case, the nerves must be removed along with the tumor. Prior to your surgery, the doctor will discuss with you any major nerves which might be near your tumor.
- The cancer may involve an important structure. Many are near or on vital structures such as the eyelids, nose, or lips. If the tumor involves these structures, portions of them may have to be removed and repaired.
- **Rarely**, wounds become infected (less than 1%) and require antibiotic treatment. If you are at particular risk for infection, you may be given an antibiotic after surgery.

- There may be excessive bleeding from the wound. Such bleeding can be controlled during surgery. There may also be bleeding after surgery. This is usually controlled with direct pressure on the wound.
- There may be an adverse reaction to medications used. We will carefully screen you for any history of problems with medications. However, new reactions to medications may occur.
- There is a very small chance that your tumor may regrow after surgery. Previously treated tumors and large tumors have the greatest chance for recurrence.

PATIENT/INSURANCE BILLING

Please be sure to bring your current insurance cards with you to each visit. We will need to keep a current copy in your records. You can check your insurance coverage by calling the phone number on the back of your insurance card to check participation status with Dr. Brandon Rhinehart and Dr. Todd Mollet.

If there is any question about our participation with your insurance, please contact us prior to surgery. This will help us estimate and inform you about any out-of-pocket expenses.

Participating plans - We currently participate with Medicare, all Medicare supplemental insurances, and most major Oklahoma insurance plans.

We will file claims for all services covered under these plans. You will be asked on the day of your appointment to pay for any services not covered by your insurance. Expenses not covered include deductible, co-insurance, co-pay amounts, occasionally office visits, and cosmetic procedures. Payments may be made by cash, check, or credit card.

IMPORTANT REMINDERS

DO's:

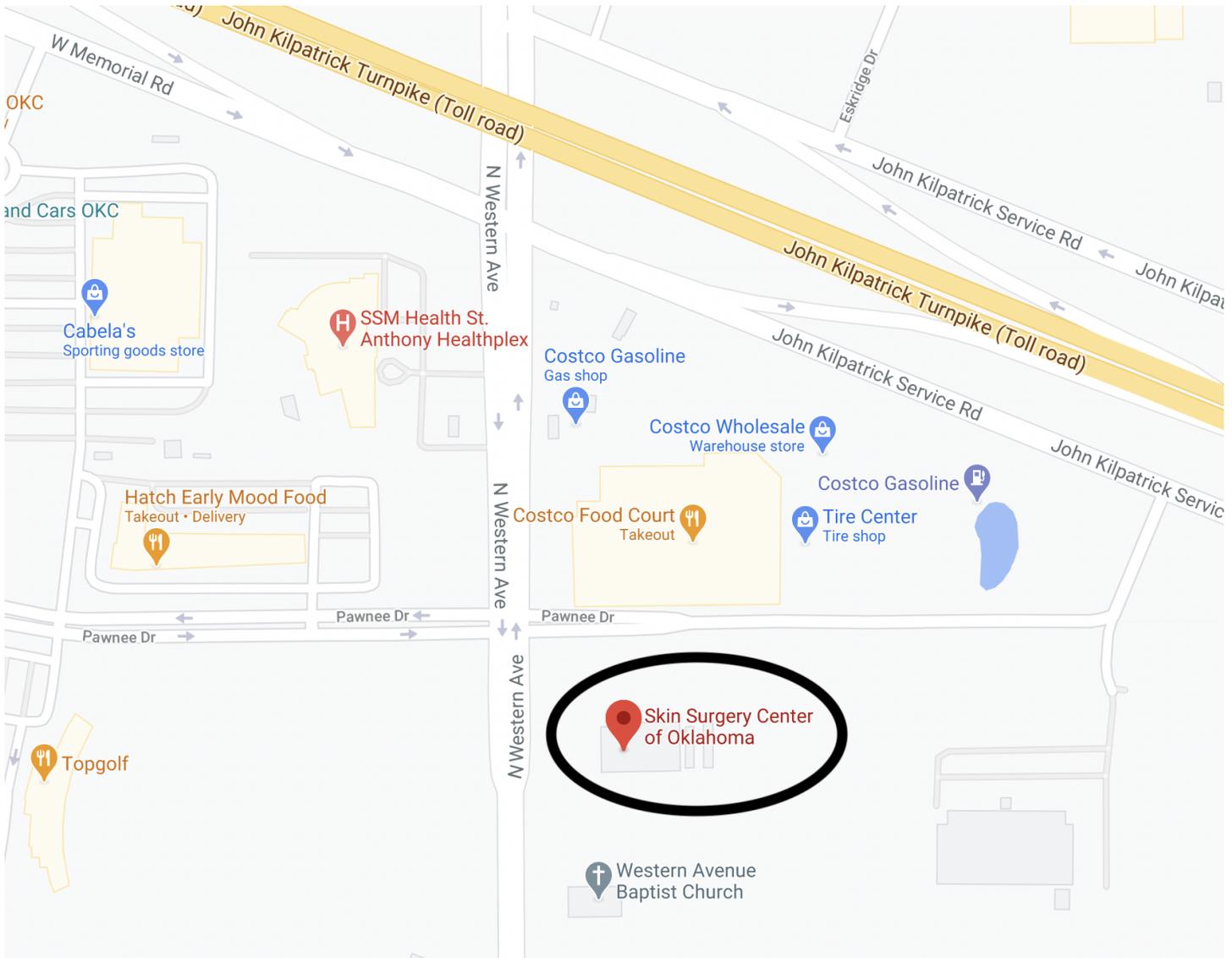
- **DO** bring a driver if your surgery is on your face (required)
- **DO** advise us as soon as possible if you need to cancel or change your appointment
- **DO** take your prescription medication on schedule, however, please discontinue any self-prescribed blood thinners like aspirin and ibuprofen 10 days prior to your appointment
- **DO** get your INR checked within one week of surgery if taking Coumadin, Warfarin, or Jantovin
- **DO** shower and wash your hair prior to surgery to minimize the risk of infection
- **DO** eat a normal breakfast unless instructed otherwise
- **DO** dress comfortably
- **DO** plan on being in our office most of the day
- **DO** plan to return for a wound check 1 to 4 weeks after your surgery

DO NOT'S:

- **DO NOT** make any other commitments on the day of your surgery
- **DO NOT** consume alcohol 48 hours prior to or after surgery
- **DO NOT** smoke 1 week prior to or 3 weeks after surgery. If you are unable to stop, at least decrease smoking by half.

Directions to 13100 N Western Ave, Suite 301, Oklahoma City, OK 73114

Our office is located on the east side of Western Ave inside Memorial Springs Medical Building on the 3rd floor. The building is directly behind Costco and across the street from the nets at TopGolf. Our parking lot entrance is just south of the stoplight at Western Ave and Pawnee Drive. Please DO NOT turn at the stoplight onto Pawnee Drive.



From Guthrie/Perry/Northern Oklahoma

Travel south on I-35 S
Take exit 138B toward Kilpatrick Turnpike West
Merge onto Kilpatrick Turnpike West
Take the Western Ave exit
Merge onto John Kilpatrick Service Rd
Turn south on Western Ave
Turn east into our parking lot just off Western Ave

From Moore/Norman/Ardmore

Travel north on I-35 N
Continue onto I-235 N/US-77 N/Broadway Ext
Take the exit toward NE 122nd St
Turn west on NE 122nd St
Turn north on Western Ave
Turn east into our parking lot just off Western Ave

From Midwest City/Shawnee/Eastern Oklahoma

Travel west on I-40 W
Take exit 126A to merge onto I-235 N
Travel north on I-235 N/US-77 N/Broadway Ext
Take the exit toward NE 122nd St
Turn west on NE 122nd St
Turn north on Western Ave
Turn east into our parking lot just off Western Ave

From Yukon/Mustang/El Reno/Elk City

Travel east on I-40 E
Take exit 138B toward Kilpatrick Turnpike East
Merge onto Kilpatrick Turnpike East
Take the Western Ave exit
Merge onto W Memorial Rd
Turn south on Western Ave
Turn east into our parking lot just off Western Ave

From Lawton/Southwest Oklahoma

Travel I-44 E towards Oklahoma City
Continue onto Hefner Parkway/OK-3/OK-74 N
Take exit toward Kilpatrick Turnpike East
Merge onto Kilpatrick Turnpike East
Take the Western Ave exit
Merge onto W Memorial Rd
Turn south on Western Ave
Turn east into our parking lot just off Western Ave

From Turner Turnpike/Tulsa

Travel west on Turner and Kilpatrick Turnpike
Take the Western Ave exit
Merge onto John Kilpatrick Service Rd
Turn south on Western Ave
Turn east into our parking lot just off Western Ave

Please review this handout. We want you to be as comfortable, relaxed, and informed as possible.

Brandon Rhinehart, D.O.
Todd Mollet, M.D.
Skin Surgery Center of Oklahoma
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405-947-MOHS (6647)