

Florida Sand, an **E-Journal**

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AS I WRITE THIS, about half of the right side of my face is covered by thick bandages, held in place by strips of adhesive tape that stretch from my hairline to my lower jaw—and project outward until I can barely hook my glasses over the outside of my right ear. There is an unusual tightness in the skin for a couple of inches below the bandage, too. It seems a bit strange not to feel any pain—maybe the two Tylenol tablets are not the weak-sister painkillers that I always suspected.

This day began with a slight apprehension for me; I was scheduled to undergo surgery for the removal of a skin cancer from my right lower temple. There have been ten or more skin cancers removed from my head in the past—it has become a “ho-hum” sort of exercise for me, but this was a white horse of another color.

My dermatologist of fifteen years decided to refer me, he said, to a certified MOHS surgeon rather than perform the surgery himself. That's what rattled my composure—this man had done some remarkable work on my head, and little trace remained to mark the spots where cancer had once sprouted; why was he shying away from this job? I had never heard of MOHS before, but it sounded ominous and I began to fear that this cancer might be the one that got away.

Just a week ago, I sat in conference with the lady doctor who would perform MOHS surgery to remove my cancer. I felt better immediately; she was my kind of doctor: friendly, cheerful, upbeat, and unquestionably competent. I came away from the conference with sufficient understanding of the procedure that Dr. Mohs had developed to assure myself that I would be in the 99% of those completely cured of skin cancer by his microscopic surgery technique.

Shortly after eight o'clock this morning, I was ushered into a treatment room where a smiling nurse drew a circle around the biopsy spot, took a picture of that spot, then positioned me on the table and proceeded to inject the anesthetic—a slight sting followed by a burning sensation, all quite familiar to me. Shortly thereafter the good doctor entered with a pleasant greeting and went immediately to work. It seemed like only two or three minutes passed before she finished and left me to be temporarily bandaged by the smiling nurse who had small feet, the same size as my wife, Jean. I was directed to the lounge where other patients were already waiting for the next step in the MOHS procedure. We had been warned that we would wait perhaps as long as three hours for the microscopic examination of the excised tissue. If cancer cells were still present in our tissue, another layer would be removed and examined microscopically. When no cancer cells remained, the wound would be closed in the manner determined to be best by the surgeon, and after final bandaging, we would be allowed to leave. I watched with interest as patients were called—some to return and reclaim their seats, others to pick up the items they had brought with them and leave. My turn came in about two hours.

As the smiling nurse with little feet directed me to sit on the table, she informed me that my cancer was totally removed. She handed me a mirror and I was somewhat shocked to see a hole about the diameter of a quarter. The doctor came in and the two of them discussed how the wound should best be closed. They laughingly surmised that I did not want a “Chinese look” or to have my sideburns alongside my eye. I was quick to agree. The doctor then decided on a procedure whereby a “flap” would be lifted from my cheek to close the wound. This procedure actually took longer than the removal of the cancerous tissue, but another thirty minutes saw my wound closed and bandaged and new appointments made to return in one day and again in seven days. I retrieved my duffel bag from the lounge and happily headed home. My thanks to Dr. MOHS and to the surgeon and her nurse who cared for me so well.

--Hugh Singleton

