



SKIN & BEAUTY CENTER
Cosmetic, Medical and Surgical Dermatology

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Why do I need surgery?

You have a biopsy that shows that you have skin cancer. Skin cancers enlarge slowly and steadily and can invade neighboring areas, like the eye. They can also spread to distant parts of the body if left untreated.

Several weeks ago you had a biopsy done. The purpose of the biopsy was to find out if the growth that you or the doctor found was dangerous. A biopsy does not remove the cancer; it only takes off the very top (like the tip of an iceberg).

Sometimes the skin will heal after the biopsy because it grows over the cancer. This does not mean the cancer is gone; it means the cancer is now covered with a blanket of skin. If the cancer is not removed completely it can go deep into the skin and cause great harm.

In order to remove your skin cancer, the doctor will remove the cancerous tissue by cutting all around the tumor with a margin of normal skin measuring about 1/8 of an inch. The tissue removed will then be sent to a pathologist. The pathologist will look at the edges to make sure the cancer is all out. If the pathologist finds cancer at the edges of the removed skin, the doctor will have to go back one week later and remove more tissue. The chance of needing a second surgery to remove all of the cancer is 1 in 20. The doctor may fix the hole right away if it is not too large and a side to side closure can be done, or he may wait a few days to a week to fix the hole. The reason for waiting one week is to receive laboratory confirmation that all of the cancer is out before closing the wound. This is especially important when more than a simple, stitched together closure will need to be done because of the size or location of the wound.

There is no way to remove a skin cancer without leaving a scar. Often the scar can be hidden in your natural skin folds. The most important point about skin cancer is that it needs to be completely removed. You need to be patient, because the scar will not have its final appearance for six to twelve months after the surgery. If the scar has redness after one month or if it starts to elevate above the skin, you need to schedule an appointment right away. This could be a sign that a thick scar or keloid is forming. If the doctor sees a keloid or hypertrophic scar forming, he can often stop or reverse it. This can be done by injecting it or by prescribing a medication to put on it. Most scars on the back, thighs, shoulders, neck and upper arms get wide, often an inch or more in width. There is nothing at this time that can prevent wide scars from forming in these areas.

Most patients will have numbness in the area for six months, but this can last up to two years or longer. The risk of infection is low, but studies show that no matter how clean the surgery is, some wounds will get infected. If your wound gets infected, the doctor will put you on an antibiotic for one week. The scar will not heal as well if your wound becomes infected. It is very important that you follow the wound care instructions given to you at the end of surgery. Sometimes a blood clot will form under the skin. If this occurs you will have a hard lump in the area for six months or longer until your body absorbs it. A blood clot of this type is not dangerous, but it can be a real nuisance until it goes away.

Many people have lost ears and eyes because their doctor did not remove the entire tumor and some people have lost their lives. For small cancers in less critical areas, such as the back or arms, the treatment can be done by "scraping and burning" (also known as ED&C or curettage and electrodesiccation) of the skin cancer. This can be done in one visit, but this technique has only a 90% cure rate. When skin cancers are not cured they come back but can still be treated effectively.