Welcome to Nichols Mohs and Skin Surgery.

Enclosed you will find information answering many of the common questions asked by our patients. If you should have any questions regarding your appointment, insurance coverage or the Mohs procedure, please contact our office at (573) 876-1000.

ABOUT NICHOLS MOHS AND SKIN SURGERY

Who is Dr. Nichols?

Dr. G. Richard Nichols received his undergraduate and medical degrees from the University of Missouri in Columbia. He completed a year of internal medicine study at Washington University in St. Louis. He then entered a three-year dermatology residency program at the University of Virginia in Charlottesville, where he served as Chief Resident. Afterward, he was selected for a fellowship with highly respected Mohs surgeon, Dr. J. Ramsey Mellette at the University of Colorado in Denver. While training with Dr. Mellette, Dr. Nichols performed more than 1,500 surgeries, qualifying him for certification from the American College of Mohs Surgery. As the founder of Nichols Mohs and Skin Surgery in Columbia, Dr. Nichols is happy to be back in the community where his medical career began.

In his spare time, Dr. Nichols enjoys alpine skiing, fly-fishing, and playing guitar. He looks forward to teaching his newborn son how to do all three.

Dr. Nichols is a member of the American College of Mohs Surgery and Cutaneous Oncology, the American Academy of Dermatology, the American Society for Dermatologic Surgery, and Alpha Omega Alpha (the national medical honor society).

Why choose Nichols Mohs and Skin Surgery?

Dr. G. Richard Nichols of NMSS has received the highest level of training in his subspecialty area. He is the only American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACMS) fellowship-trained surgeon in private practice serving the Columbia/Jefferson City area. ACMS is the premier organization for education and research in skin cancer for the practice of Mohs surgery. Only ACMS fellowship-trained surgeons are required to complete an intensive one- or two-year post-residency training program. A limited number of dermatologists are chosen for this fellowship training each year in order to maintain the highest level of competence and promote the highest standard of patient care. For more information about Mohs surgery training through ACMS, visit www.mohscollege.org.
What is Mohs surgery?

Mohs micrographic surgery is the most advanced and effective treatment procedure for skin cancer available today. Initially developed by Dr. Frederic E. Mohs, the Mohs procedure is a state-of-the-art treatment that has been continuously refined over 70 years. With the Mohs technique, physicians are able to see beyond the visible disease to precisely identify and remove the entire tumor layer by layer while leaving the surrounding healthy tissue intact and unharmed. As the most exact and precise method of tumor removal, it minimizes the chance of re-growth and lessens the potential for scarring or disfigurement.

Because the physician is specially trained in surgery, pathology, and reconstruction, Mohs surgery has the highest success rate of all treatments for skin cancer - up to 99 percent. The Mohs technique is also the treatment of choice for cancers of the face and other sensitive areas as it relies on the accuracy of a microscopic surgical procedure to trace the edges of the cancer and ensure complete removal of all tumors down to the roots during the initial surgery.

When is Mohs surgery performed?

If your physician performs a biopsy, and diagnoses you with skin cancer, you may be a candidate for Mohs surgery if your cancer has one or more of the following features:

- Cancers in high-risk areas prone to recurrence
- Cancers on or around the nose, ears, or eyes, and have not been treated before.
- Cancers, which have been treated by Mohs or another method before, but have recurred.
- Cancers with aggressive pathology or large size.
- Cancers with a border that is hard to determine.
- Other rare types of cancers. Examples include: dermatofibrosarcoma protuberans and microcystic adnexal carcinoma.

This list includes some, but not all, of the most common indications for Mohs surgery. A referral from a physician is required for Mohs surgery.

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 ACMS 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 edges of each section are microscopically examined for evidence of remaining cancer.

STEP 5:
If cancer cells are found under the microscope, the ACMS 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.
**How long will the surgery last?**

Most surgeries will be scheduled early in the day and completed in less than three stages. On average, this should collectively take approximately four hours. However, it is not possible to predict how extensive a skin cancer will be. We suggest that you plan to spend the entire day at our office in case more stages of surgery and repair are required. In any case, we will keep you informed of the progress.

**Do I need to stop taking any medications?**

If you are taking ANY medications — prescribed, over the counter OR supplements— please notify our office when scheduling your appointment. Some medications, such as blood thinners, require discontinuation 7 to 14 days prior to surgery. Before you stop taking any medication, you should consult the prescribing physician. On the day of your surgery, you will need to notify our staff of any medications you have taken in the past 14 days. This includes naproxen (Aleve), ibuprofen (Advil), etc.

Also, please give us advance notice if you have a pacemaker, defibrillator, hip replacement, or any condition that may necessitate prophylactic antibiotics prior to surgery. If you routinely take antibiotics before dental or other medical procedures, please notify our staff.

**Will I be awake during the surgery?**

For most surgeries, only local anesthesia will be used. You may experience minor discomfort when it is injected around the skin cancer. After it takes effect, discomfort is usually minimal, and you will be awake during the entire procedure. If you experience anything more than slight discomfort during or between surgery stages, please let us know.

**Will I be able to eat the day of surgery?**

Please eat a normal breakfast on the morning of your surgery. In case your surgery lasts through the lunch hour, we also suggest you bring a snack or light lunch. At our office, we have a refrigerator for patient use. We also provide bottled water, coffee, tea and a few light snacks. If your reconstruction is planned with another physician, please contact the physician’s office regarding eating restrictions.

**What should I wear?**

Please dress in comfortable layers and avoid items of clothing pulled over the head. For most surgeries, you will not change into a gown, but will be draped for surgery in the clothes that you wear to the office. If the surgical site is on your face, please do not wear makeup.
Should I bring someone with me?
You are welcome to bring a guest with you. If you come alone, please make arrangements to have someone available to drive you home after the surgery.

Anything else I should bring?
You might want to bring a book, magazine, or laptop computer to pass time between surgery stages. You may also bring your cell phone, but will be asked to turn it off while in the waiting area and during surgery.

Please be sure to bring your insurance card, along with the completed New Patient Forms to your appointment.

Will I have a scar?
Yes. As with all forms of surgery, a scar will remain after the surgical area has healed. However, of the many types of skin cancer removal available, Mohs surgery will leave the smallest possible defect or scar. Dr. Nichols is fellowship-trained in BOTH Mohs surgery and reconstructive surgery.

How will my wound be repaired?
After the skin cancer is removed, some wounds are allowed to heal on their own for a positive result. Others require more complicated repairs. Dr. Nichols will evaluate the wound and discuss with you the repair techniques he can use to achieve the most desired outcome. Four of the most common repair (reconstructive) scenarios include: 1) close the wound with stitches, 2) let the wound heal in time by itself, 3) cover the wound with a skin graft or flap, 4) referral to another reconstructive surgeon for repair. The final decision is yours. Most sutures are removed in 7-14 days and the scar will continuously improve over the initial 1-2 months. With all repairs, allow 6-12 months for total healing time and scar maturity. Some repairs will also require a follow-up procedure to further improve appearance.

How do I care for my wound?
Our staff will explain and demonstrate the technique to care for your wound after your surgery. We will also provide information for contacting Dr. Nichols, in the rare case of an emergency.
Will I need any supplies to care for my wound?

There are some supplies that you will want to have on hand so that you don’t have to go out immediately after your procedure. 1) Aquaphor or Vaseline, 2) Q-Tips or gauze, 3) Non-stick “Tefla” pads, 4) Hypoallergenic “paper” tape, 5) Ice pack, and 6) Extra-strength acetaminophen (such as Tylenol).

Will I need pain medication?

Most patients report some pain on the evening following the surgery. If there is discomfort, acetaminophen (such as Tylenol) is most often recommended for pain relief. Stronger pain medications are available, and Dr. Nichols will prescribe those when needed.

Will I need a follow-up visit?

All patients are required to schedule a follow-up appointment. Depending on the size of your wound and extent of the repair, Dr. Nichols will see you for at least one additional visit to remove your stitches and evaluate your recovery. Please continue to see your referring dermatologist or general physician for skin checks at least once a year. Studies have shown that if you develop one skin cancer you are at a higher risk for developing more in the years to come.

Will I need to take time off from work and activity to recover?

In order to protect your wound, we request that you avoid strenuous activities for at least one week after your surgery. Certain physically strenuous professions may require a leave of absence for a few days depending on the extent of the surgery. Be prepared for possible swelling, redness, and bruising for one to two weeks after surgery. Elevating your heart rate before one week of recovery can cause these side effects to be more severe, and increases the chance for excessive scarring.

Will my cancer come back?

Because Mohs surgery is the most effective type of skin cancer removal, the chance of recurrence is not likely (only 1 to 3%). However, we suggest that you monitor your surgery site, as you should all areas, for possible signs of skin cancer. If you suspect any recurrence, please contact your referring physician for further evaluation.
What are the types of skin cancer?

The three most common types of skin cancer are basal cell carcinoma, squamous cell carcinoma, and malignant melanoma. Most skin cancers in the United States are basal cell carcinomas. Although they grow larger over time, they do not usually metastasize, or move to different areas of the body. Squamous cell carcinomas have a higher rate of metastasis when located on the lip, ears, and nose, and need to be followed closely after surgery. If the cancers are not removed completely, they can slowly move to adjacent parts of the face and underlying structures. Basal cell carcinomas and squamous cell carcinomas are often recognized in their early stages, and more easily cured. On the other hand, malignant melanoma may be life threatening if not treated early. It is considered the most serious skin cancer because it may quickly spread from the skin through the lymph nodes or blood to internal organs.

What causes skin cancer?

Like other forms of cancer, the cause of skin cancer is not entirely known. Exposure to sunlight is the most important factor associated with the development of skin cancers. This is why most skin cancers are found on the face and arms, the most sun-exposed parts of the body. Some cases of skin cancer may also be inherited along with your complexion. Fair-skinned people tend to develop skin cancer more frequently than dark-skinned people. However, skin cancers are not limited to a specific ethnic group.

How do I prevent more skin cancers?

It is estimated that more than 1 million new cases of skin cancer are diagnosed in the United States each year. While most skin cancers have excellent cure rates if detected and treated early, prevention is still the best medicine. Use a broad-spectrum sunscreen (with UVA and UVB coverage) with a SPF value of 30 or greater daily. Be sure to liberally reapply after swimming or exercising. In addition to sunscreen, you should also wear a hat and sunprotective clothing.

How often should I have skin checks following surgery?

We suggest that you regularly monitor your surgery site, as you should all areas, for possible signs of skin cancer. Please continue to see your referring dermatologist or general physician for skin checks at least once a year.
Where is NMSS?
NMSS is conveniently located in Columbia Medical Plaza on North Keene Street, near Columbia Regional Hospital. Our office can be accessed by either Highway 63 or I-70.

303 North Keene Street
Suite 201
Columbia, MO 65201

From the I-70 Eastbound:
Take exit 128A toward Moberly/Jefferson City/US-63
Keep right at the fork to continue toward Old 63 and merge onto Old 63
Turn left at I-70 SE
Turn right at N Keene St
Our office will be on the right

From I-70 Westbound:
Take exit 128A toward US-63
Turn left at Old 63
Turn left at I-70 SE
Turn right at N Keene St
Destination will be on the right

From Hwy 63 Northbound:
Take the MO-WW exit toward Broadway St
Turn right at E Broadway/MO-WW/MO-Y
Turn left at S Keene St
Destination will be on the left

From Hwy 63 Southbound:
Take the MO-WW/Broadway St exit
Turn left at E Broadway/MO-WW/MO-Y
Turn left at S Keene St
Destination will be on the left