

Mohs Surgery: FAQs

Q: Should I stop my coumadin or Plavix before surgery?

A: ABSOLUTELY NOT. If you take these medically prescribed anticoagulants, then you should continue them during and after surgery.

Q: Should I stop my Asprin before surgery?

A: if you have had a heart attack, a stroke, a blood clot, or if your doctor tells you that you NEED Asprin, then you should NEVER STOP your Asprin for skin surgery.

However, if your doctor told you to take a baby Asprin each day “just because it is good for you” then please discontinue at least 2 weeks prior to surgery.

Q: When can I resume taking my baby Asprin?

A: You can resume your baby Asprin 2 days after surgery.

Q: What can I take for pain after surgery?

A: You should take extra-strength Tylenol after surgery. The most pain occurs the first evening, and it is often helpful to take a Tylenol-PM that first night to help you sleep. It is rare that patients ever require prescribed narcotics for Mohs surgery.

Q: How long do I have to wait before I can exercise?

A: IF YOU HAVE OUTER SUTURES (BLACK COLOR), THEN NOT UNTIL THE SUTURES HAVE BEEN REMOVED. IF YOU HAVE HAD TISSUE GLUE APPLIED, DO NOT EXERCISE UNTIL AFTER THE GLUE FALLS OFF. Exercising immediately after surgery may cause additional bleeding and the wound to open. If your surgery site does not have sutures and is healing naturally, then you may resume exercising several days after your surgery. Please **DO NOT** resume any aquatic sport activities for at least one week after surgery.

Q: Is swelling normal?

A: YES. You may experience some severe swelling and bruising which may peak within 2 to 4 days after surgery. Swelling and bruising will occur if there is surgery around the eye or above the eyes on the forehead area.

Q: What can I do to prevent swelling?

A: Not much. After surgery, swelling is inevitable. Its severity is dependent on the surgical location and extent of the surgery. Any swelling which may arise will generally subside within 4-10 days. However, icing the wound and slight elevation of your surgical site may also reduce some swelling.

Q: Is yellowish discharge from the wound normal?

A: YES, as long as it is NOT accompanied by severe, progressive redness, increasing warmth of the area, or progressively increasing or pain of the area. Please call the office if you have any of the other signs.

Q: Is bleeding normal after surgery?

A: YES, you may experience some oozing and minor bleeding after surgery. If there is slight oozing or bleeding, apply FIRM, DIRECT PRESSURE FOR 20 CONSECUTIVE MINUTES without looking at the wound. If this does not stop bleeding, please call the office during the day or call the on-call number in the evening.

Q: Should I clean the wound with Hydrogen Peroxide?

A: NO. Hydrogen Peroxide is too abrasive to the healing wound. Simply clean the wound once a day with mild soap and warm water prior to any dressing changes.

Q: May I use Neosporin as an antibiotic ointment?

A: Dr. Kouba does not recommend Neosporin due to a frequent development of allergy to the product. We do recommend Vaseline petroleum, Aquaphor or Polysporin ointment to be used instead. Twice daily application of these ointments will promote good wound healing.

Q: What kind of Band-Aid or bandages should I use?

A: Please use any bandage you prefer, as long as they are of the NON-stick variety.

Q: How long do I have to dress the wound?

A: This depends on the type of repair that you have had (graft, stitches, or natural healing). Please refer to your post-op wound care sheet. If you have additional questions please call our office.

Q: who do I contact IN CASE OF AN EMERGENCY?

A: During regular business hours call 419-479-5795. After hours and on the weekends you can call the on call doctor on his cell phone at 419-266-2590.