

Facility & Staff

Our facility is specifically designed for the treatment of skin cancer. The Skin Surgery Center of Virginia conforms to and is approved by the State of Virginia, Medicare and Joint Commission standards in design, policies and procedures, fire protection, safety and handicap accessibility. These standards are considered to be the highest and ensure the safest surgical environment, while performing surgery in a comfortable, cost-effective, outpatient setting. Our procedure and exam rooms have state-of-the-art lighting for better detection of skin cancer and visualization of the cancer's outer margins.

We take great pride in our staff's training and capabilities. The team consists of the physicians, nurse practitioner, registered nurses, licensed practical nurses, medical assistants and patient care coordinators.

Insurance & Referrals

We participate with most insurance plans and will submit all claims to your insurance company. Fees for expenses not covered (cosmetic procedures, co-pays, deductibles, co-insurance, some office visits) will be collected at time of service. We accept cash, check or credit cards.

Please check with your insurance company before surgery about pre-authorization, out of pocket expenses or if a referral is required. Please give them the correct code information for your referral. You are having Mohs surgery (procedure code 17311) for skin cancer (diagnosis code C44.90). Your surgery is an outpatient procedure performed in our Ambulatory Surgery Center. **You/your insurance company could receive up to three separate bills from the physician(s) and the Ambulatory Surgery Center when utilized.**

Our goal is to provide care to patients, regardless of financial status. If you have difficulties paying or understanding your bill, please contact our billing office at 804.282.4940.

Skin Cancer FAQs

What causes skin cancer? The most common factor in the development of skin cancer is sun exposure.

What are the types of skin cancer? The two most common types of skin cancer are basal cell carcinoma and squamous cell carcinoma. Melanoma is the least common skin cancer.

- **Basal cell carcinoma** is the most common type of skin cancer, accounting for nearly 80% of cases annually, and the most rapidly increasing form of cancer in the US, affecting almost 2.8 million Americans. Basal cell carcinomas grow slowly and rarely spread throughout the body, but can be locally destructive if not removed entirely.
- **Squamous cell carcinoma** is the second most common type of skin cancer, accounting for nearly 16% of skin cancers annually. There were approximately 700,000 newly diagnosed cases in 2010. Unlike basal cell carcinoma, in a small percentage of cases, squamous cell carcinomas can metastasize to the lymph nodes or blood stream and can be fatal.
- **Melanoma** is the least common form of skin cancer, but the most deadly. There were nearly 69,000 newly diagnosed cases in 2009, which accounts for about 5% of all skin cancers. If it is caught early, melanoma has an excellent cure rate and outstanding prognosis.

What treatments are used for skin cancer? Methods include curettage (scraping the tissue), excision (cutting the tumor out), radiation therapy, topical cream, and Mohs micrographic surgery. The treatment modality is based on several characteristics of the skin cancer, including location, size, aggressiveness and recurrence. Your physician is knowledgeable of the various treatment.

How can I protect myself in the future? Early detection is critical. Studies show that people who perform skin self-exams have thinner, less advanced melanomas. Early detection can reduce mortality by 63%. Regular skin exams by your physician are essential. Minimize your sun exposure and avoid tanning beds—studies show a 75% increase in melanoma risk when indoor tanning began before age 30.



Mohs Surgery

Appointment Date

Appointment Time

Important Reminders

Expect to be here all day and to identify your biopsy site.

Make arrangements for someone to drive you.

Do not plan surgery around an important engagement.

Do not travel outside of the area for 1 week after surgery.

Plan to return 1 week after surgery.

Continue all medications prescribed by your doctor except narcotics and benzodiazepines.

Fee charged for cancellations within 48 business hours of appointment.

Verify medical insurance coverage and the need for a referral, pre-authorization, co-pay and deductibles.

Christine S. Rausch, MD, PC

Board Certified Dermatologist

Skin Cancer Specialist

Mohs Micrographic Surgeon

Gaskins Professional Office Park
2510 Gaskins Road · Henrico, VA 23238

804.282.4940

www.mohsvirginia.com

Christine S. Rausch, M.D.

Dr. Rausch is a specialist in skin cancer, Mohs micrographic surgery and reconstructive surgery. She graduated Summa Cum Laude and Phi Beta Kappa from the University of Richmond. Dr. Rausch received her Doctor of Medicine degree from Eastern



Virginia Medical School where she graduated as one of the top students in her class and was elected to the Alpha Omega Alpha Medical Honor Society early in her junior year. She received her Internal Medicine and Dermatology training at the University of Pittsburgh Medical Center. Following her residency, Dr. Rausch completed her fellowship training in Mohs Micrographic Surgery at Geisinger Medical Center. She is a Mohs College graduate, having completed the extra one-year fellowship training program in skin cancer surgery, pathology and advanced reconstructive surgery.

Dr. Rausch possesses the skills and experience necessary to perform Mohs micrographic surgery and reconstruction at all levels of complexity. Dr. Rausch is a licensed physician in the Commonwealth of Virginia and an Assistant Clinical Professor in the Department of Dermatology at Virginia Commonwealth University School of Medicine. She is board certified by the American Board of Dermatology, an active member of the American Academy of Dermatology and a fellow of the American College of Mohs Micrographic Surgery and Cutaneous Oncology.

Dr. Rausch is strongly committed to patient care and the treatment of skin cancer with a focus on achieving superior cosmetic outcomes.

We're pleased you have chosen our office for your surgical care. It's essential that our patients are well informed, relaxed, happy and above all, confident with our care. This brochure will help you understand how our facility works, answer questions and prepare you for surgery. Please feel free to ask any questions regarding your medical care, fees, insurance, or office policies. We welcome suggestions that will help to improve the care you receive.

Mohs Micrographic Surgery

What is Mohs surgery? Mohs micrographic surgery is a safe and highly effective technique whereby skin cancers are removed under complete microscopic control. In Mohs surgery, a layer of skin is removed around the visible cancer. Detailed maps are then drawn of the area, and 100% of the tissue margin is examined under the microscope to be sure all of the cancer and its roots are gone. If any cancer remains, that exact area of involvement is sampled, and the entire process is repeated until the cancer is totally eradicated.

Why do I need Mohs surgery when it seems the biopsy removed all the cancer? Cancers grow on top of skin but also have roots deep within the skin. A biopsy only samples the top portion of the cancer. If the roots are not removed, the cancer will continue to grow.

What are the advantages of Mohs surgery? By using the mapping technique and complete microscopic control, the Mohs surgeon can pinpoint areas involved with cancer that are otherwise invisible to the naked eye. Therefore, even the smallest microscopic roots of a cancer can be removed. Benefits include the ability to save as much normal skin as possible and the highest possibility for curing the cancer. In contrast, standard surgery techniques look at <1% of the margins, providing only an estimate of whether the margins are clear. Also, with standard surgery, the slides are not examined the same day, allowing the chance of finding a positive margin at an outside pathology lab and having to perform additional surgery at a later time to clear the margin.

What are the chances for a cure? Mohs surgery offers a greater than 99% cure rate for the majority of skin cancers and 95% when previous forms of treatment have failed or the cancer has recurred. Cure rates for other treatment methods are significantly lower than Mohs surgery.

Day of Surgery

Please arrive at our office at the specific time assigned to you. This is a surgical appointment and differs from a regular office visit. Your actual surgery time will be **roughly one hour after you arrive**, as the physician needs to thoroughly

review your case and your surgical suite needs to be prepped.

Once the preparation is complete, Dr. Rausch will discuss your case and further explain the procedure. A local anesthetic is injected into the skin. Once the area is numb, the cancer and a layer of tissue around it is removed. This part of the procedure takes 10 to 15 minutes. A temporary dressing is applied and you'll be escorted to our waiting area. While you wait, the tissue is taken to our lab to be mapped, color coded, processed and examined under the microscope by Dr. Rausch. This part of the procedure takes a minimum of two hours. If any additional affected area is identified, the process is repeated until all of the cancer is removed. The number of stages or layers required depends on the size and depth of the tumor. **Since we cannot predict in advance the number of stages necessary to fully remove the tumor, you should plan on spending the whole day with us.**

It's important to realize that Mohs surgery involves cutting the skin, not just scraping. One is left with a hole after the tumor is removed. Options for repair are difficult to determine before surgery since one can not predict the final defect. However, once the area is cancer free, Dr. Rausch will discuss the options for wound healing and surgical repair of the defect. They 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. **Repairing locations on the nose, ear, eyelid or lip can often be more involved than anticipated because these locations do not have tissue that can be brought together easily.** Filling the hole can be more of a challenge, often requiring a flap or graft. Following the repair, a dressing is applied and you will be given instructions on wound care and dressing changes. Occasionally, if warranted, other surgical specialties may be utilized for their unique skills.

Preparing for Your Surgery

Pre-operative Consultations with Dr. Rausch are done the day of surgery but can be arranged prior to surgery if desired. If you're uncertain about surgery because you are considering another form of treatment or no treatment at all, please call **before** your scheduled surgery date to avoid a cancellation fee.

Biopsy Site Identification: Smaller cancers are difficult to identify. You **must** be able to identify your biopsy site the day of surgery. It's helpful to take a photo of your biopsy site before it heals. Bring the photo with you the day of surgery or email it to

info@mohsvirginia.com (photos you send may not be encrypted).

Medications: Continue all medications, except narcotics and benzodiazepines, prescribed by your doctor, including blood thinners, aspirin, Coumadin, Plavix, Vitamin E and blood pressure medications. Studies show discontinuation of prescribed medications, even for short periods, can put one at risk for life threatening events, such as heart attack and stroke.

Do NOT take any benzodiazepines- Diazepam (Valium), Lorazepam (Ativan), Alprazolam (Xanax), Clonazepam (Klonopin), Temazepam (Restoril), Chlordiazepoxide (Librium), Clorazepate (Tranxene), Oxazepam (Serax), or narcotics- Codeine, Fentanyl, Hydrocodone, Lortab, Norco, Vicodin, Hydromorphone (Dilaudid), Demerol, Methadone, Morphine, Oxycodone, OxyContin, or Percocet the day of your surgery. Identification of the site and signing of the consent form need to be done PRIOR to taking any of these medications. Bring your medication with you the day of surgery, and it can be taken after signing the consent. If any of these medications are taken prior to signing the consent, surgery will be canceled and a cancellation fee will apply.

Food and Drink: Since surgery is performed under local anesthesia, you may eat and drink that day. We recommend bringing a lunch with you. Our coffee bar has a refrigerator and microwave available. You'll be asked to remain in the office during the procedure, but your companion can visit one of the eateries located near our office and bring you back food.

Alcohol promotes bleeding. We ask you to avoid alcoholic beverages 48 hours before/after surgery.

Smoking can affect healing by diminishing blood supply at your surgery site. Discontinue smoking 2 days before surgery and for 1 week after surgery. If you can't discontinue entirely, cut back to less than 1 pack per day.

Transportation: Make arrangements for someone to drive you the day of surgery. Patients given medicine to relieve anxiety will not be allowed to drive themselves home.

Attire: Wear comfortable, older clothes, avoid make-up, perfume and jewelry. If surgery is on an area covered by clothing, wear something easy to remove.

Passing Time: Bring reading material or your computer to occupy time while waiting for the microscope slides to be examined. Wireless internet access is available.

Cancellations: If you must cancel surgery, please cancel 48 business hours before your surgery date. Less than 48 business hours notice will result in a cancellation fee.

After Surgery

Please do not travel outside the area for 1 week so that any unforeseen post-operative events can be addressed in office. If you have any problems at home after surgery, please call our office. Verbal and written instructions for wound care will be given to you at the end of your day.

Will I have pain and bruising after surgery? The surgical site may be sore for several days. Tylenol and Ibuprofen are usually adequate for relief. Bruising and swelling are common and may not peak until 48 hours after surgery. Do not plan surgery around an event where your physical appearance is important as you'll be wearing a bandage for a week in most cases.

Will I be able to return to work or be able to drive? If you're given medications during surgery, you will not be allowed to drive yourself home. Returning to work or driving will depend on the size and location of your cancer/abnormal lesion and your occupation. Please bring all FMLA paperwork with you the day of surgery. In most cases, time off work will not be granted after surgery. Specific restrictions will be discussed the day of surgery. If you would like to discuss this prior to surgery so arrangements can be made ahead of time, a consult is required.

Can I exercise after surgery? Activities, including exercise or heavy lifting, will be restricted until stitches are removed. The more activity you participate in, the more likely you may bleed from the surgery site.

Will the surgery leave a scar? Whenever surgery is performed, there will be a scar. Dr. Rausch is trained in advanced reconstruction and fine suturing techniques to optimize the cosmetic outcome.

Will I need to come back? Suture removal and wound evaluation are usually performed one week after reconstructive surgery, which will not be done until the pathologist determines that all the cancer is removed. In some cases, additional visits may be needed over the next several weeks to months. Periodic visits, at least once a year, to your referring physician are advisable to monitor for skin cancers or signs of recurrence.