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. Your surgery is an outpatient procedure performed in our Ambulatory Surgery Center. 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.

Melanoma FAQs

What is melanoma? It's the most serious form of skin cancer and originates from melanocytes, the cells which produce the pigment melanin that color our skin, hair and eyes. The majority of melanomas are black or brown, but can be skin colored or pink.

What causes melanoma? Sunlight is the main environmental agent. Research shows other risk factors include dysplastic moles, more than 50 ordinary moles, fair skin, freckling, personal or family history of melanoma or other skin cancers, weakened immune system (organ transplant or HIV), history of severe/blistering sunburns, excessive sun exposure or tanning bed use. Still, many get this disease with no known risk factors.

Why should melanoma be treated? Melanomas are curable if recognized and treated early. If left untreated, the cancer can advance and spread to other parts of the body, where it becomes hard to treat and can be fatal.

What treatments are used for melanoma? Surgical removal offers the best chance for a cure. For melanomas thicker than 1.0mm, lymph nodes near the tumor may be removed because cancer can spread through the lymphatic system. If the pathologist finds cancer cells in the lymph nodes, it may mean the disease has already spread to other parts of the body. Sentinel lymph node biopsies have not shown any overall survival benefit. It does provide more information about your prognosis. Therapy may be given after surgery to kill cancer cells that remain in the body. This treatment is called adjuvant biological therapy. If the tumor has spread to other parts of the body, other methods such as chemotherapy, biological therapy, radiation therapy, or a combination of these methods may be used.

How can I protect myself in the future? A previous melanoma puts you at an increased risk for developing future melanomas. Early detection is critical. Studies show that people who perform skin self-exams have thinner, less advanced melanomas. Early detection can reduce mortality by as much as 63%. Regular full body skin exams by your physician are essential. You should minimize sun exposure and avoid tanning beds—studies show a 75% increase in melanoma risk when indoor tanning began before age 30.

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.
It's a staged surgical procedure. The pathology result typically returns 1 to 2 days later. If the margins are positive, another sample of tissue in the affected area will be removed and the process will be repeated until the margins are clear. You'll return to the office for the results, more tissue sampling (if needed) and reconstructive surgery with Dr. Rausch.

**Preparing for Your Surgery**

**Pre-operative Consultation:** 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 if you take a photo of your biopsy site before it heals. Be sure to bring the photo with you the day of your surgery or email it to info@mohsvirginia.com (photos you send may not be encrypted).

**Medications on Day of Surgery:**
- **Taking blood thinners & blood pressure medications including aspirin, Coumadin, Xarelto, Eliquis & Plavix.** Studies show discontinuation, even for short periods, can lead to risk for life threatening events, such as heart attack and stroke.
- Do NOT take any benzodiazepines including Diazepam (Valium), Lorazepam (Ativan), Alprazolam (Xanax), Clonazepam (Klonopin), Temazepam (Restoril), Chlordiazepoxide (Librium), Clorazepate (Tranxene), Oxazepam (Serax).
- Do NOT take any narcotics including Codeine, Fentanyl, Hydrocodone, Lortab, Norco, Vicodin, Hydrocortone (Dilaudid), Demerol, Methadone, Morphine, Oxycodone, Oxycotin, Percocet.
- **You must identify the surgical site and sign the consent form PRIOR to taking any of the “Do Not Take” medications to ensure surgery is fully understood. Bring your medication with you the day of surgery, and it can be taken after signing the consent. If any of the “Do Not Take” 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.

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

**Smoking** can affect healing by diminishing blood supply at 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 a 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:** Please wear comfortable, older clothes, avoid make-up, perfume and jewelry. If surgery is on an area covered by clothing, wear something easy to remove.

**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 post-operative issues can be addressed. If you have any problems at home after surgery, please do not hesitate to 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 on the body that is operated on. Your career and your occupation. Please bring all FMLA paperwork with you the day of surgery. In most cases, time off 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 of the cancer is removed. In some cases, 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.