

**Sample
Logo**

John Gibson M.D.
Skin Cancer and Mohs Surgery Center
Golden Gate Institute of Dermatology
256 Lawrence Blvd., Suite 304
San Francisco, CA 60563
Phone: (415) 256-2325 Fax: (415) 256-2326

Mohs Micrographic Surgery
OPERATIVE NOTE AND DERMATOPATHOLOGY REPORT

Patient: Willian, Jordan M (10/10/1980, MR#: AB12345)

Date Of Procedure: August 23, 2011

Surgeon: John Gibson, M.D. (**Assistants:** Assitant, Sample; **Histotech:** Assitant, Sample)

Referring Physician: Sample Physician

Description Of Procedure - Mid Parietal Scalp

Prior to each surgical stage, the surgical site was tested for anesthesia and re-anesthetized as needed, after which it was prepped and draped in a sterile fashion. The clinically-apparent tumor was carefully defined and debulked prior to the first stage, determining the extent of the surgical excision. With each stage, a thin layer of tumor-laden tissue was excised with a narrow margin of normal appearing skin, using the Mohs fresh tissue technique. A map was prepared to correspond to the area of skin from which it was excised. The tissue was prepared for the cryostat and sectioned. Each section was coded, cut and stained for microscopic examination. The entire base and margins of the excised piece of tissue were examined by the surgeon. Areas noted to be positive on the previous stage (if applicable) were removed with the Mohs technique and processed for analysis. No tumor was identified after the final stage of microscopically controlled surgery. The patient tolerated the procedure. After discussion with the patient regarding the various options, the best closure option for each defect was selected for optimal functional and cosmetic results.

Procedure/ Pathology Summary (Case#: N/A)

Location: Mid Parietal Scalp

Indications: poorly def. borders

Preop Diagnosis: Basal Cell CA / **Postop Diagnosis:** Basal Cell CA

Preop Size: 1.5 x 2.9 cm / **Postop Size:** 2.7 x 2.9 cm

Anesthetic:

Hemostasis: Electrodesiccation

Total # of Mohs Stages: 2

Stage I: 2 sections, 1 positive

Stage II: 2 sections, 0 positive

Complications: None

Planned Repair: Wedge Resection Advancement Flap

Additional Note:

Description Of Procedure - Medial Right Inferior Helix

Prior to each surgical stage, the surgical site was tested for anesthesia and re-anesthetized as needed, after which it was prepped and draped in a sterile fashion. The clinically-apparent tumor was carefully defined and debulked prior to the first stage, determining the extent of the surgical excision. With each stage, a thin layer of tumor-laden tissue was excised with a narrow margin of normal appearing skin, using the Mohs fresh tissue technique. A map was prepared to correspond to the area of skin from which it was excised. The tissue was prepared for the cryostat and sectioned. Each section was coded, cut and stained for microscopic examination. The entire base and margins of the excised piece of tissue were examined by the surgeon. Areas noted to be positive on the previous stage (if applicable) were removed with the Mohs technique and processed for analysis. No tumor was identified after the final stage of microscopically controlled surgery. The patient tolerated the procedure. After discussion with the patient regarding the various options, the best closure option for each defect was selected for optimal functional and cosmetic results.

Procedure/ Pathology Summary (Case#: N/A)

Location: Medial Right Inferior Helix

Indications: poorly def. borders

Preop Diagnosis: Basal Cell CA / Postop Diagnosis: Basal Cell CA

Preop Size: 1.4 x 1.0 cm / Postop Size: 2.7 x 2 cm

Anesthetic:

Hemostasis: Electrodesiccation

Total # of Mohs Stages: 2

Stage I: 2 sections, 2 positive

Stage II: 2 sections, 0 positive

Complications: None

Planned Repair: Simple Linear Closure

Additional Note: