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Mohs Micrographic Surgery Repair Note

Patient: Nelson, Jeff (10/10/1980, MR#: AB12345)
Date Of Procedure: August 23, 2011
Surgeon: John Gibosn (Assistants: Smith, Jena; Histotech: N/A)
Referring Physician: Sample Physician
Post-op Medications: Cipro 500mg p.o. bid

Repair of Post-Operative Defect with A Full Thickness Skin Graft

(Case#: ABC-1245)

Location: Left Nasal Ala
Indications: Wound resulting from Mohs micrographic surgery
Preop Diagnosis: Basal Cell CA: Nodular / **Postop Diagnosis:** Basal Cell CA: Nodular
Operative Procedure: Full Thickness Skin Graft
Size of Defect: 1.2 x 1.3 cm
Size of Repair: 1.6 cm²
Total Anesthetic: 8 cc of
Complications: None
Hemostasis: Electrodesiccation

Description of Procedure:

The patient underwent Mohs Surgery today for a biopsy proven Basal Cell CA: Nodular on the left nasal ala. The merits of the procedure along with possible risks were discussed with the patient. Wound management options including second intention healing, local flap, or full thickness skin graft were discussed. The patient understands the aims, risks, alternatives, and possible complications of the repair and elects to proceed with a full thickness skin graft. Informed consent was obtained.

The patient was placed in a supine position on the operating room table in the cutaneous surgery room suite. The area was prepped and draped in a standard manner. A sterile marking pen was used to outline the proposed graft. Hemostasis was achieved.

Undermining was performed around the margins of the donor area, which was then closed with running 3-0 prolene and running 1-0 dexion to closely approximate the skin edges. Standing cones removed where necessary.

The defatted graft was carefully placed on the recipient site and anchored in place with running 4-0 Vicryl around the margin. The patient tolerated the procedure well and left the operating room in good condition.

Post-Op



Repair

