ABOUT OUR SURGEON

Dr. Amir A. Bajoghli

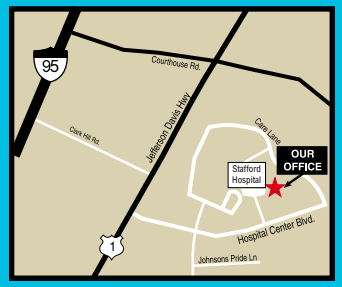
Dr. Amir A. Bajoghli is a board certified dermatologist and a Mohs Micrographic surgeon. He completed his training in dermatology and dermatologic surgery in Boston, where he was an instructor and trained medical students and residents at Boston University, Tufts University and Harvard University, prior to moving back to his native Northern Virginia.

Dr. Bajoghli was the Director of Mohs Micrographic Surgery and Dermatologic Surgery at George Washington University School of Medicine prior to becoming the Chief of Dermatology and Mohs Micrographic skin cancer surgery at INOVA Fairfax Hospital. He is an Assistant Professor of Clinical Dermatology at George Washington University and Georgetown University Departments of Dermatology.

Dr. Bajoghli was named Top Dermatologist and Mohs Surgeon by The *Washingtonian* Magazine. He was also named in the *Guide to America's Top Surgeons* by the Consumers' Research Council in 2008. He has published and given lectures regarding skin cancer surgery at the local, national and international meetings. He has also appeared on television discussing skin cancer and Mohs surgery.

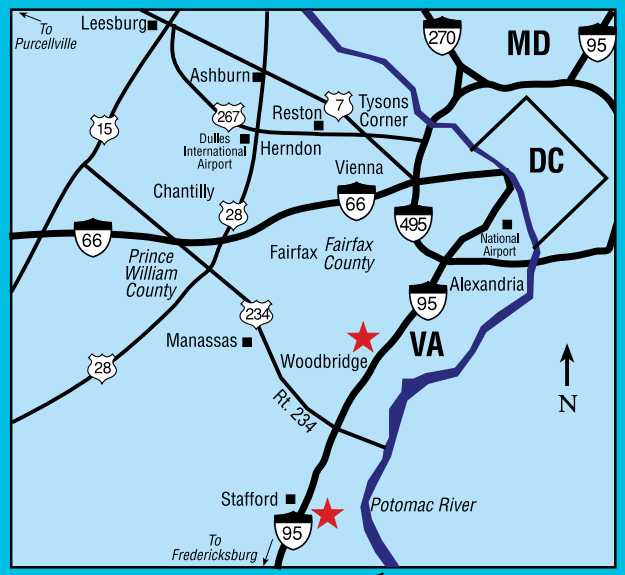
Locations

TYSONS CORNER
8130 Boone Blvd.
Suite 340
Vienna, VA 22182
T 703-893-1114
At the intersection of Route 7 (Leesburg Pike) and Gallows Road. 1 block west of Tiffany building.



STAFFORD
Stafford Medical Pavilion
125 Hospital Center Blvd. Suite # 201
Stafford, VA 22554
T 800-264-2653
Located behind Stafford Hospital Campus

WOODBRIDGE
2200 Opitz Blvd.
Suite 245
Woodbridge, VA 22191
T 703-492-4140
Across from Potomac Library
1 block from Potomac Hospital



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CENTER FOR SKIN CANCER SURGERY

MOHS
Micrographic Surgery for Skin Cancer

AMIR A. BAJOGHLI, MD

SKIN CANCER

Skin cancer is the most common cancer in the United States. There are approximately 1.4 million Americans who are diagnosed with skin cancer every year. The most common types are basal cell carcinoma, squamous cell carcinoma and malignant melanoma.

BASAL CELL CARCINOMA

It is the most common form of all cancers. Although it is typically seen in sun exposed areas of fair-skinned middle to older age adults, basal cell carcinoma is being seen more frequently in the younger population. Basal cells line the base of the uppermost layer of the skin, the epidermis. When one of these cells is damaged (by exposure to the sun or other forms of radiation) and begins to grow and replicate more rapidly than normal, it is called basal cell carcinoma.

SQUAMOUS CELL CARCINOMA

This cancer can be more serious than basal cell carcinoma, especially when the cancer is larger than 2 cm. The normal squamous cells are located in the upper and middle part of the most superficial layer of the skin and tend to be more aggressive when they become cancerous. These skin cancers usually grow more quickly and are more likely to invade structures beneath the skin and may metastasize to other parts of the body.

MALIGNANT MELANOMA

This is the most serious form of skin cancer. Malignant melanoma generally appears as a brown or black patch; with shades of red or purple in it. They may arise on their own or develop in a pre-existing mole. If the tumor is limited to the top layer of the skin, the cancer is called malignant melanoma in situ or MMIS for short.

TREATMENT

Mohs Micrographic Surgery is a specialized procedure named after the originator of the technique, Frederick E. Mohs. Since it was pioneered more than 50 years ago, it has become a highly effective and safe method of treating skin cancers.

The basic principle behind the Mohs technique is to remove the entire skin cancer without taking any more normal skin than is absolutely necessary. Because we cannot see the 'roots' of the skin cancer that are under and around the skin cancer, the microscope is used to trace out and map the exact extent of the tumor. This prevents either removing too little, leaving tumors behind to come back or recur (usually larger in the future), or removing too much and creating a larger than necessary wound. Mohs offers a cure rate of 98-99%, the highest of any technique available.

Since Mohs surgery requires highly trained medical personnel, and can be time consuming, it is reserved only for certain cases.

WHAT TO EXPECT

PREPARING YOU FOR SURGERY DAY

There is usually no special preparation required before Mohs surgery. We recommend being well rested and having a good breakfast on the morning of your surgery. Unless it is medically necessary, we require that you do not take aspirin or products containing aspirin for 14 days prior to surgery. Do not discontinue the aspirin until your primary care physician or cardiologist has given you approval to do so.

WHAT TO EXPECT ON THE DAY OF SURGERY

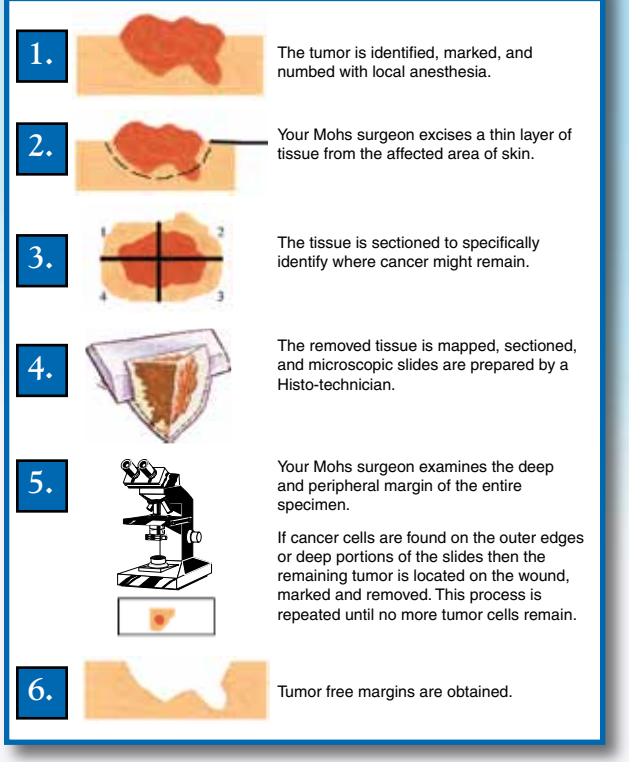
Mohs surgery is a surgical procedure, performed in an ambulatory surgery center or in an outpatient office setting. You should arrive for your appointment 15 minutes early in order to complete any registration and check-in requirements.

The area around the skin cancer will be surgically prepped and marked with a sterile marking pen. A local anesthetic will be used to numb the surgical area. Generally, this is the only part of the surgery that causes slight discomfort. Once the area is numb, a small layer of tissue will be removed and a dressing will be placed on the area. You will then be escorted to the waiting area while the tissue is being processed. This process is repeated until the skin cancer is entirely removed and the margins are clear, then a decision will be made as to the best method to repair the surgical site where the skin cancer had been.

WHAT TO EXPECT AFTER SURGERY

Detailed instructions on wound care will be given at the office. You should plan on wearing a dressing and avoid strenuous physical activity for one to two weeks. There is usually minimal post op pain which can be alleviated by Tylenol.

THE MOHS PROCESS



All information in this brochure refers to basal and squamous cell carcinomas, and malignant melanoma in situ.