



MOHS SURGERY OPERATIVE REPORT

Patient Identification

Referring Physician: N/A _____

Pictures: Pre-op Intra-op Post-op

Tumor Site: _____ Pre-op dx: _____ Post-op dx: _____ Same

Indication: Site Size Pathology Recurrence Incomplete excision Indistinct borders

Recurrence History: Primary Recurrent Allergies: NKDA _____

Taking anticoagulants: No ASA NSAID Coumadin Plavix _____

Preoperative Medication: Meds reviewed & reconciled N/A antibiotic Other _____

Pre-op Assessment of Regional Nodes by palpation: N/A Negative Positive

Vital Signs (Pre): Time: _____; Ht: _____ Wt: _____ B/P: _____ P: _____ Pain Score (Pre): _____/10

Time Out Conducted at: _____ AM PM Consent obtained

Verified Correct patient (Name, DOB)

Correct patient position

Correct procedure site and side (if applicable)

Correct procedure to be conducted

Equipment/supplies present: Yes No NA Pre-op antiseptic: Chlorhexidine Betadine Alcohol Lid Scrub

Procedural site is marked by proceduralist and verified: Patient Photo

H&P was performed just prior to the procedure or is available for review prior to the start: Yes No

Anesthetic: Lidocaine 1% with epi 1:100,000 _____ Bupivacaine 0.25% with epi 1:200,000

Curettage: Yes No

Skin specimens process for frozen sections

	Excision Size (cm)	Post-Stage Size (cm)	#Blocks	Blocks positive
Stage I	(preop) _____	_____	_____	_____
Stage II	_____	_____	_____	_____
Stage III	_____	_____	_____	_____
Stage IV	_____	_____	_____	_____
Stage V	_____	_____	_____	_____

Perineural invasion: yes no

Depth of surgery: dermis fat fascia muscle perichondrium periosteum cartilage bone

Repair

Method: 2nd intention Intermediate Complex Flap FTSG STSG Porcine graft

Anesthetic: Lidocaine 1% with epi 1:100,000 _____ Bupivacaine 0.25% with epi 1:200,000

Indication: close open wound extensive undermining Burow's triangles removed

lack of local tissue preserve form/function of _____

Flap Movement: N/A Superior Inferior Medial Lateral

Flap Subtype: Advancement Rotation Rhombic Transposition Island

Graft: Full thickness Split thickness Donor site _____

Undermined: N/A fat above fascia subgalea above periosteum

Sutures/Staples: N/A Deep _____ Skin _____

Estimated Blood Loss: _____ mL Complications: No Yes _____

Dressing: Mupirocin/Gauze/Tape Petrolatum Other _____

Condition of Patient: Satisfactory Other _____

Vital Signs (Post): Time _____; B/P _____ P _____ Pain Score (Post): _____/10

Postop Instructions (written & verbal): patient caregiver

Disposition: Patient was discharged in satisfactory condition.

Medication prescribed:

antibiotic _____ pain _____

Staff Physician _____ Resident _____
(Print) (Print)

Physician's Signature _____ Date _____ Time _____

Length _____ cm; Area _____ cm²