



- Possible Indications for Mohs (in order of strength)**

  - Poorly defined borders
  - Anatomical location:
    - 'H-zone' (high risk of recurrence)
    - Sites where sparing tissue highly important
  - Recurrent
  - Incompletely excised
  - Infiltrative/Morphoeic
  - Large (>2cm)
  - Immunosuppressed/Gorlin syndrome

***N.B. Mohs is usually used for head and neck BCC, but other sites and tumours can be considered.***

- Summary of Key Mohs Benefits**

  1. Maximum cure rate
  2. Healthy tissue sparing potential
  3. Fast results

- Situations where Mohs is difficult**

  1. If a GA is unavoidable
  2. If bone is involved (but Mohs can still be useful to clear skin)
  3. Consider other margin controlled surgery e.g. 'spaghetti technique'

N.B. Strongly consider Mohs for recurrent or incompletely excised tumours, unless straightforward to take generous deeper layer, or skin margins of 6-10mm+ (for recurrences) or 4-6mm+ (for positive margins) as recommended for standard excision/pathology.