



A. THOMAS BUNDY, MD, FAAD, FACMS

Board Certified Specialties

Dermatology & Diseases of the Skin, Hair, & Nails
Mohs Micrographic Skin Cancer Surgery

Bachelor of Arts

Summa Cum Laude, Phi Beta Kappa
Washington Jefferson College
Washington, Pennsylvania

Doctor of Medicine

West Virginia University Medical Center
Morgantown, West Virginia

Intern, Internal Medicine

Medical University of South Carolina
Charleston, South Carolina

Resident, Dermatology

Emory University Hospitals
Atlanta, Georgia

Chief Resident, Dermatology

Emory University Hospitals
Atlanta, Georgia

Fellow, Mohs Micrographic and Laser Surgery

Scripps Clinic and Research Foundation
La Jolla, California

Fellow

American Academy of Dermatology
American Society of Dermatologic Surgery
American Society for Laser Medicine and Surgery
American College of Mohs Surgery

WELCOME

If you have been diagnosed with skin cancer, you may be frightened — wondering how this might have happened, what you can do about it, and above all — whether you’re in serious danger. You’re not alone. More than 1 million people in the United States are diagnosed with skin cancer each year, and most have probably felt the same way you do.

A diagnosis of skin cancer is cause for concern — if left untreated, the disease can continue to progress. However, it needn’t be cause for panic. Skin cancer is not necessarily life threatening nor does its therapy have to be disfiguring. Advanced treatment is available that offers the highest potential for cure while minimizing the cosmetic impact — even if previous treatments have failed.

We feel privileged that you have selected us to deliver your skin health care. Your trust and vote of confidence are highly valued. Our office staff will endeavor to render services to you in a caring and professional manner.



A. Thomas Bundy, MD, FAAD, FACMS is certified by the American Board of Dermatology and is Certified, American College of Mohs Surgery. Practicing dermatologic surgery for over 25 years, he is a leader in the field of lasers and Mohs surgery. He served as chief resident in dermatology at Emory University in Atlanta and completed a one-year Fellowship in Mohs and Laser Surgery at the renowned Scripps Clinic and Research Foundation in La Jolla, California. Dr. Bundy has authored numerous articles for various medical journals and has spoken as a guest lecturer for both local and national professional meetings. He regularly attends and speaks at seminars and courses pertaining to skin cancer, reconstructive techniques and cosmetic laser surgery.



843.689.9200

www.hiltonheaddressdermatology.com



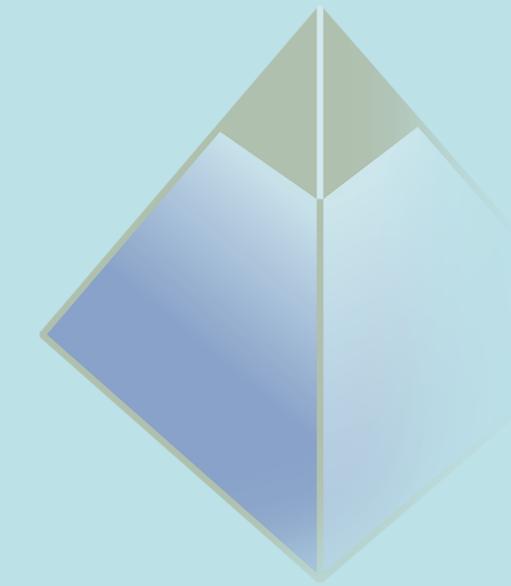
Mohs Surgery
Skin Cancer Removal
Preserving The Most Healthy
Tissue and Achieving The Highest
Known Cure Rate to 99%

HILTON HEAD ISLAND

15 Hospital Center Blvd | Medical Quarters, Suite One | Hilton Head

BLUFFTON-OKATIE

Legacy Center | 4 Okatie Center Blvd South, Suite 202 | Okatie



MOHS Micrographic Skin Cancer Surgery



A. Thomas Bundy, MD, FAAD, FACMS

Board Certified Dermatologist
and Mohs Micrographic Surgeon

Advanced Fellowship Training
Mohs & Cosmetic Laser Surgery

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Preoperative Instructions

1. Eat a regular breakfast or lunch the day of surgery.
2. Take your regularly prescribed medications including Aspirin, Coumadin or any blood thinner your doctor has prescribed.
3. If you are self-treating with any supplements (Vit E, fish oil, feverfew, ginko), please stop 10 days prior.
4. If your surgery is below-the-knee please cleanse the area with Hibiclens the night prior and the morning before surgery. Hibiclens can be found at a local pharmacy.
5. Please do not drink any alcoholic beverages three days prior to your surgery. Alcohol increases bleeding problems.
6. On the day of surgery, you should be accompanied by a family member or friend. Medicated patients will not be allowed to drive themselves home. All patients must be escorted when leaving the office after surgery. If we need to call for your ride after the procedure, please bring the names and telephone numbers.
7. Please do not smoke one week prior to surgery. Smoking and blood levels of nicotine can interfere with wound healing.
8. Bring a book or newspaper to read while you wait. You could be here until lunch time and in some rare cases until the afternoon.
9. If you were prescribed a pre-op antibiotic please take it with food before your arrival.
10. Please call our office if you get sick between now and the time of your surgery or if you have any additional questions.

MOHS Micrographic Skin Cancer Surgery

What is Mohs Micrographic Surgery?

Mohs micrographic surgery is named in honor of the physician who developed the technique, Dr. Frederic Mohs. Although developed in the early 1940's, Mohs surgery did not come of age until the late 1970's when technical improvements and refinements made it a safe and highly effective means of treating skin cancers including basal cell carcinomas, squamous cell carcinomas and occasionally melanomas.

Why is Mohs Surgery Different?

Mohs surgery differs from standard excision in that the physician functions as surgeon and pathologist performing microscopic control utilizing multiple thin layers of tissue processed along a grid pattern and carefully mapped. The location of all tumor roots can be pinpointed with accuracy and removed with an exceedingly high degree of precision so that all cancerous tissue has been eradicated. Mohs micrographic surgery is now universally recognized as the most efficient and cost-effective method for treating skin cancers.

When is Mohs Surgery Indicated?

Mohs surgery is especially effective in removing cancers of the face, hands and feet and other cosmetically sensitive areas because it can eliminate virtually all of the cancerous tissue while causing minimal damage to the surrounding normal skin. It is also ideal for removing recurrent tumors, residual tumors or very ill-defined skin cancers.

“One study at the Mayo Clinic showed a 98% cure rate in removal of skin cancers from over 3,300 patients.”

Dr. Bundy has treated over 50,000 skin cancers with an exceedingly low rate of tumor recurrence – a 99% five-year cure rate for cutaneous malignancies. This has been possible largely in part due to the micrographic techniques employed locally as an in-office procedure with Mohs surgery. Fellowship-trained in lasers and skin cancer, Dr. Bundy utilizes skills in pathology and plastic reconstruction. He is a member of a select group of about 900 such specialized surgeons in the United States who have completed additional training of 13-14 years.

What is the Advantage of Mohs surgery?

Mohs surgery provides the highest known cure rate in removing cutaneous malignancies. One study at the Mayo Clinic showed a 98% cure rate in removal of skin cancers from over 3,300 patients. Moreover, since only the cancerous tissue is removed, the greatest amount of normal skin is allowed to remain thereby creating the smallest wound possible. The smaller the wound, the greater the chance for an excellent cosmetic result after the wound has completely healed.

How is the Surgery Conducted?

Commonly performed on an outpatient basis with local anesthetic, the surgery generally begins in the morning and is finished that day unless the tumor is exceedingly extensive. Due to the very thin layer-by-layer removal with laboratory preparation and microscopic examination, a great deal of precision is utilized often requiring a few hours. Today's fellowship-trained Mohs micrographic surgeons often complete cosmetic reconstructive surgery, but occasionally another physician may be consulted.

Who Performs Mohs Micrographic Surgery?

American College of MOHS Surgery currently recognizes about 50 training centers in the United States where the top dermatology graduates receive an additional one to two year comprehensive fellowship in micrographic surgical techniques, histopathology and dermatologic plastic surgery reconstruction specifically dealing with all forms of skin cancer.

Having completed the additional training, this physician then becomes eligible for membership as a Fellow in the National College.



Step 1 The roots of a skin cancer may extend beyond the visible portion of the tumor. If these roots are not removed, the cancer will recur.



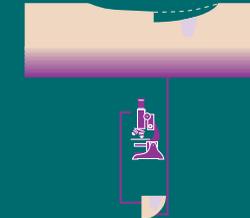
Step 2 The visible portion of the tumor is surgically removed.



Step 3 A layer of skin is then removed and divided into sections. The Mohs surgeon then color codes each of these sections with dyes and makes reference marks on the skin to show the source of these sections. A map of the surgical site is then drawn.



Step 4 The undersurface and edges of each section are then microscopically examined for evidence of remaining cancer.



Step 5 If cancer cells are found under the microscope, the surgeon marks their location onto the “map” and returns to the patient to remove another layer of skin — but only precisely where the cancer cells remain.



Step 6 The removal process stops when there is no longer any evidence of cancer remaining in the surgical site. Because Mohs surgery removes only tissue containing cancer, it ensures that the healthy tissue is kept intact.