

A Guide to MOHS Microscopic Surgery



LEONARD M. DZUBOW, M.D.

HEIDI KOZIC, M.D.

MOHS & DERMATOLOGIC SURGERY

CHECK LIST FOR YOUR UPCOMING APPOINTMENT

- Make sure we have received a copy of your biopsy report and referral (If your insurance requires one) prior to your appointment.
- You will need to know the EXACT location of the area to be treated prior to your appointment. Patients are encouraged to have in-focus photographs taken of the site in the event that the area may heal before your surgical appointment date. Ideally, there should be two photos taken, one up close and one at normal range. This will help to ensure that the proper location has been documented. Example: if the lesion is on the cheek take a close up of the cheek and one of the entire face. The site should be circled prior to taking the photograph. If the photograph has not been taken and the site has completely healed (no longer visible) your appointment will need to be rescheduled until the site can be circled by your referring physician. If the site can be easily seen, the photos will not be necessary.
- Please complete and bring the enclosed forms with you on the day of your appointment.
- At the time of check-in we will need to make a copy of your insurance card(s) and a photo I.D. If your insurance requires a co-pay, it will also be collected at that time.
- It is important to notify the nurse and physician if you have a defibrillator or a pacemaker.

CANCELLATION POLICY

The patient is responsible for providing at least 24 hours notice prior to cancellation. If sufficient notice is not received there will be a charge of \$100 billed to the patient.

INTRODUCTION

This guide is intended to answer the questions most frequently asked by patients with skin cancer preparing for microscopically controlled (Mohs) surgery for the removal of certain forms of skin tumors. This information supplements but does not replace the consultation between you, our staff, and your physician. Any concerns should be fully aired and discussed prior to your date of surgery.

REMEMBER – There is no such thing as an unimportant or silly question.

WHAT IS SKIN CANCER?

Skin cancer is not one problem but a collection of different diseases. There are three common forms of skin cancer as well as several rare tumors that are also treated by this technique. The three skin cancers that are often treated by Mohs surgery are:

Basal Cell Carcinoma

Squamous Cell Carcinoma

Malignant Melanoma

Basal Cell Carcinoma is not only the most common form of skin cancer, but it is also the most frequently occurring of all cancers of the body. The name is derived from the skin cell that is growing in an uncontrolled fashion – the basal cell. This is the cell type located at the base or bottom of the upper skin layer, the epidermis. Although basal cell carcinoma can damage the involved skin and nearby tissues, it rarely spreads to other parts of the body (metastasizes) unless it grows to a very large size. It is therefore referred to as a localized growth. It does not spread through the bloodstream and almost never involves the lymph nodes (glands). One might think of a basal cell carcinoma as a colony of termites. If left untreated, it will destroy any tissue or structure in its path of growth. This is of particular concern when the basal cell carcinoma is located near important cosmetic and functional structures such as the eye, ear, or nose. One cannot predict how quickly basal cell carcinomas will grow. Although they are usually slow-growing tumors, basal cell carcinomas can grow

rapidly and spread below the skin surface, undetected to the eye. There is not one visual characteristic which identifies a growth as a basal cell carcinoma. A basal cell tumor may initially have the appearance of a small pimple, a non-healing or bleeding sore, a shiny papule, a cyst, or a larger growth. Discomfort and itching may occur but are infrequent. These symptoms are not reliable indicators of whether or not the lesion is a skin cancer. The diagnosis of basal cell carcinoma cannot be confirmed without a biopsy or sample being sent to a pathology laboratory for microscopic identification.

Squamous Cell Carcinoma can potentially be a more serious disease than basal cell carcinoma. The squamous cells are located above the basal cell layer in the epidermis. Some large or aggressive squamous cell carcinomas may spread to the nearby glands or lymph nodes or travel through the bloodstream to distant areas of the body. Fortunately, the majority of common small squamous cell tumors remain localized. Squamous cell carcinoma usually appears as a rough scaly plaque or larger growth. There are also pre-cancerous lesions that may evolve into squamous cell carcinomas. They are referred to as squamous cell carcinomas *in situ*, or Bowen's disease. These lesions are occasionally treated by Mohs surgery.

Malignant Melanoma, which often looks like a brown or black patch or an unusual mole, is potentially the most serious form of skin cancer. Mohs surgery is not often used as the treatment of melanoma. However, a pre-melanoma condition known as lentigo maligna, or melanoma *in situ*, may be treated by Mohs surgery in combination with special immunological stains needed to see the abnormal cells under the microscope. Since special techniques are required, the procedure will take a bit longer to complete.

WHY DID I GET SKIN CANCER?

Unfortunately, we know only a few of the factors that cause skin cancer. However, skin cancer does occur more frequently in people with fair complexions (blonde hair, blue eyes), individuals of Celtic descent, and those who tend to get more than average exposure to the sun. Accumulated exposure to the damaging ultra-violet radiation of the sun over many years

may change normal cells of the skin to cancerous cells. This is why areas of the body exposed constantly to the sun (the face, hands) tend to be more prone to skin cancer than sun-protected areas. However, this is not the entire answer. Dark-skinned individuals who hide from the sun can still develop skin cancer. Other factors such as heredity and environmental agents may play a role.

HOW CAN I PROTECT MYSELF FROM FUTURE SKIN CANCERS?

The only factor you can control is exposure to the sun. Proper use of sunscreen with a Sun Protection Factor (SPF) of 15-25 or greater is the most important preventive measure. You can also wear broad-rimmed hats or protective clothing if desired. You do not have to change your lifestyle or abandon your favorite recreational activities – only use caution and moderation.

HOW IS SKIN CANCER TREATED?

Skin cancer can be treated effectively by a variety of methods, including traditional surgery, desiccation and curettage (scraping and burning), freezing (cryosurgery), X-ray (radiation therapy), and Mohs, or microscopically controlled surgery. The treatment of each skin cancer must be individualized, taking into consideration such factors as patient's age, location of the cancer, type of cancer, and whether or not the cancer has been treated previously. In some instances, more than one type of therapy may be appropriate. Options will be discussed during the consultation.

WHAT IS MICROSCOPICALLY CONTROLLED (MOHS) SURGERY, AND WHY HAS MY PHYSICIAN CHOSEN THIS FORM OF TREATMENT?

Microscopically controlled surgery was developed by Dr. F. Mohs in the 1940s as a precise method of treating certain skin cancers. The technique has been refined in subsequent years. It combines surgical removal of the skin cancer with immediate microscopic examination of the removed tissue to identify cancerous tissue.

There are four situations in which Mohs surgery is appropriate:

1. When the tumor occurs in an area of the body where it is not effectively curable by other methods.
2. When the tumor is located on a structure that is so important that one wishes to remove only the diseased tissue and spare as much of the normal skin as possible (e.g., the nose).
3. When the cancer has been previously treated and has come back.
4. When the margin or extent of the tumor cannot easily be defined.

Mohs surgery not only has the highest cure rate of all treatment methods, but it creates the smallest possible surgical defect, permitting the best possible cosmetic result. Unlike other methods of treatment, Mohs surgery does not rely on surface inspection to judge the extent of the skin cancer. What one sees on the surface may potentially only be “the tip of the iceberg.” If the tumor is not well defined, if it blends into the normal skin, or if it is mixed with scar tissue from a previous operation, a surgeon might either remove too little and leave tumor behind or over-compensate and remove too much. Mohs surgery, using microscopic control, allows the surgeon to trace out the extent of the tumor and remove only diseased tissue.

HOW DO I PREPARE FOR MOHS SURGERY?

Mohs surgery is a stepwise procedure. Be prepared to spend the ENTIRE day in the office, if necessary. ***DO NOT SCHEDULE ANY OTHER APPOINTMENTS OR HAVE ANY OTHER COMMITMENTS FOR THE DAY OF SURGERY.*** The following checklist should be reviewed:

1. Eat normally.
2. Take all of your medications, including blood thinners. Do NOT stop your blood thinners.

3. If you take antibiotics prior to surgery for any condition (heart, artificial joint), please call your doctor regarding the necessity of using them prior to the Mohs procedure.
4. Please refrain from consuming alcoholic beverages several days before and after the procedure. Alcohol dilates the blood vessels and may increase bleeding and bruising tendencies.
5. Please discontinue use of Vitamin E and any non-essential “natural” supplements or herbal medications one week prior to surgery. Many of these items are associated with bleeding.
6. Please do not apply make-up on the day of your procedure.
7. There is a significant amount of time spent waiting for laboratory results between the Mohs steps. Bring sufficient reading material. It is often helpful to bring a companion. **Please do not ask more than one person to join you, as space in the waiting room is limited.** You may bring your own snacks/lunch or visit nearby restaurants during breaks. (A list of nearby restaurants will be provided at the front desk, **upon request.**) In addition, during your wait period you may consider our patient lounge on the second floor in our Media office. This area houses bistro table-and-chair sets, a refrigerator, a microwave, and a coffee station with gourmet coffees and snacks. The lounge is Internet wireless-ready and the plasma television located in the second floor lounge has cable channels for your entertainment.

If you would like to consider shopping during your wait periods, the Springfield Mall is within close driving distance from the Media office, only three to five minutes away. It is a pleasant mall with several restaurants and shops.

8. You may wish to review your personal schedule for the week or two following the procedure. If sutures are used, you will need to have them removed in one week. You may also have swelling or bruising that could interfere with social engagements for several weeks following the treatment.
9. You may wish to pre-purchase the items needed for wound care. The items needed are listed in subsequent sections of the brochure or you may purchase a complete wound care kit from us the day of the surgery.

It is **crucial** that we be able to identify the site of your skin cancer. Often following a biopsy, the site heals so well that the location of the cancer is no

longer obvious. The biopsy report only tells us the diagnosis; it does not tell us the location. If you cannot see or recall the site of the skin cancer, it is important to have your referring physician document the site with a photograph or actually mark the area on your skin with a semi-permanent marker. If we cannot identify the location, we will be unable to perform the procedure.

WHAT DOES MOHS SURGERY INVOLVE?

Mohs surgery is a minor surgical procedure normally performed on an outpatient basis in the office. From the patient's perspective, the surgery is as simple as a biopsy. While a biopsy gives us a diagnosis, the Mohs procedure is a road map that lets us trace out the extent of the growth. Since the laboratory portion is so time consuming, please be prepared to spend the entire day. In many situations, less time is required. Even though the procedure is performed under local anesthesia, it is important to bring one friend or family member. Although you will be physically able to drive yourself home, you may be tired and have some swelling. The surgery is performed in steps or stages. Each stage involves about five to 15 minutes of surgery to remove the cancerous tissue plus about **ONE TO TWO HOURS OR MORE** to check if any cancer remains. Unfortunately the waiting time is occasionally a tiring and frustrating process for some individuals. The number of steps or stages required depends on the size and depth of the cancer. The procedure is not finished until the last laboratory examination shows no remaining cancer cells.

The actual procedure is as follows:

1. Once the area is located, marked, and cleaned, a local anesthetic (usually Lidocaine or Xylocaine) will be injected into the area of surgery. This is the only part of the surgery that will cause any discomfort – the sensation of stinging or burning. We try to inject very slowly to minimize these sensations.
2. Once the area is numb, a small layer of tissue will be removed with a scalpel. Unless the cancer is quite small or the biopsy is accidentally curative, more surgery is almost always required. *Remember, it is always better to initially remove too little and perform a second stage than to remove more normal tissue than necessary.*

3. The small amount of bleeding will be stopped with a machine that coagulates the blood vessels. A dressing will be applied, and you will return to the waiting room. You are permitted to eat or leave the facility for a short while.
4. The tissue will be brought to the laboratory, where it will be examined for the presence of skin cancer. The tissue is processed and microscopic slides are prepared and examined.
5. If microscopic examination reveals remaining tumor, a map is drawn indicating the precise location.
6. You are then brought back to the operating suite, and additional anesthetic is injected to reinforce the first injection. In most cases, the initial anesthetic has not worn off and you will feel little or no discomfort.
7. The second stage involves the removal of another layer of tissue – but only where the map indicates residual cancer. The healthy tissue is left alone; only the diseased tissue is excised.
8. This tissue is brought to the laboratory and the process is repeated until all evident cancer is removed.

The average tumor requires two to four stages for removal. Do not be discouraged if your cancer is not removed in one step. We are tracing the extent of the tumor very carefully and trying hard not to remove any uninvolved normal tissue. This must be done in small layers.

WHAT HAPPENS AFTER SURGERY?

When the surgery is complete, there will be a defect or open wound in the area that the skin cancer occupied. While some patients wish to examine the wound, others are upset seeing the change in their appearance. It is important to realize that this disturbance is very temporary, and that healing will begin quickly. There are three alternatives to consider for the healing of the wound:

1. The wound may be allowed to heal naturally. Although the time of healing depends somewhat on the size of the defect, the process usually requires six weeks or so. The first three weeks are often discouraging since little change is seen. The area heals quickly thereafter. In some areas of the body, wounds allowed to heal naturally often produce ideal cosmetic results. Other areas may produce functional but not ideal results in terms of scar visibility and indentation.

2. In other areas, the wound is often closed with sutures to produce the least visible scar or to accelerate the healing process. Some patients have difficulty dealing with an open wound and emotionally require closure. Occasionally a small graft of skin taken from around the ear or upper chest is required. Alternatively, excess skin from nearby locations (a flap) may be moved into the wound. This may produce an excellent cosmetic result. The reconstruction usually takes between 30 and 60 minutes.
3. If the defect is too extensive to heal naturally or be sutured in our office, we will need to arrange for you to see a plastic surgeon to perform the needed reconstruction. Some patients wish to see a plastic surgeon regardless of the final wound size. Involving a plastic surgeon will usually require at least two additional visits. The first visit will be a consultation and the second will be for the surgery. Depending on the schedule of the plastic surgeon, there may be a delay of days to a week before he or she can see you for consultation. You will therefore be required to care for the open wound for a period of time until the surgery is performed. Some patients arrange for the plastic surgery in advance so that the procedure occurs the day following the Mohs surgery. If this arrangement is used, we will not be able to alter plans and suture the wound immediately in our office. This would be disruptive to the schedule of the plastic surgeon.

Most patients do not decide their healing option until the Mohs surgery is complete and the wound may be evaluated. There is always the option to consider revision of a healed wound if the cosmetic result is not satisfactory.

HOW DO I CARE FOR MY WOUND AFTER SURGERY?

It is important to care for the wound twice a day to achieve adequate healing. For open wounds, we tend to discourage scab formation by coating the area with antibiotic ointment. Scabs are similar to pouring cement into the wound. They prevent the wound from healing easily from the bottom and sides, producing more indentation and slower healing. Sutured wounds need cleaning and ointment to allow the sutured edges to stay in contact with each other. If the skin edges are pushed apart by crusts or scabs, the suture line and scar will be wider and more visible.

All patients may purchase the following items from our representatives or your pharmacy.

1. Non-sterile cotton swabs
2. Non stick gauze such as Telfa
3. Non-allergenic paper tape such as Micropore (try not to use plastic or cloth tape – it may be very irritating). We will give you a prescription for an antibiotic ointment.

If your wound is left open you will use *saline* (a specific concentration of salt-water) as a cleaning agent. This is the most gentle. Saline may be found in pharmacies without prescription as contact lens solution (be sure not to use chemical contact lens solution), eye wash (not boric acid), or some nasal sprays.

If your wound is sutured, you will use *hydrogen peroxide* straight from the bottle. This is best at removing dried blood.

Please follow these steps when you clean the surgical area:

1. Clean the wound gently with a cotton swab dipped in the appropriate cleaning solution.
2. Use a second, dry cotton swab rolled over the wound to dry it.
3. Use a third cotton swab to apply antibiotic ointment to the wound.
4. Cover with an appropriately cut and sized piece of non-adhering gauze. Secure with non-allergenic Micropore paper tape.
5. You may shower the morning following the procedure. The dressing may be removed prior to or after showering.

There are a few things to avoid during the healing process:

1. Do not physically disturb the healing wound during the first four weeks following the treatment. Do not massage the area, rub in Vitamin E, or “test” the area by pulling or stretching. This will widen the scar and prevent the best cosmetic outcome.

2. Do not apply make-up during the three weeks following surgery. The make-up will “cake” in the wound and affect healing. If coverage is desired, continue to use a dressing.
3. Do not apply sunscreen to the wound for three or four weeks. (may cause irritation).

WILL THERE BE ANY AFTER EFFECTS FROM MY SURGERY?

Discomfort, if it should occur with this procedure, is usually mild and can be managed with Tylenol. Do not take aspirin-containing products or medications similar to Motrin or Advil, as these may promote bleeding and bruising. If unusual pain is anticipated, we will provide a prescription for a more potent pain medication.

A pressure dressing applied to the wound should be left on one day to minimize swelling and bleeding. Although some minimal bleeding is typical, brisk bleeding after surgery is infrequent. You should minimize heavy exercise, lifting, and bending for several days following the surgery to prevent unnecessary bleeding and swelling. If brisk bleeding occurs, lie down, take some gauze or a dry wash cloth, and apply firm, constant pressure directly on the wound (remove the bandage) for 20 minutes. Do not just pat the wound for a few minutes and remove the pressure to check the status of the bleeding. If the bleeding persists, go to the nearest emergency room and call your physician. Phone numbers will be provided following the procedure.

Wound infection is extremely rare and easily treated with oral antibiotics. Please inform us if you experience “fever blisters” or “cold sores” of the lips. Surgery in the lip area in affected individuals may cause an outbreak. Preventative treatment with anti-viral medication is recommended.

Other problems that often occur are swelling and bruising. Surprisingly, these may continue to get worse for three or four days and then take two more weeks to resolve. Sleeping with your head elevated (in any position, not necessarily on your back) may help the problem. If the skin nerves are near the surface of the skin, surgical removal of a tumor may lead to numbness. This may take six to 12 months to improve. Actual weakness of muscles only will occur if deeper nerves are damaged by cancer treatment. Improvement may occur over time. However, in some situations the loss of movement is permanent.

Application of ice packs during the evening after surgery may help decrease both swelling and discomfort.

Remember, **every** surgical procedure produces scarring of some type. Although every attempt will be made to minimize and hide the scar, this is not always possible. The extent of scarring and the appearance depends on a number of factors. These include the method of healing, the size and depth of the cancer, the location of the cancer, and how well you heal. Although the scar may appear red and firm or lumpy initially, this will normally resolve after a month or two. Occasionally some of the deeper stitches that normally dissolve on their own work their way to the surface and protrude as a white thread or a small blister. These will dissolve with warm compresses or can be removed without adverse consequences in our office.

The main goal of Mohs surgery is to remove skin cancer as completely as possible and prevent recurrence. Although this procedure is regarded as the most precise of all treatments, the cure rate is not one hundred percent. It is very important that you see your referring physician on a regular basis to monitor the site and evaluate the remainder of your skin for new lesions. Although we will follow your progress until the area is satisfactorily healed, all further follow-up and care should be with your referring physician. Fortunately, most patients do not require re-treatment of skin cancers following therapy with Mohs surgery.

We will attempt to make your visit to our office as pleasant and comfortable as possible. Our mission is to provide the most effective treatment in terms of cure and cosmetic outcome. We will attempt to attend to both your emotional and medical needs.

Please remember, this information only provides a general guide to skin cancer and Mohs surgery. Feel free to ask our staff any questions that may arise during the course of your treatment.

QUESTIONS YOU MAY HAVE PRIOR TO SURGERY

Will there be pain?

You will experience a needle stick and possible burning associated with the injection of anesthesia. This is common and does not last long. After that you should only feel pressure.

May I take Diazepam (Valium) before surgery?

Yes. However, Dr. Dzubow will not be able to supply a prescription for you. Please contact your family physician.

Do I need to take an antibiotic before surgery?

If you normally take an antibiotic before surgery, you will need to contact your primary care doctor for a prescription.

Is it safe to have this procedure done while I am pregnant?

You will need to obtain a letter of **surgical clearance** from your obstetrician.

I have a pacemaker. Will that be a problem?

No. We will need to know when it was implanted.

Will I be able to drive after surgery?

Yes, **unless** your procedure results in partial visual obstruction from the swelling or surgical dressing. The surgical bandage may be bulky and hinder the wearing of eyeglasses. Since fatigue may be a factor, it is **ALWAYS** preferable to have another individual drive if possible.

QUESTIONS YOU MAY HAVE AFTER SURGERY

Should I expect swelling and bruising?

Yes. You may experience some swelling and bruising. Your swelling can be reduced by using ice packs for the first day in 10 minute intervals every hour. In addition, sleeping with your head elevated for three to four days will also decrease your swelling.

Should I expect pain after the surgery?

Not always. Individuals have different thresholds for pain. If you feel any discomfort you should take Tylenol for the first day, (two tablets every four hours).

When can I wear make-up on the surgical area?

You may wear make-up around but not directly on the surgical site. Please ask your physician when you may cover the surgical area with make-up.

Can I wear sunscreen on the surgical area?

The approach to sunscreen is similar to that of make-up.

When can I resume exercise?

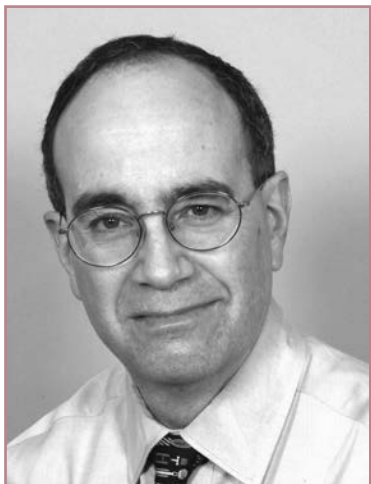
If no discomfort or bleeding has occurred, you may resume exercise the next day.

When can I take a shower?

You may take a shower the next day. Please remove your dressing before showering and redress it afterwards. It is okay for soap and water to run over the surgical area but refrain from using a washcloth or towel on the surgical area.

May I use Vitamin E or other topical scar preparation?

If the wound has been sutured, it is not recommended to use anything on the wound until four weeks after surgery. If the wound is healing naturally nothing should be applied other than what was directed until the healing is complete.



Leonard M. Dzubow, M.D.

Leonard Dzubow is a native of Philadelphia and attended the University of Pennsylvania for both undergraduate and medical school. After completing a residency in Internal Medicine, he trained in Dermatology and Mohs and Dermatologic Surgery at the New York University Skin and Cancer Institute. After leaving New York, he started the Dermatologic Surgery Program at Johns Hopkins in Baltimore. In 1983, he returned to Philadelphia to create and head the section of Mohs and Dermatologic Surgery at the University of Pennsylvania. During his 20-year tenure at the University of Pennsylvania, Dr. Dzubow attained the rank of Professor. He created a fellowship in Dermatologic Surgery and subsequently trained more than 15 dermatologic surgeons who currently have prominent practices in both academic and clinical medicine.

Dr. Dzubow was the editor-in-chief of his specialty journal, *Dermatologic Surgery*. He has served on the Board of Directors of the American College of Mohs Surgery and the American Society for Dermatologic Surgery. He is currently vice president of the American Board of Dermatology and an officer of the American College of Mohs Surgery. He is the author of two books and numerous articles in the field. Dr. Dzubow is board-certified in Internal Medicine and Dermatology.



Heidi Kozic, M.D.

Dr. Heidi Kozic is a Board Certified Dermatologist and fellowship trained Mohs Micrographic Surgeon. Dr. Kozic graduated cum laude from Lafayette College and earned her medical degree from Jefferson Medical College. She then did a Post-Doctoral Research Fellowship and completed her residency training in the Department of Dermatology and Cutaneous Biology at Thomas Jefferson University Hospital in Philadelphia. She subsequently completed a Mohs Micrographic Surgery Fellowship at Geisinger Medical Center in Danville, Pennsylvania. Dr. Kozic was the Director of Mohs Surgery at Thomas Jefferson University, where she taught medical students and residents. She lectures in her field and has published numerous peer reviewed articles. She is a member of the American College of Mohs Surgery and the American Academy of Dermatology.

Dr. Kozic is a native of Delaware and lives in Wilmington, Delaware. She enjoys tennis, golf and skiing.

FOR REFERRALS

If your insurance requires you to obtain a referral to see one of our doctors, please utilize the information below.

Our NPI number is: **1477508257**

You may also be asked to provide your Primary Care Physician with a diagnosis and procedure code. The codes are as follows:

Diagnosis Code:

Melanoma (site unspecified):	D03.9
Basal Cell Carcinoma (site unspecified):	C44.91
Squamous Cell Carcinoma (site unspecified):	C44.92

Procedure Code:

Evaluate and Treat:	99499
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These are just general diagnosis codes so that you may use them, if needed, for multiple sites and/or multiple visits.

If your insurance is not listed here or these codes are not valid, please contact the office for further assistance.

FOR LODGING

If you need to spend the night prior to surgery near our facility (due to distance concerns) you may consider the following option.

Hampton Inn & Suites

300 Beatty Rd.
Media, PA 19063
484-443-8899

DIRECTIONS TO THE GEORGETOWN BUILDING, 101 CHESLEY DRIVE, MEDIA, PENNSYLVANIA

From City Avenue

Take US 1 South to Route 320 South ramp. Make a left at light onto Sproul Road (which is also called PA-320 S). Take Sproul Road (Route 320) to Baltimore Pike and make a right turn. Continue on Baltimore Pike, past the Route 476 intersection, to the next traffic light (Grandview Road) on left and Chesley office campus on right. Make a turn into Chesley Office Campus. At bottom of the entrance make a left, and continue to the end of the road (Chesley Drive). (The office building will appear to be sitting on a hill on the left hand side of the roadway. It is a red brick building with dark green shutters, Georgetown Building. After parking, please enter through the double doors into a foyer. Then enter through the door with a large glass window in it and turn left. You are now in the waiting area...check in with Dr. Dzubow's receptionist; there will be a sign to clearly designate which receptionist is for Dr. Dzubow.)

From the North (New Jersey Turnpike or I-95)

Take the New Jersey Turnpike to Exit 3 and follow the signs to the Walt Whitman Bridge. Take I-95 South, pass Philadelphia International Airport, and continue to Exit 7, I-476 North/Plymouth Meeting. Take I-476 North to Exit 3, Media/Swarthmore. At bottom of the exit ramp, follow the signs for Media by turning left onto Baltimore Pike. (See below for "...the rest of the way.")

From the South

Follow I-95 North to Exit 7 (in Pennsylvania), I-476 North/Plymouth Meeting. Take I-476 North to Exit 3, Media/Swarthmore. At bottom of the exit ramp, follow the signs for Media by turning left onto Baltimore Pike. (See below for "...the rest of the way.")

From the East (via the Pennsylvania Turnpike)

From Exit 333, Norristown, follow signs for I-476 South. Stay on I-476 approximately 17 miles to Exit 3, Media/Swarthmore. At bottom of the exit ramp, follow the signs for Media by turning right onto Baltimore Pike. (See below for "...the rest of the way.")

From the West (via the Pennsylvania Turnpike)

From Exit 326, Valley Forge, take I-76 East, Schuylkill Expressway, about two miles to I-476 South. Take I-476 approximately 17 miles to Exit 3, Media/Swarthmore. At bottom of the exit ramp, follow the signs for Media by turning right onto Baltimore Pike. (See below for "...the rest of the way.")

From Center City Philadelphia (via I-76)

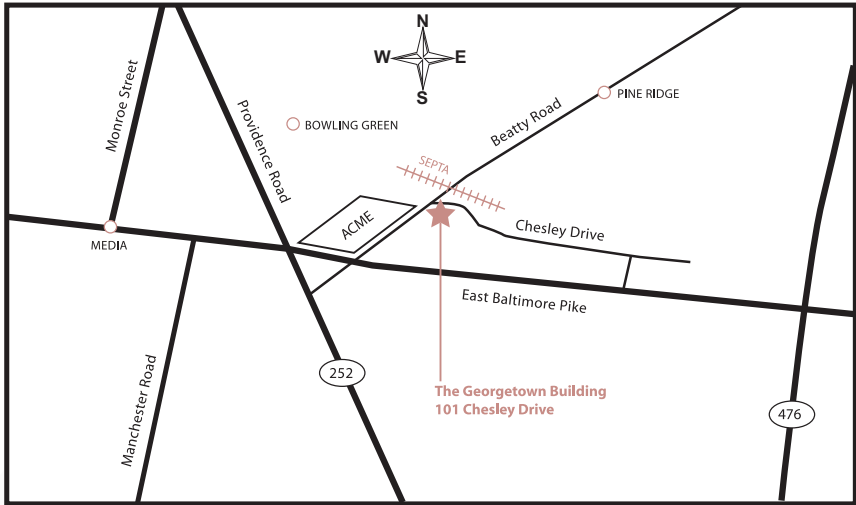
Follow I-76 West, the Schuylkill Expressway, to Exit 331A, I-476 South. Stay on I-476 approximately 17 miles to Exit 3, Media/Swarthmore. At bottom of the exit ramp, follow the signs for Media by turning right onto Baltimore Pike. (See below for "...the rest of the way.")

"...the rest of the way"

Stay in the right lane on E. Baltimore Pike West. At the first light (second light if exiting from I-476 Northbound) there will be a large sign for Chesley Office Campus at Grandview Road. Turn right into the entranceway. At the dead end, turn left onto Chesley Drive. Proceed to the end of Chesley Drive. The last building on the left before encountering the intersection with Beatty Road is the Georgetown Building, 101 Chesley Drive. It is a red brick building with dark green shutters. After parking, please enter through the double doors into a foyer. Then enter through the door with a large glass window in it and turn left. You are now in the waiting area...check in with Dr. Dzubow's receptionist; there will be a sign to clearly designate which receptionist is for Dr. Dzubow.

LOCAL MAP (CHESLEY CAMPUS, MEDIA)

NOTE: Please be advised there is no sign indicating the entrance to the Chesley Office Campus from the Beatty Road approach. To enter the complex from Beatty Road, take the first left AFTER the SEPTA tracks if traveling South. If traveling North turn right just BEFORE the SEPTA tracks. The Georgetown Building is the first building on the right.



DIRECTIONS TO THE SPEAKMAN HOUSE, SUITE 100 1790 WILMINGTON PIKE, GLEN MILLS, PENNSYLVANIA

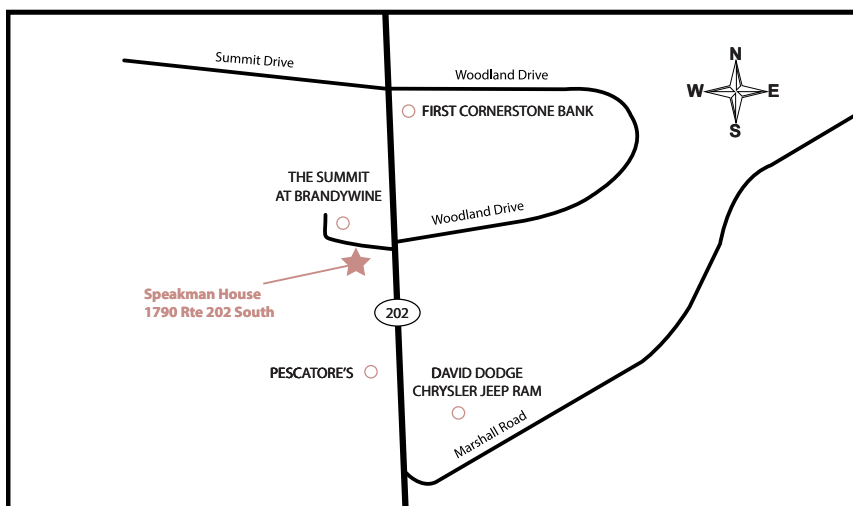
From Delaware and points south

Take 202 North. After you pass the Glen Eagle Shopping Center on the right, prepare to move into the left turn lane. Just past the Keystone Plaza (Pescatore's restaurant), turn left into the driveway at the Summit at Brandywine. Our office is a stone farmhouse (Speakman House), on the left.

From Route 1 South

Turn left onto 202 South, going towards Delaware. Drive 3/4 of a mile. On the right-hand side, you will pass McDonald's, CHOP Primary Care, and The Residence at Chadds Ford. Just past The Residence at Chadds Ford, turn right at the Summit at Brandywine. Our office is a stone farmhouse (Speakman House), on the left.

LOCAL MAP (SPEAKMAN HOUSE, GLEN MILLS)







LEONARD M. DZUBOW, M.D.
HEIDI KOZIC, M.D.
MOHS & DERMATOLOGIC SURGERY

**Chesley Office Campus
(Media Office)**

101 Chesley Drive
Suite 100
The Georgetown Building
Media, PA 19063
Phone: (484) 621-0082
Fax: (484) 621-0083

**Speakman House
(Chadds Ford / Glen Mills Office)**

1790 Wilmington Pike
Suite 100
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