

Introduction

- Prior research has demonstrated that both cosmetic changes and the presence of cancer significantly impact patient satisfaction and psychological well-being in Mohs micrographic surgery (MMS) patients [1,2]
- However, there remains a limited understanding of the specific predictors that influence these psychosocial measures
- By analyzing predictors of psychosocial outcomes related to MMS, physicians can more readily identify those at higher risk of poor results
- Consequently, physicians may be able to provide more tailored guidance and resources to patients
- The aim of this study was to compile literature related to the predictors of psychosocial outcomes of MMS using a search of the PubMed database

Methods

- Comprehensive search was conducted on July 19th, 2024 of the PubMed database using the keywords "Mohs Surgery," "Mohs Micrographic Surgery," and "Micrographic Surgery" combined with the terms "Psychosocial Factors," "Quality of Life," "Psychological Impact," "Emotional Well-being," "Social Adjustment," "Patient Satisfaction," "Patient-reported Outcome," "Mental Health," "Depression," "Anxiety," "Body Image," and "Self-Esteem"
- Studies were included if they discussed the psychosocial outcomes of MMS, were of the appropriate study type, and were published in peer-reviewed journals in English
- Exclusion criteria consisted of studies not relevant to the topic, incorrect publication types (i.e. review articles or letters to the editor), and publications in languages other than English
- Our search yielded 17 articles, from which data was individually extracted and scrutinized for relevance

Patient Demographic Predictors

Smoking

- Lower QOL scores were seen in active smokers immediately, 1 to 2 weeks and 3 months postoperatively [3]
- Active smokers were overall less satisfied with their surgery [4]

Age

- Patients younger than 65 years had poorer postoperative QOL scores, in two survey studies [3,5]
- Another cohort revealed higher PHQ-8 scores in their oldest subjects at 4-6 weeks [6]

Gender

- Lower QOL scores were seen in women immediately, 1 to 2 weeks and 3 months postoperatively [3]
- Women had higher risk of body image concerns at 6 months [7]
- Men were more likely to be satisfied with their procedure [8]

Medical History

- Patients with a history of prior facial skin cancer and facial surgery showed less improvement in postoperative cancer worry [9]

Clinical Predictors

Intraoperative Stages

- Patients who underwent 3 or more intraoperative stages showed higher satisfaction at 1 week and 12 months [10]
- A contrasting study revealed patients with increased intraoperative stages had less satisfaction immediately and 3 months following surgery [11]

Location of Lesion

- Patients with peripheral facial lesions were more satisfied postoperatively, but had higher baseline appearance concerns [12, 13]
- Centrally located facial lesions were associated with impaired QOL scores prior to surgery [3]

Size of Operative Defect

- Larger defects had lower QOL scores 1-2 weeks postoperatively [3]
- Those with lesions over 4 cm had significant body image concerns at 6 months [7]
- Less extensive reconstruction was associated with better QOL at 4 months [5]

Visualizing Lesion

- No significant difference was shown in scar satisfaction in those shown their defect prior to repair [14]
- Female patients, in another cohort, benefited from viewing their facial defects [15]

Psychological Predictors

Preoperative QOL

- Patients with better preoperative skin-related QOL showed greater satisfaction postoperatively [10]

Mental Health

- Mental health status was significantly associated with satisfaction, immediately following surgery and at one year [4,16]
- Mood disorder history had no affect on PHQ-8 scores 1 week following surgery [6]

Social Predictors

Social Support

- Married patients had higher long-term satisfaction [10]
- Therapeutic support, in the form of postoperative phone calls, correlated with higher overall satisfaction [17]

Commute Times

- Patients with longer distances home following surgery reported lower satisfaction scores at 3 months [11]

Discussion

- The psychosocial impact of MMS entails a complex interaction between demographic, clinical, psychological, and social variables that influence overall patient satisfaction and long-term well-being
- Younger patients report lower long-term QOL scores potentially secondary to concerns over appearance, which may pose more of an issue to those earlier in life [5]
- Older patients demonstrate lower QOL scores in the short term, likely due to lack of social interactions following surgery [3,5,6]
- Universally, women have been shown to experience greater body image discontentment, potentially contributing to their inferior clinical satisfaction [7]
- While some patients may benefit from longer time spent with their providers, others may perceive longer surgeries as associated with worse outcomes [10,11]
- Additional counseling may also be necessary in patients with lesions in more cosmetically sensitive areas such as the face, and in those with larger surgical defects [3,5,7]
- Higher baseline mental health may better equip patients to assuage anxiety related to their surgery [4,16]
- Better postoperative satisfaction was found in patients with at-home and in-office support [5,17]
- Our review is subject to several limitations, including variations in study methodologies and sample sizes

Conclusion

- Our findings suggest patients may benefit from tailored support based on individual demographic, clinical, and psychological profiles
- Younger age, female gender, smoking, centrally located facial lesions and larger operative defects significantly impact MMS psychosocial outcomes
- Robust social support and better preoperative mental health contribute to more favorable results
- These insights may be applied in clinical practice through tailored interventions, such as preoperative psychosocial assessments that consider the broader spectrum of factors influencing recovery

Scan for references

