



DAWES FRETZIN DERMATOLOGY

WELCOME

Welcome to Dawes Fretzin Dermatology.

As you know, you have been scheduled for Mohs surgery. Please review the enclosed information packet. It contains information about your surgery, directions to our office and registration material. Kindly take a moment to complete the accompanying forms so that registration proceeds smoothly when you arrive for your appointment.

Please note:

Prior to your surgery:

- Continue taking aspirin or blood thinning medications, if these have been prescribed by your physician.

On the day of surgery:

- Bring your completed forms with you to your appointment.
 - If you are already a Dawes Fretzin Dermatology patient you will not need to fill these documents out again.
- Bring a photo ID with you to your appointment.
- Bring a driver for your return home
- Take all of your medications as prescribed
- Eat a healthy breakfast.

Your referring doctor and lab will send the slides from your original skin cancer biopsy to Dawes Fretzin Dermatology. Your Mohs surgeon may have this slide reviewed by Dawes Fretzin Dermatology's dermatopathologists to verify the presence of skin cancer to ensure proper treatment. Your Mohs surgeon will also review this slide pre-operatively to determine the best treatment approach for your particular skin cancer. Due to this, you may see a charge prior to your appointment date on your statement.

We hope the majority of your questions are answered in this material. If you have further questions after reviewing this material, feel free to call our office.

We appreciate the opportunity to serve you.

Sincerely,
Dawes Fretzin Dermatology



You are being referred to Dr. Nick Countryman for Mohs micrographic surgery. Below are frequently asked questions by patients undergoing Mohs surgery. We encourage you to take time and read this material. Hopefully it will answer your questions and make your surgery day easier.

What is skin cancer?

Skin cancer is the uncontrolled growth of abnormal skin cells. It occurs when unrepaired DNA damage to skin cells triggers mutations, or genetic defects, that lead the skin cells to multiply rapidly and form malignant tumors.

Are there different types of skin cancer?

Yes. The three most common types of skin cancer are: basal cell carcinoma (sometimes referred to as basal cell epithelioma), squamous cell carcinoma, and malignant melanoma.

Are skin cancers life-threatening?

The two most common types of skin cancer, basal cell carcinoma and squamous cell carcinoma, are rarely life-threatening. The tumors replace normal surrounding tissue and generally do not spread to other areas. The third most common skin cancer, malignant melanoma, can be life threatening if treated late. When discovered and treated early, malignant melanoma is curable. Basal cell carcinomas and squamous cell carcinomas never “turn into” malignant melanoma.

For more information about skin cancer(s) please visit:

<http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/q---t/skin-cancer>

How is skin cancer treated?

There are several effective treatments for these tumors. Freezing with liquid nitrogen, burning with electric current, surgery and radiation therapy are successful up to 95% of the time. For recurring tumors or tumors in difficult-to-treat sites, a technique of skin cancer treatment known as Mohs offers the best chance for total removal.

What is Mohs surgery?

Mohs micrographic surgery is a specialized, highly effective technique for the removal of skin cancer. The physician serves as surgeon, pathologist, and reconstructive surgeon. It relies on the precision and accuracy of a microscope to trace and ensure complete removal of skin cancer. The procedure was developed in the 1930s by Dr. Frederic Mohs. The procedure has been modified and refined over the years. Mohs surgery differs from other skin cancer treatments in that it permits the immediate and complete microscopic examination of the removed cancerous tissue, so that all “roots” and extensions of the cancer can be eliminated.

What are the advantages of Mohs surgery?

There are two primary advantages. First, by using microscopic examination of the tissue as a guide, the Mohs surgeon is better able to remove all of the skin cancer. Second, by carefully mapping out the tumor, the surgeon removes cancerous tissue and leaves as much normal skin as possible.



Will I have stitches following the surgery?

There are three main ways your surgical wound may be handled:

Direct close of the wound – In most instances, surgical wounds are sutured (sewn) closed.

Skin graft – In some instances, it is necessary to remove skin from in front of the ear or some other site and graft it over the wound.

Second intention healing – The body has an excellent capacity to heal open wounds. This healing period is approximately three to six weeks depending on the size of the wound. It requires regular wound care.

In addition to wound size and location, the surgeon considers other factors to determine how your wound will be handled. This will be fully discussed with you on the day of surgery. Sometimes, for more extensive repairs, we will ask that you return the following day for the repair of your surgery site.

Will I have a scar?

All surgical procedures have the potential for some degree of visible scarring. The appearance of post-Mohs surgical scarring will depend on several factors, including size and location of the final defect, individual skin characteristics, and the reconstruction options available.

Will I be put to sleep for the surgery?

No. The surgery is well tolerated with local anesthesia. Because the surgery may be time-consuming, the risk of prolonged general anesthesia is avoided.

How long will surgery last?

Most Mohs cases can be completed in three or fewer stages, lasting half a day or longer. However, it is not possible to predict how extensive a cancer will be, as the extent of a skin cancer's "roots" cannot be estimated in advance. Most of the time is spent waiting for tissue to be processed. It is advisable to reserve the entire day for the procedure. Also, bring reading materials, needlework, etc. and a snack or lunch with you on the day of surgery.

Should I bring someone with me?

Yes. It is essential that you bring someone along as you will be unable to drive after surgery. Someone other than the patient must perform postoperative wound care in many instances. The nurse can give this person direct instructions, demonstrate wound care, and answer any questions after the surgery.

Should I eat breakfast before surgery?

Yes. Breakfast is recommended.



Should I avoid medications on the morning of the surgery?

No. Take your regular medications as they have been prescribed. Common practice in the past was to discontinue blood-thinning medications such as aspirin, Coumadin, ibuprofen (Motrin, Advil), Persantine and Plavix, to reduce the risk of bleeding complications after surgery. Recent studies have shown that the risk of bleeding problems is not significantly increased for patients continuing these blood-thinning agents. Bleeding is always a risk of surgery but, fortunately, is uncommon. More importantly, there have been reports of serious adverse events including strokes, heart attacks and blood clots in patients who discontinued their blood-thinning medications. We would prefer that you continue to take **ALL** of your prescribed medications prior to surgery. If your prescribing physician has recommended that you stop these blood-thinners now or in the past, please contact our office to speak with your surgeon because our policy has been updated to reflect the current standards of care for Mohs surgery. Also, please bring all of your medications with you on the day of surgery.

Do I need to take antibiotics before the surgery?

If you have ever taken antibiotics prior to dental or other surgical procedures, or have a history of rheumatic fever, heart murmur, artificial heart valve or artificial joint, we may prescribe one for you prior to Mohs surgery. This will help prevent infection of the heart valve or artificial joint. Pacemakers, implanted defibrillators, mitral valve prolapse and cardiac stents do not generally require antibiotics. We will make this decision at the time of surgery and have antibiotics available in the office if needed.

Will my activity be limited after surgery?

Yes. Your activity will be restricted. If surgery is on the face we typically advise that you do not lift over ten pounds the first week after surgery and do as little bending over and stooping as possible. Plan on being out of work for several days after surgery, an excuse for your absence will be provided, if necessary. Avoid any long trips within the first ten days following surgery in case you develop some complications.

Are there any potential complications of surgery?

Bleeding and infection are the two primary complications, yet uncommon. However, patients should understand that there is not an absolute guarantee that any given procedure will be totally free of complications or adverse reactions. The surgical area may remain tender for several weeks or months after surgery, especially if large amounts of tissue were removed.

Will my insurance cover the cost of surgery?

Mohs surgery is covered by most insurance plans, including Medicare. The amount that will be paid by insurance is subject to your plan's deductible and co-insurance terms. Our billing department will contact your insurance company to verify your benefits. Once this has been completed we will contact you with this information. Copays, co-insurance and deductibles are due at the time of service. In some instances it may be necessary to obtain a referral or authorization from your primary physician or insurance company before surgery. If you are in doubt about your particular coverage, it would be useful to check with your insurance representative prior to your appointment.

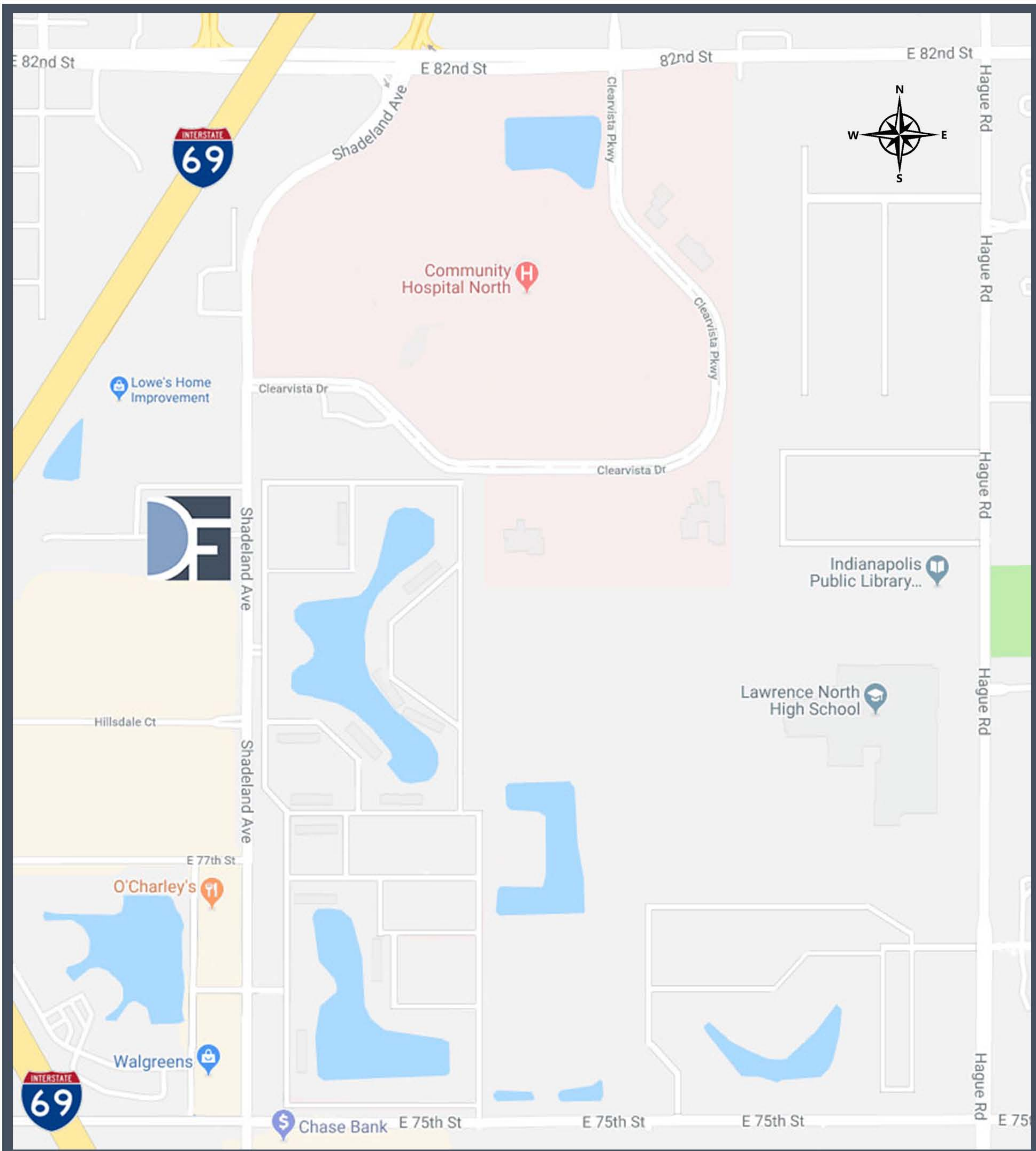


DAWES FRETZIN DERMATOLOGY

7910 N. Shadeland Ave.
Indianapolis, IN 46250

Phone: 317-516-5000

Fax: 317-516-5147



OFFICE LOCATION



DAWES FRETZIN DERMATOLOGY

From Kokomo - Estimated time: 1 hour 15 minutes

Get onto US-31 S and head south towards Indianapolis for approx. 37 miles. Take exit 129 B for Keystone Parkway. Keep left to continue on Exit 7, follow signs for Keystone Parkway. Follow Keystone Parkway for approx. 6 miles. Use one of the right 3 lanes to take Interstate 465 E. Follow 465 E for 3 miles and take exit 37A for Binford Blvd. Use the left two lanes and turn left at the first cross street onto E 75th St. Less than a mile later, turn left onto Shadeland Ave. We will be on the left before you get to Community North Hospital, behind the Lowe's Home Improvement store.

From Anderson - Estimated time: 30 minutes

Take I-69 south towards E 82nd St in Indianapolis for approx. 25 miles. Take exit 201 for 82nd St toward Castleton. Use the second from the left lane to turn left onto E 82nd St. At the next intersection turn right onto Shadeland Ave. We will be on the right just past the Lowes Home Improvement store.

From East - Estimated time: 20 minutes

Get onto I-70 W towards I-465 N. Use the right two lanes to take exit 90 to merge onto I-465 N. Use the right two lanes to take exit 40 towards Shadeland Ave. Continue down Shadeland Ave for approx. 3 miles. We will be on the left in front of the Extended Stay America hotel.