Greater Des Moines Dermatology 2424, 128th Street, Urbandale, Iowa 50323 TEL:515-243-8676 FAX:515-243-0487
Your appointment for surgery is __________________ at __________ a.m.

Reason:

The receptionist/back office will schedule your surgery time unless otherwise specified. If you call later for the appointment, be sure to specify it is for surgery. You are typically at the office for under an hour.

* We typically keep you in a compressive bandage for 24-48 hours.
* We suggest you bring a driver along with you the day of surgery (if you are anxious, taking benzodiazepines or narcotics, or having work done in the orbital region as the bandage may limit peripheral vision).

-Work near the ear could temporarily affect hearing.

-Mobility can be a factor on the foot or lower leg areas.

The **DO's** List:

DO get a good night of sleep prior to surgery.

DO stop smoking or decrease as much as possible two weeks before and after surgery**.**

DO eat a good breakfast the morning of surgery.

DO take all of your usual medications the day of surgery unless otherwise instructed. See anticoagulant discussion.

DO bathe or shower before your surgery and dress comfortably. Infection rates are lower in patients who have washed the area prior to surgery as it reduces total bacterial load on the skin.

DO let us know if you take coumadin, other blood thinners, aspirin or anti-inflammatory pain medications.

DO let us know if you need to take antibiotics before surgical procedures (antibiotic prophylaxis).

DO ask any questions that you might have.

The **DO NOT's** List:

DO **NOT** take aspirin or any other aspirin-containing products two weeks prior to surgery unless otherwise directed by a prescribing physician. While we would prefer that you avoid ibuprofen (Advil, Motrin, Nuprin, Aleve) and any (NSAIDS) anti-inflammatory medication and "blood thinners" such as coumadin, persantine, and the new classes of anti-coagulants; these should only be stopped after approval of the doctor who prescribed it. We will accept the extra bleeding risks if you are not allowed to stop these meds but bleeding during and post operatively are then elevated.

DO **NOT** drink alcohol 24 hours prior or 48 hours after surgery.

DO **NOT** wear make-up, perfume, or other creams the day of surgery if near area of surgery.

Do **NOT** smoke and (if unable to stop smoking) at least reduce total smoking intake

Preoperative Visit

Our dermatologic surgical nursing staff is available to answer questions related to your surgery. You may use Tylenol / Acetaminophen for pain relief. If you take aspirin because of a previous stroke or because of heart problems, these should only be stopped if allowed by the prescribing doctor.

We strongly encourage you to **shower before surgery**. This reduces your infection risk. Your wound dressing will need to remain dry and intact for at least 24-48 hours. The length of the procedure varies depending on the size and location of the tumor, as well as the type of reconstruction or repair needed. Please be prepared to be in our office for 1-2 hours. We most often will get you home sooner. We ask that someone accompany you to the office if there are any concerns with transportation ability following the surgery or if we are giving you medications that may affect performance (narcotics/sedatives/hypnotics/benzodiazepines). We ask that you limit the number of people accompanying you because of the limited space in the waiting room.

The Day of Surgery

Be well rested and eat breakfast (even if you normally do not eat breakfast). Ideally, shower with generous soap cleansing prior to arrival to your appointment. This reduces infection rates. Take all your medicines as

you normally would, and bring your medicine (e.g. nitroglycerin) if you need them. Please be on time for your appointment and allow enough time for parking and morning work traffic. You will be scheduled with other patients and failure to be on time will affect all our patients. It is a good idea to wear loose fitting clothing and avoid pullover clothing. Please pack some snacks that do not require refrigeration or heating in case you get hungry. If the surgery site is on your face, please do not wear make-up. We will obtain your verbal consent and discuss the procedure with you prior to the procedure. Photographs are taken. If you have additional questions, please feel free to ask them. *All of your questions should and must be answered before the surgery. Ask the assistant or Dr. Abrahamson to answer any additional questions that you may have which were not answered at the pre-operative visit. We hopefully should have addressed these prior to surgery or in this handout*

The surgical area will be cleaned and draped with sterile drape. The area will then be anesthetized (numb) by a small local injection (lidocaine, bupivacaine, ropivacaine, and 1% epinephrine). If undergoing standard excision, closure will be performed after the excision. If the tumor is unable to be completely removed, further treatment options include second intention healing/granulation, graft, or flap.

Cosmetic Reconstruction

After a skin cancer/growth/tumor has been completely removed, a decision will be made on the best method for closing the wound created by the surgery. These methods include letting the wound heal in by itself (second intention/granulation), closing the wound side-to-side with stitches, or closing the wound with a skin graft or flap. The best method is determined on an individual basis, after the final defect is known. Over 99% of wound closures are performed in our office. We individualize your treatment to achieve the best cosmetic result. Most of the time, the simplest closure is the best closure but tissue tear through, large defects, and lack of tissue laxity all affect these options. Dr. Abrahamson is trained in all of the latest cosmetic closures including flaps and grafts and AAD guidelines.

After Surgery

Your surgical wound will require care following surgery and prior to removal of the stitches. You should plan on wearing a bandage and avoiding strenuous activity. Most of our patients report minimal pain, most of which will respond to Tylenol. You may experience a sensation of tightness and many people have temporary numbness in the region.

Skin cancers frequently involve nerves and months may pass before your skin sensation returns to normal. In rare instances, some numbness may be permanent. Motor nerve dysfunction is more uncommon than sensory nerve impairment. You may also experience itching. Complete healing of the surgical scar takes place over a period of 12-18 months. During the first few months, the scar site may feel thick, swollen or lumpy. Some redness is normal. This redness is due to the increased size and number of blood vessels. The redness usually fades after several months. One month after surgery, massage of the area may assist in the healing and softening.

An indefinite follow-up period of observation is necessary after the wound has healed. Check-ups are encouraged on a periodic basis based of skin cancer treated. The reason for close follow-up is to monitor healing and to monitor for additional cancer. Studies have shown that once you develop a skin cancer, there is a strong possibility of developing other skin cancer in the future at a separate location.

Risks of Surgery

* As with any type of surgery, there are possible complications and risks that may occur. Because each patient is unique, it is impossible to discuss all the possible complications and risks but we try to address the majority of potential issues. The usual risks or expected outcomes are summarized below. Dr. Abrahamson will discuss any additional risks associated with your individual case. ***Please understand that significant complications are the exception and not the rule. ***

* The defect or wound created by the removal of the skin cancer and its underlying roots may be larger than anticipated. This may require additional surgery, topical chemotherapy, radiation, chemotherapy, and lymph node assessment.

* There will be a scar at the site of removal. There is no such thing as "scarless surgery". We will make our best effort to obtain an optimal cosmetic result. If multiple closure options exist, these will be discussed with

you before closure. Dr. Abrahamson uses the latest surgical techniques. Dr. Abrahamson is trained in cosmetic closures including complex closures, flaps, and grafts.
* There may be poor wound healing. Despite our best efforts, for various reasons (such as bleeding, poor physical condition, wound tension, smoking, diabetes, epidermal maturation arrest, infection, genetics, poor wound care, trauma, friction, or other diseases), healing may be slow or the wound may re-open. Flaps and grafts utilized to repair the defect can also fail. Under these circumstances, the wound will usually be left to heal on its own and you will require close follow-up care.
* There may be loss of motor (muscle) or sensory (feeling) nerve function. Rarely, the tumor invades or wraps around nerve fibers. When this is the case, the nerves must be removed along with the tumor. Prior to surgery, Dr. Abrahamson will discuss with you any major nerves, which may be near your tumor.
* The tumor may involve any important structure. Many tumors are near or on vital structures such as eyelids, nose or lips. If the tumor involves these structures, portions of them may have to be removed with resulting cosmetic or functional deformities. Furthermore, repairing the resulting defect may involve some of these structures.
* Wounds can become infected (1%) and may require antibiotic treatment. The typical signs of infection are increasing pain, swelling and drainage. If you are at particular risk for infection, you may be given an antibiotic prior to surgery (especially if artificial implants/joints). Showering ahead of surgery and wound care are critical to keeping infection risk low.
* There may be excessive bleeding from the wound. There may be bleeding after surgery. If you experience bleeding after surgery, apply firm, continuous pressure over the wound with a clean cloth or wash cloth for 30 minutes (without checking). You will be given verbal wound care instructions after the surgery. Significant blood loss is very rare, but bleeding into a sutured graft or flap may inhibit good wound healing and thus increase the chance for the graft or flap to fail or not "take". Failure to compress the wound, trauma, alcohol use, and anticoagulants are the most common causes of post-operative bleeding.
* There may be an adverse reaction to medication used. We will carefully screen you for any history of problems with medications; however, new reactions to any medication is always possible.
* There is a small chance that your tumor may recur after surgery. Previously treated tumors and large, long-standing tumors have an increased chance for recurrence.

Medications

If you are on aspirin, Coumadin/Warfarin, Dipyridamole, Persantine, Ticlid, Ticlopidine or **the newer anticoagulants**, please ask if these need to be stopped or reduced. It is up to your prescribing doctor to see if these may be stopped. You may resume these medications 24 hours after surgery unless otherwise instructed. **If you can't stop these, we are just accepting a higher bleeding risk that could include delayed bleeding, re-opening wound to tie off blood vessels and/or cautery, return to clinic or ER, or chronic bleeding care/compression. Transfusions are only for extreme, unexpected events.
*We are typically open 8 -12 AM and 1 -4:45 PM Monday – Thursday for suture removal.

Timothy G. Abrahamson M.D. FAAD
Board Certified: American Board of Dermatology.
Dermatology Residency: University of Iowa Residency Program in Clinical and Surgical Dermatology completed June 2001. https://gme.medicine.uiowa.edu/dermatology-residency/about-program
Internship year: MacNeal Hospital in Berwyn, Illinois.
Medical school: University of Iowa College of Medicine. https://medicine.uiowa.edu/dermatology/education
Current Activities: Volunteer Clinical Professor at the University of Iowa School of Medicine in Iowa City. He is a Fellow member of the American Academy of Dermatology (FAAD), the Polk County Medical Society, and the Iowa Medical Society.
https://emedicine.medscape.com/article/1127307-overview
www.aad.org/practicecenter/quality/clinical-guidelines/office-based-surgery
www.asds.net
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www.greaterdesmoinesdermatology.com