

Lesions (moles, skin cancer, etc)

*Scheduled on 11/11/1111*

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Lesions (moles, skin cancer, etc)

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## **S**URGICAL PROCEDURES

- STANDARD EXCISION OF SKIN TUMORS & CYSTS\* (Surgical removal of skin lesions from my \_\_\_\_\_.)

## **T**ABLE OF CONTENTS

- TITLE PAGE
- TABLE OF CONTENTS
- MEDICATIONS TO AVOID
- SURGICAL RISKS - MINOR PROCEDURE\*
- SPECIFIC SURGICAL RISKS
- ANESTHESIA & OTHER INFORMATION
- OTHER RISKS\*
- CONSENT FOR SURGERY
- POSTOPERATIVE CARE - MINOR PROCEDURE\*
- SPECIFIC POST OPERATIVE INSTRUCTIONS
- AS YOU HEAL (Minor Procedure)\*
- SPECIFIC AS YOU HEAL INFORMATION
- FINANCIAL POLICIES

## Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your doctor and the nursing staff.

### Aspirin Medications to Avoid

Acetilsalicylic Acid	Alka-Seltzer	Alka-Seltzer Plus
Alka-Seltzer products	Anacin	Anacin products
Argesic-SA	Arthritis Foundation products	Arthritis Pain Formula
Arthritis Products	Arthritis Strength Bufferin	ASA
Ascriptin Products	Aspergum	Axocal
Azolid	Bayer Products	BC Powder
Buffered Aspirin	Bufferin products	Buffers 11
Buffinol	Butazolidin	Cama Arthritis Pain Reliever
Carisoprodol Compound	Cheracol	Chlortrimeton Capsules
Cope Tablets	Coricidin	Darvon Compound-65
Darvon/ASA	Disalcid	Dolobid
Dristan	Duragesic	Easprin
Ecotrin products	Empirin products	Equagesic
Excedrin products	Fiorgen PF	Fiorinal products
Gelpirin	Genprin	Goody's Extra Strength Headache Powders
Kaodene	Lanorinal	Lortab ASA
Magan	Magnesium Salicylate	Magsal
Marnal	Mesalamine	Methocarbamol
Micrainin	Mobidia	Mobigesic
Momentum	Norgesic products	Oxycodone
Pabalate products	Pepto-Bismol	Percodan products
Phenaphen/Codeine #3	Pink Bismuth	Saleto products
Salicylate products	Sine-off	Sinutab
Sodol Compound	Soma Compound	Sulfasalazine
Supac	Suprax	Triaminicin
Trilisate	Tussanil DH	Tussirex products
Ursinus-Inlay	Vanquish	Wesprin
Willow Bark products	Zorprin	

### Ibuprofen Medications to Avoid

Acular (ophthalmic)

## Medications to Avoid Before and After Surgery

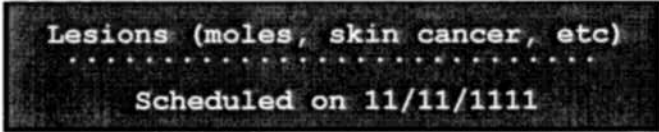
Aleve	Advil	Advil products
Anaprox products	Alleve	Anadynos
Clinoril	Ansaid	Aspirin
Etodolac	Dimetapp Sinus	Dristan Sinus
Genpril	Feldene	Fiorinal
Indocin products	Ibuprofen	Ibuprofen
Medomen	Indomethacin products	Ketoprofen
Nalfon products	Midol products	Motrin products
Naprox X	Naprelan	Naprosyn products
Ocufen (ophthalmic)	Naproxen	Nuprin
Oxaprozin	Orudis products	Oruvail
Profenal	Piroxicam	Ponstel
Sulindac	Relafen	Sine-Aid products
Voltaren	Tolectin products	Tolmetin

### Other Medications to Avoid

4-Way Cold Tabs	4-Way w/ Codeine	Accutrim
Actifed	Arthritis Bufferin	BC Tablets
Childrens Advil	Clinoril C	Contac
Coumadin	Emagrin	Flagyl
Flexeril	Four Way Cold Tablet	Heparin
Lovenox injection	Persantine	Prednisone
Ru-Tuss	Tenuate	Tenuate Dospan
Vibramycin	Vitamin E	Warfarin

### Herbal Medications to Avoid

Fish Oil	Ginkgo Biloba	Ginseng
St. John's Wort		



## **P**OSTOPERATIVE CARE - MINOR PROCEDURE \*

### YOUR FIRST 48 HOURS

- **VERY IMPORTANT:** If you have excessive bleeding or pain, call the office at (973) 324-2300, day or night.
- **ACTIVITY:** In most instances, you may resume normal non-strenuous activity within several hours of your procedure.
- **DRESSINGS:** Keep your dressings as clean and dry as possible. Do not remove them until instructed to do so.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crushed ice cubes and put the ice into a zip-lock bag. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- **DRIVING:** You may drive if you feel normal. If you feel light-headed or "woozy," **DO NOT DRIVE.** Either wait until the feeling passes or have someone else drive.
- **ALCOHOL:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please don't drink if you are taking prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- **POST OPERATIVE APPOINTMENTS:** It is very important that you follow the schedule of appointments we establish after surgery.

### LONGER TERM POSTOPERATIVE INSTRUCTIONS

- **SUN EXPOSURE:** If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb -- you might not "feel" a sunburn developing!

## **S**PECIFIC POST OPERATIVE INSTRUCTIONS

### EXCISION OF SKIN TUMORS & CYSTS (REMOVAL OF SKIN TUMORS / CYSTS BY EXCISION AND SUTURING)

- **DRESSING:** Dr. Peck and his staff will advise you how long they wish the dressing left in place. Once the dressing is removed (or falls off) keep the incision and surrounding skin clean with soap and water. Getting the incision wet **DOES NO HARM!** A light application of antibiotic ointment to the incision (such as Bacitracin or equivalent) for several days after surgery is advised.
- **AVOID INJURY:** Direct injury, stretch and tension to the new wound can break the sutures and pull the wound edges apart. Use common sense when planning activities.
- **BLEEDING:** If excessive bleeding occurs, apply direct pressure for 10-20 minutes. If control is achieved, no other immediate treatment is necessary. If bleeding persists, call the office at (973) 324-2300.
- **ICE PACKS:** Ice (cold) can relieve discomfort and reduce swelling. Intermittent application of an ice bag, a soft pack of frozen peas, etc. can be helpful.

## AS YOU HEAL (MINOR PROCEDURE)\*

Minor procedures usually cause very little disruption to normal lifestyle. Minor procedures usually heal quickly and do not cause long-term symptoms.

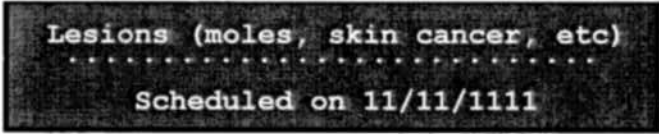
### FOLLOWING INSTRUCTIONS

- An important factor in the healing process is your compliance with the preoperative and postoperative instructions which are part of this booklet. You can influence your healing process positively or negatively by how carefully you comply with these guidelines.
- FOLLOWING INSTRUCTIONS: Dr. Peck created the directions to facilitate the healing process and to prevent circumstances which would interfere with recovery. It is in your best interest to follow the instructions carefully.

## SPECIFIC AS YOU HEAL INFORMATION

### EXCISION OF SKIN TUMORS & CYSTS (REMOVAL OF SKIN TUMORS / CYSTS BY EXCISION AND SUTURING)

- SWELLING: Most of the swelling is gone within a month, but all the swelling usually takes about 6 months to completely disappear.
- SCAR REDNESS: It may take 6-18 months for the scar to fade.
- TENDERNESS: All discomfort is usually gone within a month.
- NUMBNESS: Small areas of numbness around the incision (if present) usually clear in 2-3 months.



## **F**INANCIAL POLICIES

- As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope the following information will be helpful.
- Our financial coordinators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

### PAYMENT OPTIONS

- Payment for cosmetic plastic surgery is due, in full, two weeks prior to surgery. We provide a number of payment options which may be used individually or combined according to your wishes.

CASH OR CHECK: Personal check, cashier's check, or cash.

CREDIT CARDS: Visa and Master Card.

### INSURANCE COVERAGE

- The benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. We know you realize that you are ultimately responsible for the full payment of your account, but we have found that our knowledge and experience can be an important factor in assisting you to collect your maximum benefits.
- Please discuss all arrangements regarding payment of your account with us.

### CANCELLATION POLICY

- We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. Dr. Peck's time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern.

If you need to cancel your surgery after your preoperative visit but more than 10 business days before surgery, you are entitled to a full refund. Should you find it necessary to cancel your surgery 10 business days or less before surgery, the following policy will apply.

We may refund your payment except for \$500.00.

- If you have any questions or need assistance with financial matters, please ask .. <None> to help you.

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## **S**URGICAL RISKS - MINOR PROCEDURE \*

### ABOUT RISKS

- The risks of "minor" or small procedures are obviously reduced when compared to larger operations. Complications, however, can occur with even the smallest procedures.
- In general, the least serious problems occur more often and the more serious problems occur rarely. We want you to be assured that if you don't heal normally that we will make every effort to resolve the problem. If a complication does arise, you, Dr. Peck, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

### NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (973) 324-2300.
- **CRUSTING ALONG THE INCISION LINES:** We usually treat this with antibiotic ointment.
- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

### COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others do, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.

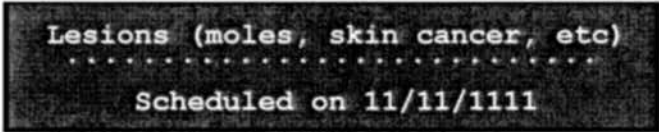


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- **WOUND SEPARATION OR DELAYED HEALING:** Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery)
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.
- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.
- **POOR RESULTS:** Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revisional surgery.

RARER  
COMPLICATIONS

UNSATISFACTORY  
RESULT & NEED FOR  
REVISIONAL  
SURGERY



## **S**PECIFIC SURGICAL RISKS

**EXCISION OF SKIN TUMORS & CYSTS (REMOVAL OF SKIN TUMORS / CYSTS BY EXCISION AND SUTURING)**

- **INCOMPLETE REMOVAL:** Some skin tumors have invisible margins or edges. Cysts may be very ill defined. If large "margins" are excised around the tumor, the scar will be larger and the repair more difficult. Dr. Peck will use his best judgment in removing the correct amount of skin around the tumor or cyst. Occasionally, the pathology report will indicate that a second procedure is necessary in order to "get it all."
- **UNSIGHTLY SCAR:** Even if the best plastic surgery techniques are used, the scar may heal thicker or wider than desired. While time (several months or more) is usually very helpful, secondary revision (surgery) is occasionally recommended.
- **PAINFUL SCAR:** Once healed, most scars are painless. Scars on fingertips, bottom of feet, lips etc. may remain tender for longer periods of time.
- **SKIN CANCER:** Most skin tumors are NOT malignant and are moles (nevi), cysts, skin tags or early pre-malignant changes. If pathology shows a basal cell or squamous cell skin cancer, COMPLETE EXCISION is usually the only surgical treatment needed. Malignant melanoma is the most aggressive and dangerous skin cancer and may require other surgery.
- **RECURRENCE AND SPREAD OF SKIN CANCERS:** Skin cancers can recur following excision and require secondary treatment. Very malignant skin cancers (usually melanomas) may spread (metastasize) to other areas or organs in the body, require systemic treatment and even prove fatal.

**ALTERNATIVES**

- Obviously benign lesions can be left untreated with very little risk. Suspicious or proven skin cancers can also be treated with electro-desiccation (cautery) or X-ray therapy. Treatment of the skin with anti-cancer creams, peels or laser resurfacing may be appropriate for early or very superficial lesions.

## **A**NESTHESIA & OTHER INFORMATION

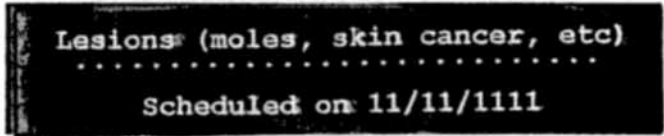
- LOCAL ANESTHESIA**
- Local anesthesia is provided by injecting an anesthetic under the skin with a small needle. Anesthesia of the injected area occurs almost immediately and usually lasts for 1-1/2 to 2-1/2 hours. The most commonly used anesthetic is Lidocaine. Virtually no allergies to Lidocaine exist. When Lidocaine is used in plastic surgery, it is usually mixed with very dilute amounts of epinephrine (adrenaline) to reduce bleeding by constricting small blood vessels. Some persons experience a temporary increase in their heart rate because of the epinephrine. In the amounts used for local plastic surgery operations, this is rarely a problem.
  - Marcaine is a much longer acting local anesthetic, providing anesthesia for up to 12 hours. There are procedures for which the longer action makes this the local anesthetic of choice. The risks are also minimal. Allergies to Marcaine are extremely rare.
  - The most serious risk from use of local anesthesia occurs if excessive amounts of the anesthetic are injected. The safety limits are well known, and almost all local procedures require amounts of anesthetic that are far below those limits. If local anesthesia is being used for a large operation, the anesthetic will be injected slowly over a much longer period of time. Most plastic surgeons have never seen a toxic overdose of local anesthetic.

## **O**THER RISKS \*

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.
- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Peck and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preoperative Nurse Signature: \_\_\_\_\_



## **C**ONSENT FOR SURGERY

I, \_\_\_\_\_, desire George Peck, M.D., F.A.C.S. and such assistants as may be assigned by him/her, to perform the elective procedure(s) of:

- STANDARD EXCISION OF SKIN TUMORS & CYSTS\* (Surgical removal of skin lesions from my \_\_\_\_\_.)

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by George Peck, M.D., F.A.C.S. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either George Peck, M.D., F.A.C.S. or a qualified anesthesiologist and to the use of such anesthetics as he/she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him/her to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer generated documents were used in my planning that it was used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he/she can inform me of any important new findings relating to my surgery. I further agree to cooperate with him/her in my aftercare until I am discharged from his/her care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with George Peck, M.D., F.A.C.S..

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for George Peck, M.D., F.A.C.S. to discuss them with you.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Relationship: \_\_\_\_\_