

A successful surgery requires a partnership between you and Dr. Butterfield

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Butterfield. This is essential to your health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have surgery and your actual surgical date. During this time there are several important considerations:

Practice proper fitness: You need not engage in an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Stretching exercises and low-weight strength training now, can help to enhance your posture and your strength in the weeks following surgery.

Good nutrition. Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking a multi-vitamin daily.

Stop smoking. Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 6 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 6 weeks prior to surgery.

Lead a healthy lifestyle. In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.

Prepare and plan. Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from surgery, and that someone is confirmed available to stay with you around the clock for 24 hours, following surgery.

Relax and enjoy life. Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

TWO to THREE WEEKS BEFORE SURGERY

This is an important planning and preparation time. Follow all of the skincare and health habits you have begun in addition to the following:

_____ **Prepare and plan:** Put your schedule together for the day before, day of and first few days following the procedure. Share this with all of your key support people.

_____ **STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:**

- | | |
|--|--|
| <input type="checkbox"/> Aspirin and medications containing aspirin | <input type="checkbox"/> Garlic Supplements |
| <input type="checkbox"/> Ibuprofen and anti-inflammatory agents (all NSAIDs) | <input type="checkbox"/> Green Tea or green tea extracts |
| <input type="checkbox"/> Vitamin E | <input type="checkbox"/> St. John's Wort |
| <input type="checkbox"/> Coumadin/Warfarin (discuss with office) | <input type="checkbox"/> Estrogen supplements |
| | <input type="checkbox"/> All other medications indicated |

_____ **Pre-operative clearance and information:** The pre-admission testing office of the hospital will contact you between 2 and 10 days prior to your operation. They will offer you the choice of having a history and physical performed by the hospital staff or by your primary care physician. This choice is entirely up to you. If your PCP completes the history and physical, the paperwork should be faxed to the hospital, as well as any laboratory tests. The history and physical form is included in the pre-operative packet. Simply give this paperwork to your PCP to complete.

_____ **Fitness:** Don't over-do it. Avoid anything strenuous or that could potentially cause injury.

_____ **Good nutrition:** Continue taking your supplements as directed.

_____ **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

_____ **Avoid sun exposure:** Sun damaged skin can more readily produce irregular scars.

ONE WEEK BEFORE SURGERY

_____ **Confirm your day of surgery plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

Pre-operative shopping list

_____ The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

- | | |
|--|--|
| <input type="checkbox"/> Prescriptions (have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping). | <input type="checkbox"/> Germ-inhibiting soap , such as Dial, Safeguard, or Lever 2000 (to bath with prior to surgery in order to minimize germs). |
| <input type="checkbox"/> Tylenol (or a generic form of this drug) This will be the drug of choice once you do not need the prescription strength pain medications. | <input type="checkbox"/> Frozen peas (only for those patient undergoing facial procedures). These are great as "ice packs" for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing |
| <input type="checkbox"/> Multivitamin (to take prior to surgery and during your recovery for maximum health). | <input type="checkbox"/> Bacitracin ointment and 4x4 gauze (to cover incisions with for the first week or so). |
| <input type="checkbox"/> Hydrogen peroxide and Q-tips (to clean around drains). | <input type="checkbox"/> Stool softener (e.g. Colace) and laxative (e.g. Dulcolax). |
| <input type="checkbox"/> Consider renting an electric lift chair , if you are having a tummy tuck, buttock lift, or lower body lift. The office will be happy to assist you with this | |

_____ **Continue to practice healthy habits**, nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking.**

_____ **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.

_____ **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

ONE DAY BEFORE SURGERY

_____ **Pack your bag for the day of surgery.** This should include:

- | | |
|---|--|
| <input type="checkbox"/> All paperwork | <input type="checkbox"/> Reading Glasses |
| <input type="checkbox"/> Your identification | <input type="checkbox"/> Chapstick |
| <input type="checkbox"/> All prescription medications | <input type="checkbox"/> Saltines in case of nausea during |
| <input type="checkbox"/> Your post-surgical compression garment | your ride home |

_____ **Expect a pre-anesthesia call to review your state of health for surgery**

_____ **Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.

_____ **Shower as directed.** Use an anti-bacterial, fragrance-free soap, such as Lever 2000 or dial. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

_____ **Wax or shave.** It may be uncomfortable to do so in the days immediately after surgery.

_____ **Do not eat or drink anything after 12 pm.** No candy, gum or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery.

_____ **RELAX!** Get plenty of rest and avoid unnecessary stress.

THE DAY OF SURGERY

_____ **NOTHING by mouth.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints.

_____ **Dress appropriately.**

- **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (If there is something you cannot remove, let the admitting nurse know right away.)
- **Wear comfortable, clean, loose-fitting clothing:** Do not wear jeans or any tight-fitting bottom; rather have a pair of loose, drawstring sweatpants to wear home. Wear slip on, flat shoes with a slip proof sole; no heels. Wear clean cotton socks, as the operating room can feel cool. For your comfort, wear a zip or button front top. No turtlenecks.

I look forward to seeing you prior to surgery in the same day surgery area of the hospital. If you have any last minute questions, we will have time to discuss them. I will also be marking you for surgery at that time.

Date of Birth: _____

Date to be admitted: _____

Reason for procedure: _____

History of Present Illness:

Past History (Psycho/Social History):

Drug or Other Significant Allergies:

CURRENT MEDICATIONS (including ASA):

All "Yes" answers require amplification or comment

	YES	NO	Comment
Diabetes			
History of Steroid Treatment			
Bleeding Tendency			
Weight Loss			
Smoking:			
Currently smoking			
History of smoking			
Review of Systems:			
Pain or discomfort			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Respiratory:			
Effort Intolerance			
History of Asthma			
Cough			
Other Pertinent symptoms			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Neurological:			
History of Transient neurological symptoms			
Other Pertinent symptoms			
Gastrointestinal:			
Abdominal Pain			
Nausea			
History of Hepatitis			
Other Pertinent symptoms			
Reproductive:			
Other Pertinent symptoms			Last Menstrual Period Date:
Other: (musculoskeletal, endocrine, GU, etc.)			

**Physical
Examination**

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GENERAL APPEARANCE:	BP:		
	PULSE:		
	RESP:		
	TEMP:		
HEENT:			
NECK:		YES	NO
	Bruits		
CHEST & LUNGS			
BREASTS:			
HEART:		YES	NO
	Murmur		
ABDOMEN:			
PELVIC/RECTAL INGUINO-GENITAL:			
EXTREMITIES:		YES	NO
	Venous Stasis		
NEUROLOGICAL:			
ASSESSMENT/CONCLUSION:			

RISK ASSESSMENT: ASA CRITERIA (Circle one)		
1. Normal healthy patient	2. Mild disease, no functional impairment	3. Severe systemic disease
4. Disease is constant threat to life	5. Moribund, not expected to recover	

Signature: _____ **Name Printed:** _____
Date of Examination: _____ **Phone Number:** _____

Re-assessment: Patient identified, chart reviewed, condition unchanged. Appropriate to proceed with planned sedation.	
Physician initials _____	Date: _____

THE JEWISH HOSPITAL PREADMISSION TESTING PROTOCOLS

TEST	CRITERIA
History and Physical	All patients need a current health screening updated within 30 days
Hemoglobin	History of Anemia History of bleeding, i.e.: Hematuria, vaginal bleeding All patients who receive type and screens
Basic Metabolic Panel	Patients with renal disease. (BMP as close to day of surgery as possible) Patients taking steroids. (BMP within 30 days)
Blood Sugar	Patients who are diabetic
Potassium Level	Patients taking potassium depleting diuretics *see listing below Patients taking digitalis
Coag profile	Patients recently undergoing chemotherapy Hepatic Disease Bleeding Disorder Anticoagulant therapy taken within the last three days.
Blood levels of therapeutic drugs	Digitalis Lithium Seizure medications, ie: tegretol, dilantin, Phenobarbital Theophylline, depakene (if using for a seizure disorder)
EKG – if EKG available and patient’s health status has not changed since reading, do not repeat	Patients with cardiac and peripheral vascular disease, history of dysrhythmias, hypertension, MVP, Graves Disease, Diabetes Morbid obesity (BMI > 40) Thoracotomy surgery. Surgery planned for greater than 3 hours.
CXR	Patients with acute pulmonary symptoms.
Urine Pregnancy test	Performed on day of surgery for females with onset of menses up to one year post menses.
Type and Screen	According to blood bank protocol.

DIURECTICS THAT REQUIRE SERUM POTASSIUM LEVELS

Thiazide and Thiazide-like Diurectics

**DIURIL – chlorothiazide
HYDRODIURIL – hydrochlorothiazide
NATURETIN – bendroflumethiazide
ENDURON – methyclothiazide
EXNA – benzthiazide**

**METAHYDRIN - trichlormethiazide
RENESE - polythiazide
HYDROMOX - quinethazone
ZAROXOLYN - metolazone
HYGROTON - chlorthalidone
DIUCARDIN - hydroflumethiazide**

Loop diurectics

**LASIX – furosemide
BUMEX – bumetanide
EDECIN – ethacrynic acid
DEMEDEX - torsemide**

THE CHRIST HOSPITAL
CINCINNATI, OHIO 45219
HISTORY AND PHYSICAL EXAMINATION
R-54A REV. 7/99
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ADMITTING/TESTING FAX # 585-1273

DATE OF EXAM _____

REASON FOR ADMISSION/INDICATION FOR PROCEDURE: _____

HISTORY OF PRESENT ILLNESS: _____

DRUG OR OTHER SIGNIFICANT ALLERGIES: _____

FAMILY AND SOCIAL HISTORY: _____

PAST HISTORY: _____

DIABETES: no ___ yes ___; Hx. Steroid Rx: no ___ yes ___; Hx. of Diuretic Rx: no ___ yes ___
Bleeding Tendency: no ___ yes ___

CURRENT MEDICATIONS: _____

ALL YES ANSWERS REQUIRE COMMENT:

R.O.S: Pain or Discomfort no ___ yes ___ specify
Weight loss: no ___ yes ___

CARDIOVASCULAR:
Chest pain no ___ yes ___
Hx of MI no ___ yes ___
Syncope no ___ yes ___
Hx. of Deep Vein Thrombosis no ___ yes ___
Other pertinent sx. no ___ yes ___

RESPIRATORY:
Hx of Asthma no ___ yes ___
Cough no ___ yes ___
Smoke no ___ yes ___
Other pertinent sx. no ___ yes ___

NEUROLOGICAL:
Hx. of transient neurological sx. no ___ yes ___
Other pertinent symptoms no ___ yes ___

RENAL:
HX: Kidney or bladder disease no ___ yes ___
Other pertinent symptoms no ___ yes ___

GASTROINTESTINAL:
Abdominal pain no ___ yes ___
Nausea no ___ yes ___
Hx of Hepatitis no ___ yes ___
Alcohol use no ___ yes ___
Other pertinent sx: no ___ yes ___

REPRODUCTIVE:
Last Menstrual Period Date:

OTHER: (Musculoskeletal, endocrine, GU etc) _____

PHYSICAL EXAMINATION:

TEMP ____	PR ____	RESP ____	BP ____
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GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:

Bruits: no ____ yes ____

CHEST AND LUNGS:

Breasts

HEART:

Murmur: no ____ yes ____

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:

Venous Stasis no ____ yes ____

NEUROLOGICAL:

DIAGNOSIS _____

ASSESSMENT/PLAN:

SIGNATURE: _____ NAME PRINTED: _____

INFORMED CONSENT – SKIN CANCER SURGERY

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you about skin cancer surgery(s), its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

The surgical removal of skin cancer is a procedure frequently performed by plastic surgeons. Because skin cancer will not disappear spontaneously, surgical removal is a treatment option. There are many different techniques for removing skin cancers. Various surgical procedures may be involved in reconstruction after the skin cancer is removed.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin cancer condition, the use of medications applied to the skin cancer, and destruction by non-surgical techniques. There are risks and potential complications associated with alternative methods of skin cancer treatment.

RISKS OF SKIN CANCER SURGERY-

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of skin cancer surgery.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. There is the possibility of visible marks from sutures used to close the wound after the removal of skin cancer. There is the possibility that scars may limit motion and function. In some cases scars may require surgical revision or treatment.

Damage to Deeper Structures- There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

Systemic Spread of Skin Cancer- Certain varieties of skin cancer can spread to other areas of the body. Depending on the cell type and degree of invasion of the skin cancer, additional surgery or cancer treatment may be necessary. In some situations that involve melanoma-type skin cancer, patients may be advised to consider a sentinel lymph node biopsy staging procedure at the time of the excision of the skin cancer lesion.

INFORMED CONSENT – SKIN CANCER SURGERY

Recurrence of Skin Cancer- Skin cancers in rare situations can recur after surgical excision. Additional treatment or secondary surgery may be necessary.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

Sutures- Some surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. It is even possible to have loss of skin or flap tissue used for reconstruction of the skin cancer excision. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Skin Contour Irregularities- Contour irregularities and depressions may occur after skin cancer surgery. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

Allergic Reactions- In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Surgical Anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Frozen-Section Inaccuracy- Frozen-section techniques used to determine tissue pathology and completeness of tumor removal may be inaccurate. It is possible that subsequent tissue analysis may identify that there may be incomplete removal of the skin cancer or the presence of a different tissue pathology. Additional surgery may be necessary if it is determined that the removal of the skin cancer is incomplete.

Change in Skin Sensation- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

Unsatisfactory Result- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. There is the possibility of a poor result from the removal of skin cancer. This would include risks such as unacceptable visible deformities, loss of function, poor healing, wound disruption, skin death and loss of sensation. Even if the skin cancer is removed successfully, you may be disappointed with the results of reconstructive surgery. It may be necessary to perform additional surgery to attempt to improve your results.

INFORMED CONSENT – SKIN CANCER SURGERY

ADDITIONAL ADVISORIES

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Mental Health Disorders and Surgery- It is important that all patients seeking to undergo surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of surgery, effects on mental health cannot be accurately predicted.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with skin cancer removal. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

INFORMED CONSENT – SKIN CANCER SURGERY

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

INFORMED CONSENT – SKIN CANCER SURGERY
CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Jennifer Butterfield and such assistants as may be selected to perform the following procedure or treatment:

SKIN CANCER SURGERY

I have received the following information sheet:

INFORMED CONSENT – SKIN CANCER SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

Post-Surgical Instructions: Skin Cancer Excision

Once your scar revision is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms and signs to watch for following surgical scar revision include the following:

Tingling, burning, redness, tightness at the surgical site. These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication will help you cope with any discomfort. **Consistent sharp pain should be reported to our office immediately.** You may also feel minor discomfort at the graft donor site, if you had your own skin grafted to revise the scar.

Shiny skin or any itchy feeling: Swelling can cause the skin to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling at the scar revision or any graft donor site. An antihistamine like Benadryl can help to alleviate severe, constant itchiness. **If the skin becomes red and hot to the touch, contact our office immediately.**

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever, (over 101.5°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions.
- A severely misshapen or swollen appearance at the wound site.

To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the wound site. Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses for no longer than 20-minute intervals.

Post-Surgical Instructions: Skin Cancer Excision

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within:

- **Continue to cleanse wounds as directed; you may shower. Take a warm, not hot shower. Do not take a bath. Limit your shower to 10 minutes. Do not remove any steri-strips. Do not rub your incisions. Apply any compression as directed.**
- **Take medications and supplements as directed.** Pain medication such as acetaminophen should ease your discomfort.
- **Proper sun protection is vital.** You must not allow direct or indirect sun exposure to your wounds. Wear protective clothing, a wide-brimmed hat and at least an SPF 30 if you must be outdoors.
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE TO FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Discomfort or tightness and tingling will resolve.**
- **Continue wound care as directed.** The steri-strips were removed at your first post-operative visit. You may now start using bacitracin ointment on the incision 2 x daily, and start some gentle scar massage.
- **Ease into your fitness routine.** Avoid aerobic exercise that may stress or stretch the skin in the area of your scar revision.
- **Do not smoke.** While incisions may have sealed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars. For your long-term health, there is no need to resume smoking.
- **Practice good sun protection.** Do not expose your skin to direct sunlight. If you are outdoors, apply at least an SPF 30 at least 30 minutes prior to sun exposure and wear protective clothing. Your skin is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

YOUR FIRST YEAR

- **Continue healthy nutrition, fitness, and sun protection.**
- Your scars will continue to refine. **You may massage the scars with hand lotion (e.g. Eucerin cream) or scar treatments (e.g. Mederma), starting at 3 weeks after the procedure.** This should be performed 3 times daily for several minutes each time for the first year after the scar revision. If the scars become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- **A one-year post surgery follow-up is recommended.** However, you may call our office at any time with your concerns or for needed follow-up.

Post-Surgical Instructions: Skin Cancer Excision

Your skin and scars may change with age. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Butterfield and her staff any questions I have related to these instructions or about my procedure, health and healing.

These instructions are not meant to be comprehensive or all-inclusive, any additional instructions will be given to you by Dr. Butterfield as needed.

Financial Policy Regarding Revision and Complications

Every plastic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be told, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how good the care or how careful the doctor and team. Examples of problems that may be encountered are bleeding or an unfavorable scar after a surgical procedure. In both of these cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring). It is our policy as a predetermined courtesy to our patients not to charge a surgeon's fee for complications or revisional surgery within 6 months from the original surgery date. We do, however, expect the patient to pay whatever other expenses arise as a result of treatment in hospital or outpatient settings. If the revisional surgery occurs in our office facility, the patient is responsible for the expense of the facility and anesthesia. Sometimes the patient will have insurance that will cover these revisions or complications. It depends upon the individual policy and how it is written. When a person does have insurance, the insurance company is billed for the surgeon's fee as well as the facility fees. All patient copays and deductibles will apply.

We hope that no complication arises and no revisional surgery is necessary in your case. However, no plastic surgeon can guarantee this to patients. It is important for the patient undergoing an elective surgical procedure to understand this financial policy. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

Policy Regarding Employer Paperwork

Many patients have forms that must be completed by Dr. Butterfield or our office to verify surgery dates, length of absence from work, work restrictions and expected return to work date. Many employers require multiple forms with ongoing updates. We understand our patients need to comply with their employer's human resource requirements. With regret the volume and complexity of the required paperwork makes it necessary for our office to charge a fee for this service. For those patients with human resource requirements each surgery will be assessed a \$20.00 fee for completion of all forms. All spouse paperwork will also be assessed a \$20.00 fee.

Please ensure all forms are in our office at least two weeks prior to your employers due date marked "Attention Nurse – Employer Forms". Include the address or fax number where all completed forms are to be returned, due date and your contact information should questions arise. The \$20.00 fee may be paid to the receptionist at the time of your pre operative appointment.

My signature below, indicates that I understand and agree to the above policies.

Signature _____

Date _____

Witness _____