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BOARD CERTIFIED DERMATOLOGIST
FELLOW AMERICAN SOCIETY MOHS SURGERY

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Informed Consent Form

Patient Understanding of Possible Surgical Complications

NAME _____ DATE _____

SURGERY/PROCEDURE TO BE PERFORMED MOHS MICROGRAPHIC SURGERY

It's important to note that all human beings heal by permanent scar formation. Scar tissue is red for 3-6 months, and then usually fades to white. Sunlight can cause a scar to darken. The appearance of a surgery scar usually continues to improve for 6-12 months, as the scar "matures." The tissue around the surgical site often remains swollen for about 1 month. Usually by the 25th day the scar is strong. Scars overlaying the active muscle areas tend to widen (stretch) with time. This cannot be prevented. Scars can heal thick (keloid or hypertrophic) or thin (atrophic). How the scar heals often depends upon their location on the body and the healing process of the patient. A change of feeling (sensation) often occurs around the scar. In some areas of the body there is a risk of motor nerve damage. Sometimes more than one surgical procedure is necessary to remove a large lesion, to remove a lesion in a difficult area, or to obtain the best possible cosmetic outcome. If a surgical site is injured before healing is completed, the scar may gape open, the wound may bleed, and the scar may become more obvious. The final appearance of a scar depends upon many factors. Chances for a good result can be estimated for a given procedure but can **never be guaranteed**.

As with any surgical procedure there may be complications such as **infection** or **bleeding**. We may prescribe antibiotics and pain medication for you to take after surgery. It is important that you take all your prescribed antibiotics. You will be given our 24/7 telephone number along with written instructions to help you with any questions or problems that may occur.

With Mohs surgery we use 1% lidocaine with epinephrine & 0.75% marcaine. Insignificant, serious, or life threatening reactions may occur with these medicines. Please advise our office if you have ever had any reactions or sensitivity to either anesthesia.

We advise you to discontinue any blood thinners you may be taking such as aspirin 10 DAYS prior to your surgery and Coumadin, Plavix, or Warfarin 3-5 DAYS prior to your surgery, unless medically instructed not to.

Since this procedure is done under local anesthesia, you do not have to be fasting. You may have a normal breakfast and normal lunch. For the safety of Dr. Fagan and his staff, only the **patient** is allowed in the surgical suite once the procedure has begun. Family members are welcomed to wait in our Mohs waiting room. Please have someone drive you home after the surgery.

Consent of surgical procedures ONLY for smokers: (please initial below)

_____ I have been advised by Dr. Fagan and/or his staff that I must not smoke or take nicotine substitutes for a minimum of 3 weeks before and after surgery. It has been explained to me that the risk of surgery are much greater for smokers, and even if I am off cigarettes prior to surgery, I may still experience the effects of nicotine. There are greater risks in smokers for bad scarring, hematoma formation, intra-operative bleeding.

We will be taking pictures during the surgical procedure. These pictures will become part of your medical records and we will not release these pictures to a medical or non-medical entity without your permission.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO OPERATE, THAT THE RISKS HAVE BEEN EXPLAINED TO ME, AND I WISH TO PROCEED WITH SURGERY.

PATIENT OR GUARDIAN SIGNATURE

DATE

DERMATOLOGIC SURGERY PREOPERATIVE ASSESSMENT

NAME: _____ DATE: _____

Please circle YES or NO and specify type of disorder, drugs taken, &/or allergy on line provided.

Past medical History: Have you had...

Bleeding/Blood Disorder? _____	YES	NO
Heart disease? _____	YES	NO
Liver disease? _____	YES	NO
Hepatitis? _____	YES	NO
AIDS/HIV Infection? _____	YES	NO
Abnormal scarring? _____	YES	NO
Diabetes? _____	YES	NO
Other? _____	YES	NO

Drug history: Do you take...

Aspirin (e.g.: enteric-coated, cold remedies)? _____	YES	NO
Blood thinners (e.g.: warfarin, coumadin)? _____	YES	NO
Steroids (e.g.: prednisone, cortisone)? _____	YES	NO
Arthritis tablets (e.g.: feldene)? _____	YES	NO
Cyclosporin? _____	YES	NO
Other? _____	YES	NO

Allergies: Are you allergic to...

Antibiotics? _____	YES	NO
Local anesthetic? _____	YES	NO
Creams/Ointments? _____	YES	NO
Sticking tape/plasters? _____	YES	NO
Other? _____	YES	NO

Do you smoke? _____ YES NO