



Surgery Preparation Packet

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Excision Preparation & Care Guide

An excision is a procedure that normally takes 1-2 hours. Please plan your day accordingly.

Please review the following checklist guide prior to your scheduled surgery appointment

on: Monday / Tuesday / Wednesday / Thursday / Friday ___ / ___ / ___

at: _____ am / pm

in: Doylestown / Sellersville

with: ___ Robert J. Willard, MD, FAAD ___ Amy Basile, DO, MPH
 ___ Jennifer McFadden, PA-C ___ Austin Liu, MD, FAAD
 ___ Nianda Reid, MD, FAAD ___ Brett Miller, MD, FAAD
 ___ Debbie McLanahan, NP-C

- We encourage you to eat a regular meal(s) on the day of your scheduled surgery.
- Please dress comfortably and refrain from wearing perfume and/or cologne.
- Take all of your medications. If you are taking any medications which slow coagulation (“blood-thinners), do **not** discontinue these medications unless specifically instructed by the doctor who prescribed them. Please do not stop them on your own. If you are unsure of what medications you should stop taking, please call our office at (215) 345-6647 for advice.

You have been instructed to discontinue the following medications one (1) week prior to your scheduled surgery:

- Please discontinue use of Vitamin E and any non-essential “natural” supplements or herbal medications one (1) week prior to surgery. Examples include but are not limited to: Echinacea, red-yeast rice, fish oil, omega-3 supplements, glucosamine, chondroitin and ginko biloba. Many of these supplements and medications are associated with bleeding.

- If you take antibiotics prior to surgery for any condition such as heart related issues or artificial joints, please call your doctor regarding the necessity of taking an antibiotic prior to Mohs surgery.

_____ **You do not require antibiotics prior to surgery.**

_____ **You have been instructed to take the following antibiotics one (1) hour prior to your scheduled Mohs surgery:**

Amoxicillin – 4 pills 1 hour prior to surgery
Clindamycin – 2 pills 1 hour prior to surgery
Other: _____

- Please refrain from consuming alcoholic beverages several days before and after the procedure. Alcohol dilates the blood vessels and may increase bleeding and bruising tendencies.
- You may wish to review your personal and work schedules for the week or two following your surgery. The wound will be repaired with sutures once the skin lesion has been removed, and you will need to have these sutures removed approximately one week after surgery.
- You may wish to pre-purchase the items necessary for wound care. These items are listed in the wound care section of these instructions.
- It is crucial that we are able to identify the site of your skin lesion. Often following a biopsy, the site heals so well that the location of the skin lesion is no longer obvious. The biopsy report tells us the diagnosis and general location. If you cannot see or recall the site of the skin lesion, it is important to have your referring physician document the site with a photograph or mark the area on your skin with a semi-permanent marker. If we cannot identify the location, we will be unable to do the surgery.

What does the procedure involve?

An excision is a minor surgical procedure performed on an outpatient basis in our office. The procedure involves the complete removal of a lesion. The excised tissue is sent to an outside laboratory for processing. Laboratory processing ensures all the margins are clear and the lesion has been completely removed.

The actual procedure is as follows:

- Once the area is located, marked and cleaned, a local anesthetic (usually Lidocaine or Xylocaine) will be injected into the surgical area. This is the only part of the procedure that will cause discomfort. There will be the sensation of stinging or burning. We inject very slowly to minimize the discomfort as much as possible.
- Once the area is numb, the lesion as well as the surrounding tissue will be removed with a scalpel.
- The small amount of bleeding will be stopped with a machine that coagulates the blood vessels.
- The wound will be closed with sutures and a dressing will be applied.
- The tissue will be sent to an outside laboratory for processing to ensure all margins are clear. You will be informed of the laboratory results 7-10 days from the date of your surgery.

Repair options following an excision:

When your surgery is complete, there will be a defect or open wound in the area that the skin lesion occupied. In the vast majority of cases, the wound will be repaired by Dr. Willard using one of a variety of reconstructive plastic surgical methods. This involves the placement of both buried and superficial sutures to produce the least visible scar and to accelerate the healing process. Wounds are typically repaired in one of three ways: direct side-to-side closures (linear closure); surgical rearrangement of excess skin in nearby locations (a flap) that is moved into the defect; or a skin graft usually obtained from around the ear or upper chest. These methods usually produce excellent cosmetic results.

There is always the option to consider revision of a healed wound if the cosmetic result is unsatisfactory.

How do I care for my wound after surgery?

It is important to care for the wound twice a day to achieve adequate healing. For open wounds, we tend to discourage scab formation by coating the area with either Vaseline or Aquaphor. Both should be obtained as fresh, clean tubes – not jars. Scabs are similar to pouring cement in the wound. They prevent the wound from healing easily from the bottom and sides, producing more indentation and slower healing. Sutured wounds need cleaning and ointment to allow the sutured edges to stay in contact with each other. If the skin edges are pushed apart by crusts or scabs, the suture line and scar will be wider and more visible.

All patients should purchase the following wound care items:

- Non-sterile Q-tips
- A fresh tube (not a jar) of Vaseline or Aquaphor ointment (Do not purchase Neosporin or triple-antibiotic ointment. Many patients develop an allergy to this medication if used frequently)
- Non-stick gauze such as Telfa
- Non-allergic tape such as Micropore. We do not recommend cloth or plastic tape as they tend to be irritating to the skin.

If your wound is left open, you should use warm water and mild soap to cleanse the area.

Please follow the following steps when cleaning your surgical area;

- Clean the wound gently with a cotton swab (Q-tip) dipped in the appropriate cleaning solution.
- Use a second, dry Q-tip rolled over the wound to dry it.
- Use a third Q-tip to apply Vaseline or Aquaphor ointment to the wound.
- Cover with an appropriately cut and sized piece of non-stick Telfa.
- You may shower 24 hours post-op. The bandage should be removed prior to showering.

There are a few things to avoid during the healing process:

- Do not physically disturb the healing wound during the first 4 weeks following surgery. Do not massage the area, apply Vitamin E or “test” the area by pulling or stretching. This will widen the scar and prevent the best cosmetic outcome.

- Do not apply make-up during the 3 weeks following surgery. The make-up will “cake” in the wound and affect healing. If coverage is desired, continue to use a dressing.
- Do not apply sunscreen to the wound for 3 to 4 weeks following surgery. Sunscreen may cause irritation to the wound.

What can I expect when I go home?

Localized discomfort is normal and usually mild enough to be managed with Tylenol. If more significant pain is anticipated, we can provide a prescription for a stronger pain reliever.

A pressure bandage is applied to the wound in the office, and is to be left on for 24 hours to minimize swelling and bleeding. Although some minimal bleeding is typical, persistent or heavy bleeding after surgery is infrequent. Moderate bruising and swelling is common, and may take up to two weeks to resolve.

Are there any restrictions?

Exercise, lifting and bending should be minimized for at least one week post-surgery, usually until the sutures are removed, to prevent unnecessary bleeding or swelling.

What happens if my wound starts bleeding?

If bleeding occurs, remove the bandage and lie down. With gauze and a clean, dry wash cloth and apply firm, constant pressure directly to the wound for 20 minutes. Do not just pat the wound for a few minutes – you need to apply constant pressure for 20 minutes without looking. If the bleeding persists, call the office at (215) 345-6647 or, if it after office hours, call Dr. Willard’s cell phone at (215) 629-9025.

What if my wound becomes infected?

Wound infection is very rare, but is treatable with oral antibiotics. Please call the office if the wound site is extremely swollen, red, very warm to the touch, if you are running a fever or experiencing moderate to severe discomfort.

Will I have a scar?

It is important to remember that every surgical procedure, regardless of the surgeon who performs it or the location on the body, produces some scarring.

Although every attempt will be made to minimize and hide the scar, this is not always possible. The extent of scarring and the appearance depends on a number of factors, including:

- The method of healing
- The size and depth of the lesion
- The location of the lesion and how well you heal

The skin may appear red and firm or lumpy initially, but this will normally resolve within 4-8 weeks. Occasionally, some of the deeper stitches that normally dissolve on their own work their way to the surface; these are called "spitting sutures." These will dissolve with warm compresses or can be removed in the office.

We look forward to making your office visit as pleasant and comfortable as possible. Our mission is to provide the most effective treatment in terms of cure and cosmetic outcome. We will attempt to attend to both your emotional and medical needs. Please remember, this information only provides a general guide to your excision surgery.

Our staff is here to help, so please feel free to contact the office at (215) 345-6647 with any questions or concerns.

Office Locations:

Doylestown Executive Quarters
2003 Lower State Road
Building 200
Doylestown, PA 18901
(215) 345-MOHS

Summit Building
920 Lawn Avenue
Suite 6
Sellersville, PA 18960
(267) 354-1440

Mohs Surgery Preparation & Care Guide

Mohs surgery is a procedure that may take the entire day. Although patients normally spend approximately 3-5 hours in our office, please do not schedule any other appointments for your surgery day. You should plan on being here for the entire day and plan accordingly.

Please review the following checklist guide prior to your scheduled surgery appointment

on: Monday / Tuesday / Wednesday / Thursday / Friday ____ / ____ / ____

at: _____ am / pm

in: Doylestown / Sellersville

with: ___ Robert J. Willard, MD ___ Austin Liu, MD ___ Brett Miller, MD

We encourage you to eat a regular meal(s) on the day of your scheduled surgery.

- Please dress comfortably and refrain from wearing perfume and/or cologne.
- Take all of your medications. If you are taking any medications which slow coagulation (“blood-thinners), do **not** discontinue these medications unless specifically instructed by the doctor who prescribed them. Please do not stop them on your own. If you are unsure of what medications you should stop taking, please call our office at (215) 345-6647 for advice.

You have been instructed to discontinue the following medications one (1) week prior to your scheduled surgery:

- Please discontinue use of Vitamin E and any non-essential “natural” supplements or herbal medications one (1) week prior to surgery. Examples include but are not limited to: Echinacea, red-yeast rice, fish oil, omega-3 supplements, glucosamine, chondroitin and ginko biloba. Many of these supplements and medications are associated with bleeding.

- If you take antibiotics prior to surgery for any condition such as heart related issues or artificial joints, please call your doctor regarding the necessity of taking an antibiotic prior to Mohs surgery.

____ **You do not require antibiotics prior to surgery.**

____ **You have been instructed to take the following antibiotics one (1) hour prior to your scheduled Mohs surgery:**

Amoxicillin – 4 pills 1 hour prior to surgery

Clindamycin – 2 pills 1 hour prior to surgery

Other: _____

- Please refrain from consuming alcoholic beverages several days before and after the procedure. Alcohol dilates the blood vessels and may increase bleeding and bruising tendencies.
- There is a significant amount of time spent waiting for laboratory results between the Mohs steps. Please bring sufficient reading or work. It is often helpful to bring a companion. Due to limited room in our waiting room, we ask you do not bring more than one person to join you. And due to the lengthy nature of the procedure, please do not bring children with you on the day of surgery. We have Wi-Fi internet access, so please feel free to bring a laptop, iPad or iPod with you to pass the time. We have coffee, tea and snacks available in our Mohs waiting area, but we encourage you to also bring a lunch.
- You may wish to review your personal and work schedules for the week or two following your surgery. The wound will be repaired with sutures once the skin cancer has been removed, and you will need to have these sutures removed approximately one week after surgery.
- You may wish to pre-purchase the items necessary for wound care. These items are listed in the wound care section of these instructions.

- It is crucial that we are able to identify the site of your skin cancer. Often following a biopsy, the site heals so well that the location of the skin cancer is no longer obvious. The biopsy report tells us the diagnosis and general location. If you cannot see or recall the site of the skin cancer, it is important to have your referring physician document the site with a photograph or mark the area on your skin with a semi-permanent marker. If we cannot identify the location, we will be unable to do the surgery.

What does the procedure involve?

Mohs surgery is a minor surgical procedure performed on an outpatient basis in our office. The Mohs procedure provides a road map allowing us to trace the extent of the cancerous growth. Since the laboratory processing is time consuming, please be prepared to spend the entire day. In many cases, less time is required but there is no way to predict the length of your surgery. The procedure is performed under local anesthesia. Even though you may physically be able to drive yourself home, we advise you to have a friend or family member drive you to and from surgery. You may be tired following surgery and will have some swelling. Your bandage may also obstruct your vision. **We do not recommend that you drive yourself home following surgery.**

The surgery is performed in steps or stages. Each stage involves about 5 to 15 minutes of surgery to remove the cancerous tissue plus about 45 minutes to an hour (or more) to check if any cancer remains. The number of steps or stages required depends on the size and depth of the cancer. **The procedure is not finished until the last laboratory examination shows no remaining cancer cells.**

The actual procedure is as follows:

- Once the area is located, marked and cleaned, a local anesthetic (usually Lidocaine or Xylocaine) will be injected into the surgical area. This is the only part of the procedure that will cause discomfort. There will be the sensation of stinging or burning. We inject very slowly to minimize the discomfort as much as possible.
- Once the area is numb, a small layer of tissue will be removed with a scalpel. Unless the cancer is quite small, or the original biopsy was curative, more surgery is almost always required. Remember, it is always better to initially remove too little and perform a second stage than to remove more normal tissue than necessary.

- The small amount of bleeding will be stopped with a machine that coagulates the blood vessels. A dressing will be applied, and you will return to the waiting room. You are allowed to eat, drink and simply relax while the tissue is being processed.
- The tissue will be brought to the laboratory, where it will be examined for the presence of skin cancer. The tissue is processed, and microscopic slides are prepared and examined.
- If microscopic examination reveals remaining tumor, a map is drawn indicating the precise location.
- You are then brought back to the operating suite, and additional anesthetic is injected to reinforce the first injection. In most cases, the initial anesthetic has not worn off, and you will feel little to no discomfort.
- The second stage involves the removal of another layer of tissue but only where the map indicates residual cancer. The healthy tissue is left intact; only the diseased tissue is excised.
- The tissue is brought to the laboratory and the process is repeated until all evident cancer is removed.

The average tumor requires two to four stages for removal. Do not be discouraged if your cancer is not removed in one step. We are tracing the extent of the tumor very carefully and trying hard to minimize the removal of normal tissue. This must be done in small layers.

Repair options following Mohs:

When your Mohs surgery is complete, there will be a defect or open wound in the area that the skin cancer occupied. In the vast majority of cases, the wound will be repaired by Dr. Willard using one of a variety of reconstructive plastic surgical methods. This involves the placement of both buried and superficial sutures to produce the least visible scar and to accelerate the healing process. Wounds are typically repaired in one of three ways: direct side-to-side closures (linear closure); surgical rearrangement of excess skin in nearby locations (a flap) that is moved into the defect; or a skin graft usually obtained from around the ear or upper chest. These methods usually produce excellent cosmetic results.

There is always the option to consider revision of a healed wound if the cosmetic result is unsatisfactory.

What is the goal of Mohs?

The main goal of Mohs is to remove skin cancer as completely as possible and prevent recurrence. This procedure is regarded as the most precise of all treatments, and the cure rate approaches 99%.

How do I care for my wound after surgery?

It is important to care for the wound twice a day to achieve adequate healing. For open wounds, we tend to discourage scab formation by coating the area with either Vaseline or Aquaphor. Both should be obtained as fresh, clean tubes – not jars. Scabs are similar to pouring cement in the wound. They prevent the wound from healing easily from the bottom and sides, producing more indentation and slower healing. Sutured wounds need cleaning and ointment to allow the sutured edges to stay in contact with each other. If the skin edges are pushed apart by crusts or scabs, the suture line and scar will be wider and more visible.

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- Non-stick gauze such as Telfa
- Non-allergic tape such as Micropore. We do not recommend cloth or plastic tape as they tend to be irritating to the skin.

If your wound is left open, you should use warm water and mild soap as a cleaning agent.

Please follow these steps when cleaning your surgical area;

- Clean the wound gently with a cotton swab (Q-tip) dipped in the appropriate cleaning solution.
- Use a second, dry Q-tip rolled over the wound to dry it.
- Use a third Q-tip to apply Vaseline or Aquaphor ointment to the wound.
- Cover with an appropriately cut and sized piece of non-stick Telfa.
- You may shower 24 hours post-op. The bandage should be removed prior to showering.

There are a few things to avoid during the healing process:

- Do not physically disturb the healing wound during the first 4 weeks following surgery. Do not massage the area, apply Vitamin E or “test” the area by pulling or stretching. This will widen the scar and prevent the best cosmetic outcome.
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Are there any restrictions?

Exercise, lifting and bending should be minimized for at least one week post-surgery, usually until the sutures are removed, to prevent unnecessary bleeding or swelling.

What happens if my wound starts bleeding?

If bleeding occurs, remove the bandage and lie down. With gauze and a clean, dry wash cloth and apply firm, constant pressure directly to the wound for 20 minutes. Do not just pat the

wound for a few minutes – you need to apply constant pressure for 20 minutes without looking. If the bleeding persists, call the office at (215) 345-6647 or, if it after office hours, call Dr. Willard’s cell phone at (215) 629-9025.

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Wound infection is very rare, but is treatable with oral antibiotics. Please call the office if the wound site is extremely swollen, red, very warm to the touch, if you are running a fever or experiencing moderate to severe discomfort.

Will I have a scar?

It is important to remember that every surgical procedure, regardless of the surgeon who performs it or the location on the body, produces some scarring.

Although every attempt will be made to minimize and hide the scar, this is not always possible. The extent of scarring and the appearance depends on a number of factors, including:

- The method of healing
- The size and depth of the cancer
- The location of the cancer and how well you heal

The skin may appear red and firm or lumpy initially, but this will normally resolve within 4-8 weeks. Occasionally, some of the deeper stitches that normally dissolve on their own work their way to the surface; these are called "spitting sutures." These will dissolve with warm compresses or can be removed in the office.

We look forward to making your office visit as pleasant and comfortable as possible. Our mission is to provide the most effective treatment in terms of cure and cosmetic outcome. We will attempt to attend to both your emotional and medical needs. Please remember, this information only provides a general guide to skin cancer and Mohs surgery.

Our staff is here to help, so please feel free to contact the office at (215) 345-6647 with any questions or concerns.

Office Locations:

Doylestown Executive Quarters
2003 Lower State Road
Building 200
Doylestown, PA 18901
(215) 345-MOHS

Summit Building

920 Lawn Avenue
Suite 6
Sellersville, PA 18960
(267) 354-1440

Photodynamic Therapy Pre-Treatment Preparation

What is Photodynamic Therapy?

Photodynamic Therapy is a process in which the skin is treated with a chemical called Levulan, allowed to incubate and then treated with a therapeutic blue light. This treatment is designed to treat sun-damaged, blotchy pigmentation and pre-cancerous areas of the skin called actinic keratoses. It is important to prepare ahead of time. Below are some easy pre-treatment instructions:

1. On the day of treatment, please arrive at our office 5 minutes before your scheduled treatment time. The treatment site should be clean and free of make-up, creams, perfumes and lotions.
2. Plan to cover up when leaving our office following your treatment. Bring some type of physical block with you for after your treatment (ie: hat, gloves, long sleeves). Within 48 hours post-treatment, the risk of experiencing side effects such as swelling, redness, peeling, crusting and discomfort, increase dramatically with any, direct or indirect, sun exposure.
3. Plan to be at our office for 1 ½ -2 hours. Following your treatment, it is recommended you cover the treated area and go directly home.
4. For your post-treatment care, you will need to have a mild facial cleanser (Cetaphil), a physical sunblock containing zinc oxide and/or titanium dioxide, and a good moisturizer. You may want to have cold gel packs or ice packs and a misting spray available to soothe post-treatment discomfort. You may need a pain reliever such as Motrin or Tylenol.
5. Be prepared for "downtime". You will be extremely photosensitive following treatment and should plan to stay indoors, away from direct and indirect sunlight, for 48 hours. Prepare in advance. Have groceries and indoor activities readily available.
6. If you have a history of herpes outbreaks in the areas to be treated, please inform our staff immediately. We recommend you take 1 capsule of Lysine 500mg daily for one week prior to treatment and increase to 2 capsules 3x/day for 5 days if you have a flare-up. Our staff can provide a prescription for your herpes outbreak if it becomes severe during your treatment.

What can I expect post-treatment?

Depending on the length of the Levulan incubation, you can expect to have a sunburn-like reaction for up to 5-7 days post-treatment. You may experience some swelling, peeling, crusting and discomfort. Although side effects and reactions vary by person, there is no risk of scarring and/or permanent damage as this treatment only affects the superficial layer of the skin.

How many treatments are necessary for optimal results?

For the treatment of sun damage and/or actinic keratoses, 1-2 treatments are recommended.

Who do I see with questions about my treatment?

Please do not hesitate to contact our office at (215) 345-6647 and speak with our staff if you have any questions about your treatment or what to expect. We are here to help, just ask!