

Wound Care Instructions

Clean daily with a mild soap and water (if you have stitches avoid complete submersion-bathtub or swimming for one week). Showers are O.K.

After cleaning, apply a coat of antibiotic ointment (Polysporin) or Vaseline and a new band aid or non-stick pad and paper tape each day. Wounds heal faster with less chance of infection and less scarring if they are covered with an ointment at all times rather than exposed to air allowing them to dry out. These ointments and supplies are available over-the-counter at any pharmacy.

Continue with the above steps until the area is fully healed (approximately 10 days). If there are stitches continue until the stitches are removed.

If you had stitches, then the stitches should be removed in ____ days.

Please watch initially for bleeding and later for signs of infection, such as increased redness, soreness or drainage. Should you notice increased bleeding place firm pressure on the area for 20 minutes. If it does not stop or if you develop signs of infection, please call the office.

PLEASE NOTE: If you had a biopsy taken, or a lesion removed and sent for pathology you (or your insurance) will be billed separately by the pathologist for their analysis of the specimen (in addition to our charges for the visit and/or procedure performed).

If your biopsy should come back positive, the following is a list of possible treatment options:

Cryosurgery - This procedure is used for the treatment of actinic keratoses (pre-cancers), or skin cancers proven in-situ (very superficial). Destruction of the lesion is achieved by the application of liquid nitrogen to the lesion(s) to freeze and kill the abnormal cells.

Electrodessication and Curettage (Burn and Scrape) -This procedure is used for the treatment of superficial skin cancers. Destruction of the lesion is achieved first by curettage or scraping of the abnormal cells to reveal normal skin followed by electrodessication, or burning by cautery of the affected area.

Excision and Repair - This procedure is used for the treatment of skin cancers and irregular moles. This involves conservative excision (cutting) and then closure of the wound with stitches.

Mohs Surgery - This procedure is performed by a specialized dermatologist who is trained as a Mohs surgeon. This is similar to frozen section in that the lesion is excised and examined under the microscope. However, the dermatologist him/herself reads the pathology at the time of removal. The area is then repaired by the Mohs surgeon or by a plastic surgeon. This treatment is useful for lesions as described above, in certain high risk sites or for recurrent disease.

We call you with all results; if you have not heard from our staff within 2-3 weeks, please call our office. When we call to schedule your follow-up for a biopsy please do not hesitate to ask questions or schedule a separate appointment to discuss these options or options to see another physician or plastic surgeon. We want you to feel comfortable with your treatment plan.

In the instance of an emergency, please contact:

Dr. Bedi: (941) 685-3408

Dr. Neff: (513) 907-1996

Dr. Saleh: (248) 854-7292

