

Patient Instructions for Dermatologic Surgery

- *Please plan to spend at least one (1) hour for your surgery. We request that you bring someone to drive you home if the surgery involves the hand, wrist or foot.
- * Please let our staff know if you have a history of passing out with needles.
- *Please note that surgical procedures are only done in our Colchester office.
- *You may take acetaminophen (Tylenol) and Ibuprofen (Advil) at any time before or after surgery.

If you are taking Coumadin, Xarelto, Eliquis, Pradaxa, Plavix, Pletal, or another anti-coagulant (blood thinners), please ask your cardiologist or primary care physician if you may safely temporarily discontinue this medication. They may have you use a short-term anti-coagulant during this time. If you have questions about this, please contact our office.

Avoid taking these supplements: Vitamin E, Ginkgo biloba, Dong Quai, Ginseng, Ginger, Garlic and Fish oil.

- *Please let your provider know if you smoke, or use tobacco products or are diabetic, as the risk of infection or wound breakdown is increased.
- *Shower and shampoo the morning of surgery.
- *It's okay the morning of surgery to eat a normal breakfast. Take your regular medication.
- *Please remove any metallic piercings near your surgical site prior to your appointment.
- *Wear clothing that buttons. Avoid pullovers.
- *If your surgery is on your scalp, you may want to bring a hat or scarf to cover your head after surgery.
- *Do not apply cosmetics if surgery is on your face.
- *Avoid strenuous exercise: bending, straining, lifting and contact sports for 3 weeks after surgery. Sometimes these activities can cause bleeding or separation of the incision. Arrange your schedule in advance to avoid these activities.
- *You will be given instructions on how to care for your wound after surgery. The type of closure will dictate what specific instructions you need.

The following items have been reviewed by _____ on _____ on phone/in office.

- Do you need any prior antibiotics for surgery (dental work)? _____
- Have you had any joint replacements in past 2 years? _____
- Do you have a pacemaker or defibrillator? _____
- Are you taking any blood thinners? Which ones? _____
- Do you have any bleeding disorders? _____
- Do you have any medication allergies? _____
- Have you agreed to stop strenuous activity and sports for 3 weeks following your surgery? _____
- Do you have any upcoming travel within 2-3 weeks following your surgery? _____

If any of the above change from the time that your appointment is scheduled to the time you arrive, please notify our office at 802-864-0192.

Please note that FSD collects payment at the time of your surgery. Please bring a down payment of \$200 for any benign procedure or \$300.00 for any malignant procedures (skin cancer/pre-cancer).

*****Please note a consultation appointment may be required prior to a surgery. *****
*****Certain surgeries may need to be scheduled at the operating room for your safety. *****

Your appointment is scheduled for _____ at _____ am/pm.

You will be seeing: _____

Patient Name: _____ DOB: _____

(One copy to be scanned into patient's electronic record and the other to be mailed to patient.)