



# DAWES FRETZIN DERMATOLOGY

WELCOME

## Welcome to Dawes Fretzin Dermatology.

As you know, you have been scheduled for Mohs Surgery. Please review the enclosed information packet as it contains information about your upcoming surgery and directions to our office. If you are a new patient to Dawes Fretzin Dermatology, kindly take a moment to complete any accompanying new patient forms that have been provided and bring them to your appointment so that registration proceeds smoothly when you arrive.

Please note:

- Continue taking aspirin or blood thinning medications if these have been prescribed by your physician.

Day of surgery:

- Eat a healthy breakfast.
- Take all your medications as prescribed.
- You may need a driver for your return home.
- Bring your completed registration forms if they have been provided to you.
- Bring a photo ID

Your referring doctor and lab will send the slides from your original skin cancer biopsy to Dawes Fretzin Dermatology. Your Mohs surgeon may have this slide reviewed by Dawes Fretzin Dermatology's dermatopathologist to verify the presence of skin cancer to ensure proper treatment. Your Mohs surgeon will also review this slide pre-operatively to determine the best treatment approach for your particular skin cancer. Due to this, you may see a charge prior to your appointment date on your statement.

We hope that most of your questions are answered in this material. Should you have any further questions or concerns after reviewing this material please contact our office at: 317-516-5000, Option 4

We appreciate the opportunity to serve you.

Sincerely,  
Dawes Fretzin Dermatology



You are being referred to Daws Fretzin Dermatology for Mohs micrographic surgery. Below are frequently asked questions by patients undergoing Mohs surgery. We encourage you to take time and read this material. Hopefully it will answer your questions and make your surgery day easier.

## **What is skin cancer?**

Skin cancer is the uncontrolled growth of abnormal skin cells. It occurs when unrepaired DNA damage to skin cells triggers mutations, or genetic defects, that lead the skin cells to multiply rapidly and form malignant tumors.

## **Are there different types of skin cancer?**

Yes. The three most common types of skin cancer are: basal cell carcinoma (sometimes referred to as basal cell epithelioma), squamous cell carcinoma, and malignant melanoma.

## **Are skin cancers life-threatening?**

The two most common types of skin cancer, basal cell carcinoma and squamous cell carcinoma, are rarely life-threatening. The tumors replace normal surrounding tissue and generally do not spread to other areas. The third most common skin cancer, malignant melanoma, can be life threatening if treated late. When discovered and treated early, malignant melanoma is curable. Basal cell carcinomas and squamous cell carcinomas never “turn into” malignant melanoma.

For more information about skin cancer(s) please visit:

<http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/q---t/skin-cancer>

## **How is skin cancer treated?**

There are several effective treatments for these tumors. Freezing with liquid nitrogen, burning with electric current, surgery and radiation therapy are successful up to 95% of the time. For recurring tumors or tumors in difficult-to-treat sites, a technique of skin cancer treatment known as Mohs offers the best chance for total removal.

## **What is Mohs surgery?**

Mohs micrographic surgery is a specialized, highly effective technique for the removal of skin cancer. The physician serves as surgeon, pathologist, and reconstructive surgeon. It relies on the precision and accuracy of a microscope to trace and ensure complete removal of skin cancer. The procedure was developed in the 1930s by Dr. Frederic Mohs. The procedure has been modified and refined over the years. Mohs surgery differs from other skin cancer treatments in that it permits the immediate and complete microscopic examination of the removed cancerous tissue, so that all “roots” and extensions of the cancer can be eliminated.

## **What are the advantages of Mohs surgery?**

There are two primary advantages. First, by using microscopic examination of the tissue as a guide, the Mohs surgeon is better able to remove all of the skin cancer. Second, by carefully mapping out the tumor, the surgeon removes cancerous tissue and leaves as much normal skin as possible.



## **Will I have stitches following the surgery?**

There are three main ways your surgical wound may be handled:

*Direct close of the wound* – In most instances, surgical wounds are sutured (sewn) closed.

*Skin graft* – In some instances, it is necessary to remove skin from in front of the ear or some other site and graft it over the wound.

*Second intention healing* – The body has an excellent capacity to heal open wounds. This healing period is approximately three to six weeks depending on the size of the wound. It requires regular wound care.

In addition to wound size and location, the surgeon considers other factors to determine how your wound will be handled. This will be fully discussed with you on the day of surgery. Sometimes, for more extensive repairs, we will ask that you return the following day for the repair of your surgery site.

## **Will I have a scar?**

All surgical procedures have the potential for some degree of visible scarring. The appearance of post-Mohs surgical scarring will depend on several factors, including size and location of the final defect, individual skin characteristics, and the reconstruction options available.

## **Will I be put to sleep for the surgery?**

No. The surgery is well tolerated with local anesthesia. Because the surgery may be time-consuming, the risk of prolonged general anesthesia is avoided.

## **How long will surgery last?**

Most Mohs cases can be completed in three or fewer stages, lasting half a day or longer. However, it is not possible to predict how extensive a cancer will be, as the extent of a skin cancer's "roots" cannot be estimated in advance. Most of the time is spent waiting for tissue to be processed. It is advisable to reserve the entire day for the procedure. Also, bring reading materials, needlework, etc. and a snack or lunch with you on the day of surgery.

## **Should I bring someone with me?**

Yes. It is essential that you bring someone along as you will be unable to drive after surgery. Someone other than the patient must perform postoperative wound care in many instances. The nurse can give this person direct instructions, demonstrate wound care, and answer any questions after the surgery.

## **Should I eat breakfast before surgery?**

Yes. Breakfast is recommended.



## **Should I avoid medications on the morning of the surgery?**

No. Take your regular medications as they have been prescribed. Common practice in the past was to discontinue blood-thinning medications such as aspirin, Coumadin, ibuprofen (Motrin, Advil), Persantine and Plavix, to reduce the risk of bleeding complications after surgery. Recent studies have shown that the risk of bleeding problems is not significantly increased for patients continuing these blood-thinning agents. Bleeding is always a risk of surgery but, fortunately, is uncommon. More importantly, there have been reports of serious adverse events including strokes, heart attacks and blood clots in patients who discontinued their blood-thinning medications. We would prefer that you continue to take ALL your prescribed medications prior to surgery. If your prescribing physician has recommended that you stop these blood-thinners now or in the past, please contact our office to speak with your surgeon because our policy has been updated to reflect the current standards of care for Mohs surgery. Also, please bring a list of all your medications with you on the day of surgery.

## **Will my activity be limited after surgery?**

Yes. Your activity will be restricted. If surgery is on the face, we typically advise that you do not lift over ten pounds the first week after surgery and do as little bending over and stooping as possible. A work note can be provided, if necessary. Avoid any long trips within the first ten days following surgery in case you develop some complications.

## **Are there any potential complications of surgery?**

Bleeding and infection are the two primary complications, yet uncommon. However, patients should understand that there is not an absolute guarantee that any given procedure will be totally free of complications or adverse reactions. The surgical area may remain tender for several weeks or months after surgery, especially if large amounts of tissue were removed.

## **Will my insurance cover the cost of surgery?**

Mohs surgery is covered by most insurance plans, including Medicare. The amount that will be paid by insurance is subject to your plan's deductible and co-insurance terms. Our billing department will contact your insurance company to verify your benefits. Once this has been completed, we will contact you with this information. Copays, co-insurance, and deductibles are due at the time of service. In some instances, it may be necessary to obtain a referral or authorization from your primary physician or insurance company before surgery. If you are in doubt about your coverage, it would be useful to check with your insurance representative prior to your appointment.

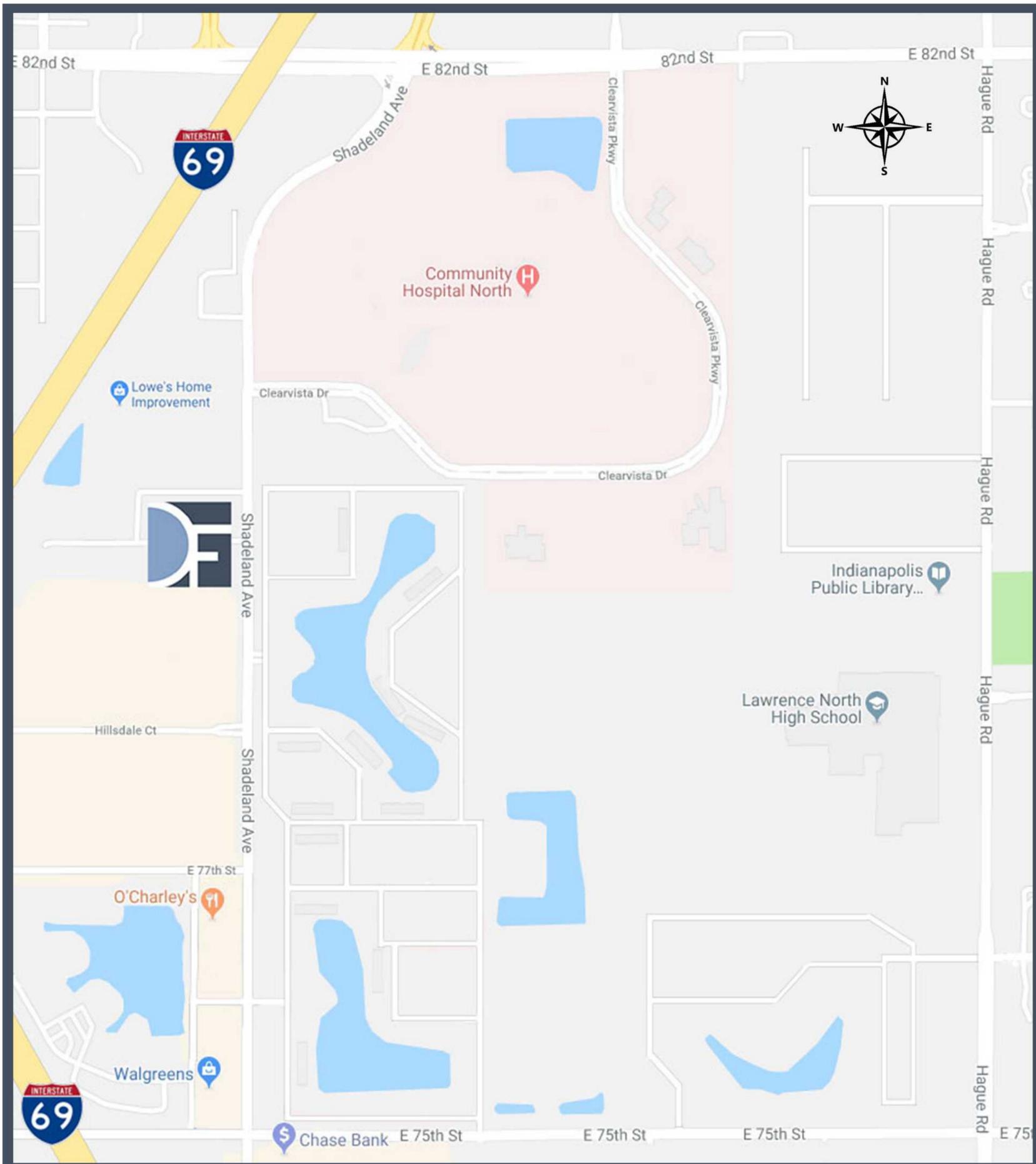


# DAWES FRETZIN DERMATOLOGY

7910 N. Shadeland Ave.  
Indianapolis, IN 46250

Phone: 317-516-5000  
Ext 182 - Scheduling  
Ext - 166 Triage Nurse

OFFICE LOCATION





# DAWES FRETZIN DERMATOLOGY

## ***From Anderson - Estimated time: 30 minutes***

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Take I-69 south towards E 82nd St in Indianapolis for approx. 25 miles. Take exit 201 for 82nd St toward Castleton. Use the second from the left lane to turn left onto E 82nd St. At the next intersection turn right onto Shadeland Ave. We will be on the right just past the Lowes Home Improvement store.

## ***From East - Estimated time: 20 minutes***

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Get onto I-70 W towards I-465 N. Use the right two lanes to take exit 90 to merge onto I-465 N. Use the right two lanes to take exit 40 towards Shadeland Ave. Continue down Shadeland Ave for approx. 3 miles. We will be on the left in front of the Extended Stay America hotel.

## ***From Kokomo - Estimated time: 1 hour 15 minutes***

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Get onto US-31 S and head south towards Indianapolis for approx. 37 miles. Take exit 129 B for Keystone Parkway. Keep left to continue on Exit 7, follow signs for Keystone Parkway. Follow Keystone Parkway for approx. 6 miles. Use one of the right 3 lanes to take Interstate 465 E. Follow 465 E for 3 miles and take exit 37A for Binford Blvd. Use the left two lanes and turn left at the first cross street onto E 75th St. Less than a mile later, turn left onto Shadeland Ave. We will be on the left before you get to Community North Hospital, behind the Lowe's Home Improvement store.

## ***From Westfield - Estimated time: 20minutes***

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Get onto US-31 S and head south towards Indianapolis. Take exit 129 B for Keystone Parkway. Keep left to continue on Exit 7, follow signs for Keystone Parkway. Follow Keystone Parkway for approx. 6 miles. Use one of the right 3 lanes to take Interstate 465 E. Follow 465 E for 3 miles and take exit 37A for Binford Blvd. Use the left two lanes and turn left at the first cross street onto E 75th St. Less than a mile later, turn left onto Shadeland Ave. We will be on the left before you get to Community North Hospital, behind the Lowe's Home Improvement store.

## ***From Zionsville/West Carmel- Estimated time: 20 minutes***

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Get onto US-421 S and head south towards Indianapolis. Take a left onto Interstate 465 E. Follow 465 E for 3 miles and take exit 37A for Binford Blvd. Use the left two lanes and turn left at the first cross street onto E 75th St. Less than a mile later, turn left onto Shadeland Ave. We will be on the left before you get to Community North Hospital, behind the Lowe's Home Improvement store.



## Nicholas Countryman, MD

Dr. Nicholas Countryman graduated from the University of Notre Dame and received his Doctorate of Medicine from Yale School of Medicine. He also holds a Master of Business Administration from Yale School of Management.

Dr. Countryman completed his Medical Internship at the Indiana University Departments of Medicine and Pediatrics and his Dermatology Residency at the Indiana University Department of Dermatology, Indianapolis, Indiana.

Dr. Countryman is fellowship trained, and board certified in Micrographic Dermatologic Surgery. He has extensive experience in the removal of complex skin cancers and the subsequent reconstruction required repairing the surgical wound.

He is a Fellow in the American Academy of Dermatology, a member of the American Society of Dermatologic Surgery, a member of the American Medical Association, and a Fellow of the American College of Mohs Surgery.



## Michael Dent, MD

A retired Navy officer, Dr. Michael Dent served 24 years active duty, including 10 years as a Naval Flight Officer followed by 14 years as a medical officer.

He completed his undergraduate education at the University of Notre Dame, and upon graduation was commissioned in the Navy and sent to Pensacola, Florida for initial flight training as a Naval Flight Officer.

He attended the military medical school, The Uniformed Services University, in Bethesda, Maryland, where he received several academic awards and was accepted into the medical honor society, Alpha Omega Alpha.

After medical school, and subsequent residency training at Walter Reed, he spent the rest of his career in the military as a Navy Dermatologist. Upon retirement in June 2020, Dr. Dent is fellowship trained, and board certified in Micrographic Dermatologic Surgery.