



Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."

Lesion Removal/Destruction

Definition:

This procedure involves the use of a radiofrequency device to remove a skin lesion or blood vessel.

Purpose of Procedure:

The procedure is performed to treat unwanted blood vessels and skin lesions.

Preparation:

Ideally, this procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc....). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter. We will review all of your current medications with you during the pre-operative/pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure:

This procedure involves the application of energy in the form of radiofrequency remove or destroy unwanted lesions or blood vessels.

Post Procedure:

Following the procedure, the skin may be inflamed and irritated. Skin ulceration may also occur, and should be managed by keeping the ulceration coated with a thin layer of Vaseline or Aquaphor. This typically required 4 applications per day until the skin has healed. Mild pressure and ice to the affected areas may decrease the risk of bruising. Avoid direct sun exposure to the treated area for 2 weeks.

Possible Complications of the Procedure:

This is a safe procedure, however, there may be uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Bruising
- Skin ulceration
- Scarring
- Recurrence of the unwanted lesion
- Bleeding
- Discomfort at the treatment site
- Swelling
- Infection
- Cosmetic change
- Damage to any implanted medical devices (defibrillators, pain pumps, artificial joints, coronary stents, etc.)

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure / surgery and the points in this handout have been covered in our face-to-face consultation(s).

Preprocedural Checklist (Please Complete):

- Is there a chance you may be pregnant? YES/NO
- Are you breastfeeding? YES/NO
- Are you currently taking antibiotics for an infection? YES/NO
- Are you currently suffering from an infection? YES/NO
- Are you currently taking any medications that may increase bleeding? YES/NO: _____
- Do you have a history of cold sores? YES/NO
- Are you planning any travel in the next 2 weeks? YES/NO
- Do you have any implanted medical devices? YES/NO: _____

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure to be used, and I/we have sufficient information to give this informed consent.

I/We certify this form has been fully explained to me/us, and I/we understand its contents.

I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Physician/Nurse Practitioner Date

Witness Date

Patient/Guardian Date