

Dear Prospective Mohs Patient,

You are being sent this packet because your physician has identified either a basal cell or squamous cell carcinoma on your skin, and is recommending Mohs surgery as curative treatment.

Within this packet you will find several items that require not only your review, but also require your signature (see consents). These documents/consents will need to be signed by you and then returned to our office, PRIOR to any scheduling of future procedures. Your packet should include:

GENERAL INFORMATION:

- Instructions on how to view our personal **Consultation Video** on the internet/computer (*Strongly recommended*) to learn what to expect before, during, and after your procedure
 - Go to our website: WWW.DERMWESTCONN.COM
 - Click the "Services" menu and select "Mohs Surgery" from the dropdown menu
 - Scroll down and click "play" on the video or click the video link
- General information regarding Mohs Surgery
- Activity restriction handout
- Post-operative wound care instructions, for your review

CONSENTS (these documents REQUIRE your signature and must be RETURNED to our office):

- ◊ Activity restriction consent
- ◊ Office/ insurance consent
- ◊ Mohs Surgical consent
- ◊ Medical History
- ◊ ***Cardiac clearance (IF required, depending on your medical history and current medications)

Should you have any questions or need further assistance, please reach out to our office and make your needs known. We are here to help! 203-792-4151 ext. 2111

Please mail your SIGNED consents and Medical History to:

Dermatology Associates of Western CT
ATTN: Mohs Coordinator
170 Mt Pleasant Road,
Newtown CT 06470

If you prefer to fax your consents and medical history to our office, please subsequently **call to confirm** that they have been received by our office. FAX: 203-792-4155

Sincerely,



Kimberly Eickhorst, MD
Mohs Micrographic Surgeon

Dermatology Associates of Western CT, P.C.

170 Mount Pleasant Road, CT 06470 • (203) 792-4151 • Fax: (203) 792-4155

Medical Questions: Nursing Staff ext. 301

Dr. Kimberly Eickhorst, Mohs Micrographic Surgeon

Mohs Micrographic Surgery

Introduction

Mohs micrographic surgery is a specialized procedure for the removal of skin cancer. It is named after the originator of the technique, Dr. Frederick Mohs. This pamphlet was written to help you understand what Mohs micrographic surgery is and why it is recommended for the treatment of skin cancer.

Dr. Kim Eickhorst is a board certified dermatologist by the American Board of Dermatology and completed an ACGME (Accreditation Council for Graduate Medical Education) approved Procedural Dermatology Fellowship with a specialization in Mohs surgery. She is part of a very small number of specially trained dermatologists who perform this type of surgery in this region. Patients who undergo this procedure do so in relative comfort and do not require a hospital visit. We encourage patients to be as informed as possible about the surgical procedure they are considering. If you have any additional questions after reading this booklet, please contact our office.

What is skin cancer?

Skin cancer is the most common malignant tumor in humans. It is an abnormal growth of cells that expand in an unpredictable pattern on the skin. The most common types of skin cancer are basal cell carcinoma, squamous cell carcinoma and malignant melanoma. Each is named for the particular skin cell from which it originates. Basal cell and squamous cell carcinomas are commonly treated by Mohs micrographic surgery in the office. Other types of skin cancer can also be treated with Mohs surgery.

Both basal cell carcinoma and squamous cell carcinoma begin as a single point in the upper layers of the skin and slowly enlarge, spreading along the surface and downward. These extensions cannot be directly seen. The tumor often extends far beneath the surface of the skin. If not completely removed, both types of skin cancer may invade and destroy structures in their path.

Although skin cancers are locally destructive, they do not tend to metastasize (spread) to distant parts of the body. Metastasis is extremely rare in basal cell carcinoma and usually occurs only with long standing, large tumors. Squamous cell carcinoma is slightly more dangerous and patients must be observed for any spread of the tumor, though it is unlikely.

What causes skin cancer?

Excessive exposure to sunlight is the single most important factor associated with the development of skin cancer. In addition, the tendency to develop these cancers appears hereditary in certain ethnic groups, especially those with fair complexions who burn rather than tan after sun exposure. Fair skinned people develop skin cancers more frequently than dark skinned people and the more sun exposure they receive, the more likely they are to develop skin cancer. Other factors, including exposure to certain chemicals may also be involved in the development of skin cancer, but the highest incidence is found in cities such as Dallas and Miami where the sun is very intense.

How is skin cancer treated?

There are several methods for treatment including excision (surgical removal), electrodesiccation and curettage (burning and scraping), X-ray therapy, cryosurgery (freezing), topical chemotherapy and Mohs micrographic surgery. The method chosen depends on the location of the cancer, its size, type and previous treatment. Your doctor will base his/her recommendation on these factors.

What is Mohs Surgery?

About 60 years ago, Dr. Frederick Mohs developed a unique form of treatment for skin cancer called chemosurgery. Dr. Mohs applied a caustic chemical to harden the area involving the tumor so that it could be removed and traced to all of its edges. Since then, the procedure has been refined. Today, almost all cases are treated by the fresh tissue technique which omits the caustic chemical and allows dermatologists to remove all the layers of tumor in one day. Mohs micrographic surgery is a technique that allows dermatologists to selectively remove areas involved with skin cancer, while at the same time preserving the greatest amount of normal tissue as possible. If surgical repair of the wound created from the procedure is necessary, it can be done knowing that all the tumor has been removed. As a result, Mohs micrographic surgery is very useful for large tumors, tumors with indistinct borders, tumors near a vital cosmetic or functional structure (eye, nose, ear, mouth) and tumors for which other forms of therapy have failed.

What will happen at my first visit?

The first visit allows the doctor the opportunity to examine your skin cancer, obtain your medical history and determine whether the technique of Mohs surgery is the most appropriate treatment for you. It also gives you a chance to meet the doctors and staff and learn about the procedure. Your day of surgery will be explained to you in detail and the surgeon will answer all of your questions.

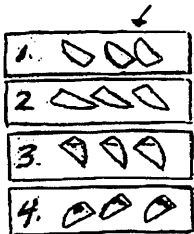
If your referring physician has performed a biopsy prior to the consultation, we will have received this prior to your consultation, stating the type of skin cancer that you have. If this information has not been obtained, we will perform a biopsy during the preoperative visit. The biopsy is important because it will tell us what type of cancer you have which is critical in planning the treatment. The date and time of your surgery will also be scheduled during your consultation.

How should I prepare for surgery?

Eat your usual breakfast. If you usually skip breakfast, please have a morning snack on the day of surgery. Take all of your regular medications unless directed by your surgeon or your regular physician. If you take any medicine containing aspirin, ibuprofen, pain medications, anti-inflammatory medications, arthritis medications or blood thinners please discuss this with our office. Please inform your surgeon if you have a pacemaker, defibrillator, artificial joint or if you take antibiotics before dental procedures. Wear comfortable loose clothing that you can get in and out of easily. Avoid pull over clothing. If necessary, we may give you a hospital gown to wear during the surgery. You may also want to bring a sweater in case you are cool. ***Please leave the whole day available for surgery. Surgery time can be anywhere from two to six hours.*** This includes the time that is necessary for our laboratory to process your tissue and will allow you enough time to recover from the procedure. On the day of surgery, we encourage you to bring a friend or relative with you who can safely return you home and keep you company between each stage of the procedure. Bring something to read and something to eat or drink since you will be with us for several hours.

How is the surgery performed?

Mohs micrographic surgery is performed in a procedure room under sterile conditions with local anesthesia. Once anesthesia is complete, the visible portion of the tumor is removed by excision or scraping with a sharp instrument called a curette. Following the removal of most of the tumor, a thin layer, encompassing the complete undersurface of the tumor is excised. That layer is then cut into small pieces and a map is drawn to identify the location of each piece. The edges of the piece are marked with dyes to aid in the orientation on our map. Each piece is then frozen and these slices are cut, stained and examined under the microscope. Any areas in which the tumor is found are marked on the map. Regions with remaining tumor tissue are then re-excised. This procedure is repeated until no more tumor is found and the cancer is entirely removed. After each layer of tissue is obtained, oozing or bleeding vessels are cauterized or ligated with suture. A pressure dressing is applied. You may rest in the waiting area with your relative or friend.



How long does it take?

It takes 15-30 minutes to remove each layer of tissue and one or two hours to process and examine it. Most tumors require the removal of three layers. Extensive tumors may need more surgery and may require a second visit, but this is a rare occurrence.

Will Mohs micrographic surgery cure me?

If you have basal cell carcinoma, there is a 99% chance that you will be cured. If you have a squamous cell carcinoma, you can be about 95-97% certain you will be cured. However, follow-up visits to detect the rare recurrence are very important.

In addition, once you have developed one skin cancer, it is a sign that your skin has had significant sun exposure and damage. That means that you are at risk of developing more skin cancers in the future. Therefore after the initial postoperative period, it is important for you will return to your referring physician for routine skin care and cancer screening.

After the cancer is removed surgically, how will the wound be closed?

Since it is not possible to know the exact size of each wound until all the tumor is removed, we cannot determine in advance how the wound will be closed. Many wounds are superficial and can heal on their own with excellent cosmetic results. If a wound requires reconstruction, we will discuss it with you following the complete removal of the cancer. Appropriate recommendations and referrals will be made at that time.

What can I expect after surgery?

Your surgical wound will require wound care during the weeks following surgery. You will have some swelling, bruising and redness around the wound. This will gradually disappear over 10-14 days. You should plan on wearing a bandage and avoid strenuous physical activity for 1-2 weeks. You may experience a sensation of tightness across the area of surgery. Skin cancer can frequently involve nerves and months may pass before your skin sensation returns to normal. In some cases, numbness may be permanent. You may also experience itching after the

wound has healed. Complete healing of the surgical scar takes place over 12-18 months. Especially during the first few months, the site may feel swollen or lumpy and there may be some redness. Gentle massage of the area (starting about one month after surgery) and keeping the area lubricated with lotion will speed the healing process.

Bleeding

Bleeding is rare, but if it occurs, apply firm pressure to the site. You will receive written instructions regarding after care of the wound. If a bulky dressing has been applied, do not remove it. Apply direct pressure to the padded wound for 15 minutes, timed by looking at a clock. Do not discontinue pressure to see if bleeding has stopped until the 15 minutes have elapsed. If the bleeding continues, continue to press directly on the wound with an additional clean gauze pad for an additional 15 minutes. If bleeding continues, call our office or go to your local emergency room.

Pain

Mild to moderate pain is normal for a day or two following surgery, but it generally responds well to oral medication such as extra strength Tylenol. Do not use aspirin or arthritis pain medications such as Motrin, Advil or ibuprofen because they can cause bleeding. If regular pain medications are not sufficient to control the pain, please contact our office. Ice packs also help alleviate pain. Apply an ice pack for 20 minutes of each hour while resting.

How will my wound heal?

After the cancer is removed, several options may be considered for managing the wound. Some of them are:

- **Healing by spontaneous granulation:** Letting the wound heal by itself offers a good chance to observe the healing process and decreases the chance of a recurrent cancer being invisible or hidden. If at any time during the course of healing, the scar is deemed unacceptable, a cosmetic surgical procedure can be performed. Allowing wounds to heal this way is relatively painless and offers excellent cosmetic results for many body locations.
- **Closing the wound or part of the wound with stitches:** This often speeds healing and can offer good cosmetic results, especially when the scar can be hidden in a line of facial expression or wrinkling. Sutures generally remain in place for 7 days and occasionally up to two weeks depending on the location. Do not soak in a tub for the first 72 hours. Showering is allowed as long as the wound is protected.
- **Closing the wound with skin grafts, flap repairs or other reconstructive procedures**

Recommendations or referrals for these procedures will be made if necessary. We will make the recommendations that best serve each patient's needs.

Getting the best cosmetic result

Follow the wound care instructions as directed.

Don't smoke! Smoking cuts off the blood supply to healing wounds. If you want to achieve the best cosmetic outcome it is important that you do not smoke.

Important reminders:

- Do advise us as soon as possible if you must cancel or change your appointment.
- Do get a good night's sleep prior to surgery.
- Do take your usual medications on schedule unless otherwise directed by your doctor.
- Do take any new medications your Mohs surgeon prescribes for you.
- Do eat breakfast.
- Do consider bringing someone with you or to accompany you home.
- Do ask any questions you may have.
- Do not consume excessive amounts of alcohol for 5 day prior to and 48 hours after surgery (one alcoholic beverage is fine).
- Do not engage in strenuous physical activity for 24 hours after surgery (including activities like yoga). Discuss with your doctor when you can resume strenuous activities.

Mohs Medical History

Name: _____ Account #: _____

Procedure: _____ Date and Time: _____

This Procedure has been carefully planned to minimize the risk of complications. To help us optimize the outcome of your procedure, please carefully fill out this questionnaire.

Are you allergic to novocaine or lidocaine? ____ Yes ____ No

Please list any known drug allergies: _____

Are you currently taking any medication for (check all that apply):

____ Arthritis ____ Depression/Nervousness ____ Blood Thinners ____ Aspirin

If taking Aspirin, Why? _____

Do you require antibiotics prior to dental procedures or surgery? ____ Yes ____ No

Please list all medications: _____

If Female, are you pregnant? ____ Yes ____ No

Do you drink alcohol or beer? ____ Yes ____ No If yes, How much? _____

Do you smoke? ____ Yes ____ No If yes, How much? _____

Have you ever had any of the following (circle all that apply):

YES NO Reaction to anesthesia

YES NO Fainting and dizzy spells

YES NO Liver disease, hepatitis, jaundice

YES NO Psychiatric or nerve problems

YES NO Bleeding disorder, easy bruising

YES NO Diabetes

YES NO Herpes, cold sores, fever blisters

YES NO Pacemaker

YES NO Keloids or large scars after surgery

YES NO Blood transfusion in the past

YES NO AIDS or HIV

YES NO Recent artificial joint

YES NO Artificial heart valve

YES NO Defibrillator

Do you have any other medical problems we should know about? ____ Yes ____ No

If so, please explain: _____

Patient Signature: _____ Date: _____

Patient Name: _____ Surgical Site: _____ Acct #: _____

Dermatology Associates of Western CT, P.C.
170 Mount Pleasant Road, CT 06470 • (203) 792-4151 • Fax: (203) 792-4155
Medical Questions: Nursing Staff ext. 2198
Dr. Kimberly Eickhorst, Mohs Micrographic Surgeon

MOHS MICROGRAPHIC SURGERY CONSENT

I, _____, herby authorize Dr. Kimberly Eickhorst to perform Mohs Micrographic Surgery on my skin cancer(s). This includes, but is not limited to, laboratory and biological tests and the administration of anesthetics, which are deemed appropriate and necessary by Dr. Eickhorst. I have been informed of how the procedure will be performed and the alternative procedures that are available to me. I have also been informed of the possible risks and complications of surgery including, but not limited to:

Bleeding – *Intraoperative bleeding will be controlled during surgery. Patients on blood thinners are at an increased risk of bleeding, and may have more bruising after the procedure. Dr. Eickhorst will give you instructions on what to do in case you experience some post-operative bleeding.*

Infection – *Infection is a risk whenever the skin barrier is compromised. If you follow the wound care instructions provided by Dr. Eickhorst, you should not have problems with infection.*

Scar – *Any skin wound, even those due to surgery will result in a scar.*

Skin Discoloration – *Scars may be pink or browning color but tend to fade in time.*

Medication Reaction – *If you have an allergy or develop redness or a rash from band aids or antibiotic ointments, please stop them and contact our office.*

Recurrence – *Mohs surgery has the highest cure rate of all techniques, however, once you have grown one skin cancer you may develop others. You will need to be monitored by your regular dermatologist frequently.*

Nerve Damage (both motor and sensory) usually felt as numbness or weakness – *This is mostly a concern in the area by the temple on the face, where there is a shallow nerve in the skin. However, scars on any part of the body may feel different than normal skin, and wounds on the scalp may result in tingling or other sensations in other areas of the scalp due to how the nerves run through the area.*

I am aware that these complications may occur in this procedure. I am also aware that the type of, or extent of the complications that may occur cannot be determined by the physician prior to the surgery.

I also give Dr. Eickhorst and her staff permission to take photographs of my skin lesion(s) or wound(s) and/or any tissue removed before, during or after the surgery as well as on subsequent office visits. I understand that these photographs may be used for educational purposes and may be published in professional journals or medical books. However, in such an event, I will not be identified by name. Furthermore, I expect no compensation for these photographs and waive all rights or any claim for payment or royalties. I also release Dr. Eickhorst from liability in connection with the use of such photographs.

I also hereby authorize and direct Dr. Eickhorst to retain and obtain complete custody and control of all medical records, tissue slides, photographs, and medical charts pertaining to any medical and surgical treatment of skin cancer(s) received by me from my physician. If I need copies of my records, I can obtain them by following normal protocol of DAWC. This authorization is given for the purpose of facilitating Dr. Eickhorst in her care and treatment of me as a patient. This shall supersede all previous authorizations or agreements executed by me.

Signature of Patient (or Guardian)



Signature of physician

Witness

Date

Patient Name: _____

Account #: _____

Dermatology Associates of Western CT, P.C.

170 Mount Pleasant Road, CT 06470 • (203) 792-4151 • Fax: (203) 792-4155

Medical Questions: Nursing Staff ext. 301

Dr. Kimberly Eickhorst, Mohs Micrographic Surgeon

Mohs Micrographic Surgery Financial Responsibility Statement

Mohs Micrographic Surgery can be a relatively expensive procedure. We strongly suggest that you contact your insurance carrier prior to the surgery date to discuss these costs and the amounts you will be responsible for paying directly to Dermatology Associates of Western Connecticut, P.C. We accept cash, checks, Visa, MasterCard, American Express and Discover cards. When speaking with your insurance company, they will require the procedure code that is utilized by us for the surgery to determine the level of coverage. The codes that are used are either 17311 OR 17313.

For HMO, PPO, Medicare or other managed care insurance plans: You will be responsible for paying any deductibles, co-insurance, co-pays and charges for any non-covered cosmetic services. **Payment of co-pays is required at the time of service.** Non-payment of co-pay on the date of service will result in a \$10 surcharge. Co-insurance and deductibles will be billed to you and are due upon receipt of one bill.

For Private Insurance and Medicaid Patients: Patients who are covered by private commercial plans and **Medicaid** in which our physicians are **not** providers will be required to pay the total bill at the time of service. An insurance claim form will be mailed to you so that you may submit the bill to your insurance carrier.

For Patients with No Insurance: Full payment is required at the time of service.

For Cosmetic or Any Medically Unnecessary Procedures: Full payment is required at the time of service.

Cancellation Policy: We limit the number of Mohs surgeries per day to ensure each patient receives the highest quality of care and treatment necessary. Since there are only a few available appointments per day we ask that you give at least 48 hours' notice to our office in the event you cannot make your scheduled surgical appointment. Cancellations given less than 48 hours will result in a \$150.00 charge to your account.

Billing Inquires: Should you have any questions regarding the potential costs of your procedure after speaking with your insurance company or questions about your bill, please call our Billing Department at 203-792-4151.

You have the right to review our policy before signing this acknowledgement. If we change our notice you may obtain a revised copy by contacting our office. Your signature acknowledges your receipt of our policy.

Signature of Patient (or Guardian)

Date

Post-Operative Activity Restrictions

In order to ensure optimal healing after surgery, it is mandatory to comply with your wound care instructions and also the following guidelines:

- Abstain from all aerobic activity during the time sutures are in place and at a minimum for ONE WEEK AFTER sutures have been removed. If you are working up a sweat you are doing too much.
 - Avoid the gym
 - Refrain from running
- Avoid lifting anything over 15 lbs.
- Avoid physical exertion (i.e., mowing the lawn, snow blowing, golfing, playing ball, bike riding). Leisurely walking is acceptable.
- Avoid activities that involve bending at the waist so that your head is lower than your heart (i.e., gardening, yoga, and housework).
- Refrain from swimming.
- Take your occupation into consideration.
 - Will you be available for office suture removal in 7-14 days?
 - Does your job require heavy lifting, physical exertion, travel, etc.?
 - Do you work in a “dirty” environment?

I have read and understand the above. I realize that by not following these guidelines, I am assuming the risk of less than optimal healing of my wound.

Print Name

Signature of Patient (or Guardian)

Date

Account

INFORMED CONSENT FOR RE-EVALUATION OF
A NON-MELANOMA SKIN CANCER

Patient Name: _____ Account #: _____

Date of Birth: _____

I have been informed that I have a biopsy diagnosed as a non-melanoma skin cancer that will require full body exam at 6 months, 12 months, then yearly thereafter.

I understand that a full body skin examination should be performed at yearly intervals.

Signature: _____

Date: _____

Post-Operative Activity Restrictions

In order to ensure optimal healing after surgery, it is mandatory to comply with your wound care instructions and also the following guidelines:

- Abstain from all aerobic activity during the time sutures are in place and at a minimum for ONE WEEK AFTER sutures have been removed. If you are working up a sweat you are doing too much.
 - Avoid the gym
 - Refrain from running
- Avoid lifting anything over 15 lbs.
- Avoid physical exertion (i.e., mowing the lawn, snow blowing, golfing, playing ball, bike riding). Leisurely walking is acceptable.
- Avoid activities that involve bending at the waist so that your head is lower than your heart (i.e., gardening, yoga, and housework).
- Refrain from swimming.
- Take your occupation into consideration.
 - Will you be available for office suture removal in 7-14 days?
 - Does your job require heavy lifting, physical exertion, travel, etc.?
 - Do you work in a “dirty” environment?

I have read and understand the above. I realize that by not following these guidelines, I am assuming the risk of less than optimal healing of my wound.

Dr. Kimberly Eickhorst

Post-Operative Wound Care

Proper wound care is extremely important to the success of your procedure and your recovery. The day of your procedure, you will leave the office with a large (out-of-proportion to the size of the wound), bulky pressure dressing; leave this bandage in place for at least 24 hours to minimize bleeding. Showering can resume 24 hours after the procedure, but avoid full pressure of the shower water on the site. (**Avoid:** baths, lakes, pools, hot tubs)

24 to 48 hours after the procedure, wash your hands and remove the bandage. Next, gently cleanse the wound with mild soap (ex. Dove, Cetaphil, CeraVe) and lukewarm water. A small amount of drainage or staining of the bandage *is normal*. Dry wound with clean tissue or cotton ball and apply prescription ointment with a Q-tip (do not use your fingers) and a bandage. Non-stick gauze (Telfa®) and paper tape are helpful in areas where skin is sensitive.

Change the dressing on the wound twice daily until you return to our office. Do **not** let the wound dry out and/or grow a thick scab or crust. Thick scabs delay wound healing. Please protect and cover wound, especially when you sleep or you are outside of your home.

Several situations may present after surgery:

BLEEDING/SWELLING: Bleeding and swelling can occur following surgery. To reduce the possibility of both follow these instructions:

1. Strictly limit activities for the first 24 hours after surgery; aerobic activities should be limited throughout the healing process. This includes at least one additional week after sutures/staples have been removed.
2. Keep the operative site elevated above the level of the heart with a pillow and apply an ice pack for 20 minutes each hour while awake. A bag of frozen vegetables or plastic bag filled with ice wrapped in a thin towel can be placed directly over the bandage.
3. If surgery is performed on the face, head or neck; **AVOID STOOPING OR BENDING** at the waist, **AVOID STRAINING WITH BOWEL MOVEMENTS**. Attempt to **SLEEP** with an **EXTRA PILLOW** to **ELEVATE YOUR HEAD**.

If bleeding occurs; **APPLY FIRM CONSTANT PRESSURE OVER THE BANDAGE FOR 20 MINUTES WITHOUT PEEKING**. If you are still bleeding, apply pressure for another 20 minutes. You can **APPLY PRESSURE WITH AN ICE PACK**. This should stop minor bleeding. If bleeding persists despite pressure, you are concerned about bleeding, or if you have an urgent concern regarding your healing process after surgery and it is after office hours please contact Dr. Eickhorst directly at 1-732-718-4347.

PAIN: Post-surgical pain is usually mild and can be controlled with Extra Strength Tylenol. Elevation and ice also help alleviate pain. **AVOID:** Ibuprofen, Advil, Aleve, Excedrin and any products containing Aspirin as these may cause more bleeding and bruising.

INFECTION: Signs of infection are increased pain, swelling, redness or purulent drainage from the wound several days after the surgery. Infection seldom occurs if the wound care instructions are followed. If you think your wound is infected please contact our office at (203) 792-4151.

WOUND APPEARANCE: The number of stitches placed to close a wound, and/or the length of the wound, are not a reflection of how well a wound will heal. Most individuals find the wound to be longer/larger, than they initially anticipated; this is due to the fact that a circular defect/wound, when stitched together, will result in a line that is longer than the diameter of the circle. After surgery, skin heals by forming a scar which sometimes may be red or raised. The redness will decrease as healing progresses but may last as long as 1-1.5 years. Everyone heals differently and the final scar appearance depends on an individual's ability to heal. Some scars heal and can hardly be noticed while others become thick or tender. Because wound healing can be unpredictable, the final appearance of the scar cannot be known in advance. One month after surgery, over the counter scar treatments such as Scar Away/silicone gels along with massage and sunblock can be used to help improve scar appearance. Laser treatments and injections can also improve the appearance of scars. Please inquire as to the best options for improving your scar.