



Patient “Bill of Rights” and Responsibilities

- Patients and their property are treated with consideration, dignity and respect, without harassment, abuse, discrimination, reprisal, retribution or denial of care. Patients have the right to be protected from abuse and neglect, and have access to protective services.
- Patients have the right to appropriate privacy, confidentiality, security, spiritual care, and communication, provided in a safe setting, and in a sanitary environment. In the event that communications restrictions are present, such as language barriers, Dermatology of Seattle Surgery Center will make reasonable attempts to communicate in the manner primarily used by the patient.
- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person. Family input in care decisions will be provided in compliance with existing legal directives of the patient or existing court-issued legal orders.
- Patients are given the opportunity to participate in decisions involving their healthcare, including right to refuse care and treatment, and ability to resolve problems with care decisions, except when such participation is contraindicated for medical reasons.
- Patients have a right to know the services available, agree to their care and be fully informed about their treatment and expected outcome. The patient have a right to be informed of unanticipated outcomes.
- Patients have a right to be informed of provisions for after-hour and emergency care if needed.
- Patients have a right to know the facility fees for services and payment policies.
- Patients have a right to be informed of patient rights, conduct and responsibilities.
- Patients have a right to refuse to participate in experimental research. Patient’s access to care will not be hindered by refusal to participate in research. Patients will be provided informed consent for any research, investigation and clinical trials.
- Patients have a right to be notified of the center’s policy on Advance Directives, as required by state of federal law and regulations.
- Patients have a right to know the name and credentials of health care professionals providing their care.
- Patients have the right to change their provider if other qualified providers are available.
- If a patient is not competent to make decisions regarding their care, a legal representative or surrogate designated by the patient may exercise the patient’s rights, to the extent of the laws of our state.
- Patients are informed about procedures for expressing suggestions, complaints and grievances, including those required by state and federal regulations.
- Patients have a right to timely complaint resolution. The timeframe for resolution of all grievances at Dermatology of Seattle Surgery Center is defined as 14 days or less.

Patients have the right to file grievances regarding treatment or care that fails to be furnished. Please contact one of the following if you have complaints or grievances:

- Dermatology of Seattle Surgery Center Administrator 206-988-6836;
- Dermatology of Seattle Surgery Center Owner, Elie Levy MD,PC, 206-248-5020;
- HSQAComplaintIntake@doh.wa.gov PO Box 47857, Olympia, WA 98504-7857 TTY Users dial 711 for the Washington Relay Service HSQA Complaint Intake: Phone: 1-800-633-6828; Fax: 360-236-2626;

- Office of the Medicare Beneficiary Ombudsman Phone: 1-800-MEDICARE
The Medicare Beneficiary Ombudsman is available to help patients understand their rights, protections and options. www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman/html

Patient (and/or surrogate) Responsibilities require the patient to:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by his/her provider.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Inform his/her provider about any living will, medical power of attorney, or other advance directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be respectful of all the health care providers and staff, as well as other patients.



Dermatology OF Seattle

Your Skin & Surgery Center

NOTICE TO ALL PATIENTS: OUR POLICY ON ADVANCED DIRECTIVES

In accordance with Washington State law (*RCW 70.122.060*), this center must inform you that we have an ASC-wide conscious objection to honoring Advance Directives. If a patient has a complication, we will always attempt to resuscitate and transfer the patient to the hospital. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

**IF YOU WOULD LIKE MORE INFORMATION REGARDING ADVANCED DIRECTIVES,
PLEASE ASK THE SURGERY CENTER NURSE MANAGER OR THE PRACTICE
ADMINISTRATOR.**

The Ambulatory Surgery Center is part of Aesthetic & General Dermatology of Seattle, which is under the ownership and direction of Dr. Elie Levy.

FINANCIAL POLICY

We are Medicare participating providers. We will bill Medicare and Medigap carriers. However, you are responsible at the time of service for payment of: co-payments and charges for non-covered or cosmetic services. You will be asked to sign an Advanced Beneficiary Notice of Liability Form in the event that a service is provided which may not be covered by Medicare. Please let us know if you are in a Medicare Advantage plan, or an HMO—simply presenting a Medicare card is not sufficient if you are on one of these plans.

If we participate (are contracted) with a commercial insurance plan, under which you are covered, we will bill the carrier for all covered, medically necessary services rendered. We will bill both your primary and secondary insurance plans. You will be responsible at the time of service for payment of: co-payments and charges for non-covered or cosmetic services. In the event that you, as the patient, or we, as the physicians, are not aware of a charge that is not covered by your plan, you will be responsible for the balance after we obtain a denial from your insurance carrier.

Please be advised that all specimens removed from patients are sent for pathological examination. There will be an additional charge from us or CellNetix for this examination.

Some surgical procedures performed at Aesthetic & General Dermatology of Seattle are performed in our Ambulatory Surgery Center. A separate facility fee in addition to the fee for your provider's professional services may be incurred. If our facility is out of network with your insurance then we will accept what your insurance pays for this fee, and bill you the remainder—up to a total paid amount between insurance and patient of \$299.

For non-Medicare patients who have insurance coverage with an insurance carrier with which we do not have a contractual relationship, please note the following: You may be asked to prepay the entire bill. Any amount not paid by your insurance company will be your responsibility. If we are not contracted with your plan, we are not obligated to adjust our charges based on your plan's coverage or benefits. Any remaining balance will be due with your monthly statement.

- I understand that I am financially responsible for all charges whether or not paid by insurance.
- Insurance coverage is NOT a guarantee of payment for services provided by my healthcare provider including preventive, routine screening, vaccinations, or procedures considered cosmetic in nature.
- It is my responsibility to understand my insurance benefits.
- It is my responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by my insurance.
- Co-payments mandated by my insurance company may not be printed on my insurance card. I understand that co-payments are due at the time of service. It is my responsibility to notify the receptionist upon arrival that a co-payment is due. Exceptions to co-payments are at the discretion of the Practice Administrator.
- I have been informed that payment is due upon the receipt of my monthly statement.
- Should I have no insurance I understand that payment in full is due at the time of service.

Signature: _____ Today's Date: ____/____/____



Dermatology OF Seattle

Your Skin & Surgery Center

PRE-SURGICAL INSTRUCTIONS

Please arrive at Dermatology of Seattle Surgery Center located at
13610 First Avenue South
Seattle, WA 98168

Please read the following to assure proper preparation, healing, and optimal cosmetic outcome prior to your surgery date

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### **WHAT IS MOHS MICROGRAPHIC SURGERY?**

Mohs surgery is an operation that is used to remove certain types of skin cancer. In Mohs surgery, the skin cancer is removed in a “layer by layer” process until all the cancer cells are gone. The main difference between Mohs surgery and other methods of removing skin cancers is microscopic control. The major advantage of Mohs surgery over other skin cancer surgery is that the tumor is completely removed with a high degree of precision but with minimal loss of normal healthy tissue.

When performing Mohs surgery, the area is numbed locally with an injection of local anesthetic. You are not put to sleep. The tissue around the obvious cancer is excised with a scalpel and divided into smaller specimens suitable for the preparation of frozen sections and processed and prepared into slides. A temporary dressing will be applied to your wound while the tissue is being processed. If you require further stages, more local anesthesia will be administered before repeating the process.

Once the tissue has been processed and made into slides, the surgeon inspects all the slides for evidence of cancer cells. The sections are related back to the map and in turn to the patient. As long as cancer cells remain on the margins within the specimen, the surgeon will continue to remove and examine layers of tissue until no cancer cells are present. With each layer being examined microscopically, the surgeon can be confident that all the cancer has been removed while saving as much normal skin as possible. When all of the cancer has been removed, the resulting wound on the skin will be repaired. The type of technique used to repair your wound will depend on the size and site of the wound.

### **PRE-OPERATIVE INSTRUCTIONS**

This information package is designed to give you an understanding about Mohs surgery and the care you will receive before, during and after your operation. We hope this will answer most of the questions that you may have.

### **THE PROCEDURE**

- The procedure can last anywhere from 2-8 hours depending on the size and extent of the tumor. Please be prepared to spend the entire day here. The actual surgery time is quite short, with much of the time spent waiting for tissue processing in the lab. Boredom and fatigue are common. It can be helpful to bring a book or something to help pass the time. There will be other patients who are getting Mohs surgery the same day as you. Some patients may be finished earlier or later than you. Every patient is unique and some patient’s procedures and slides may take a longer / shorter time to complete.



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- You should plan to return to clinic for a suture removal visit 7 days after surgery (for surgery on the face) OR 10-14 days after surgery (for surgery on the scalp, trunk, arms, and legs). Please do not travel out of town during this time frame. Stitches left in for too long will cause worse scarring.
- Patients who require assistance MUST have someone accompany them for the entire day.
- For patients who are non-ambulatory please be aware that we do not have equipment to transfer. Kindly inform our office if you are unable to bring someone who can assist you with this as we may not be able to proceed with surgery.

## **PREPARATION**

- DO NOT drink alcohol for 3 days before or after the procedure. Alcohol behaves as a blood thinner and can increase operative bleeding and bruising.
- Please shower well and wash your hair the morning of or the day before your surgery, as your wound and initial dressing will have to remain dry for up to 48 hours.
- Wear comfortable clothing to your appointment. The surgery rooms are kept cool; we recommend dressing in layers.
- In consideration of other patients in the waiting room, please avoid wearing cologne, perfume, aftershave, body spray, etc. on the day of surgery (that includes your guest who will accompany you). Others may be allergic to these substances.
- It is important to have breakfast on the day of surgery. Bring a packed lunch as well since you will be here most of the day. We strongly advise that you do not skip meals on your surgical day.
- If your surgery site is on your scalp, face or neck, we ask that you refrain from applying any make-up or moisturizers on the day of your surgery.
- If your surgery is on or near your eyelid or nasal bridge, we ask that you do not drive yourself. The surgical swelling and bandage will obscure your vision and it is unsafe to drive yourself. Please make sure that someone will be available to pick you up once your surgery is completed. Please make sure they can be flexible with their time as we cannot be certain of your discharge time.
- If you wear contacts, please wear your glasses the day of your procedure to avoid any possible damage to your contacts or eyes.
- If you use hearing aids, please wear them the day of your surgery. We will remove them if so needed.

## **MEDICATIONS**

- Bring a complete list of all of your medications (prescription meds and vitamins/supplements) on the day of surgery.



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- Ibuprofen (Motrin, Advil), Naproxen (Aleve), Excedrin, Alka-Seltzer should be avoided for 3 days before and after surgery. These behave as blood thinners and increase operative bleeding and bruising. You may use a pain medication such as Tylenol (Acetaminophen) if needed.

- DO NOT stop any prescribed medications, including anti-coagulants (blood thinners), without permission from your prescribing doctor. Please continue taking all medications as usual unless otherwise directed.

- On the morning of your surgery, take all your usual prescribed medications unless otherwise directed.

- Please do not take any anxiety medication before arriving for your procedure. You are welcome to bring your anxiety medication with you and take it after you have signed your consent. You must have a driver if you plan to take any anxiety medication.

## **POST-PROCEDURE**

- You may require the following items (for home use) in the days following surgery. You will be advised on the day of surgery by your surgeon and/or nurse.

- Q-tips
- Vaseline OR Aquaphor ointment
- Hydrogen Peroxide
- Dressing materials such as Non-adherent Gauze (e.g. Telfa) and Paper Tape

- Your post-operative wound care instructions will be thoroughly explained to you at the end of your surgery by your nurse and you will also be given these instructions in written format.

- Physical activity will need to be restricted for ~ 72 hours post-surgery, and you should take it easy for a period of one to two weeks to limit post-operative complications. This period may be longer if the surgical site will be affected by strenuous activity.

- During the 1-2 weeks after surgery, there is a high risk of stitches popping open with strenuous activity, as well as bleeding, wound healing complications, and a poor scar appearance if the activity restriction is not followed.
- Physical activity includes but is not limited to things such as golf, hiking, swimming, tennis, construction, gardening, and running. Walking is okay.
- You will not be able to swim in a pool or use a hot tub until your sutures are removed or dissolved, or else otherwise instructed by your team.
- For surgeries on the lower extremities in which sutures are placed, you will need to keep off your feet as much as possible for the first 2 weeks after your surgery. We recommend at least 5-7 days off manual labor.



## **POST-SURGICAL INSTRUCTIONS**

### **Wound Care**

#### **DAY: 1-2: FIRST 48 HOURS FOLLOWING SURGERY**

- Please keep the pressure dressing dry and intact for 48 hours (or 2 days). PLEASE DO NOT GET THE BANDAGE WET.
- **Elevate:** slightly elevate the involved surgical site to decrease pain and swelling.
- **Ace bandage (if applied):** you may loosen the ace bandage at night, but continue to use during the day.

#### **DAY 3 AND SO FORTH: AFTER THE FIRST 48 HOURS FOLLOWING SURGERY**

- Remove the outer pressure dressing.
- Wash the wound with MILD (or fragrance free soap) & water. If there is dry crust you can gently remove with hydrogen peroxide.
- Gently pat the wound dry with a clean washcloth/towel.
- Apply a generous amount of bland ointment (vaseline or aquaphor) and re-bandage.
- Repeat DAILY or twice a day until sutures are removed.
  - **Special circumstances:**
    - **Steri-strips:** if placed over the sutures, please leave steri-strips in place. You can wash normally then pat the area dry. There is no need to apply ointment or re-bandage. Steri-strips will be removed at suture removal. If steri-strips fall off before, please follow steps 2-5 above.
    - **Skin grafts:** if placed, please leave the yellow bolster intact. You can wash normally then pat the area dry. There is no need to apply ointment or re-bandage.
    - **Granulating wounds (wounds not repaired):** there may be dry crusty after you remove the pressure bandage. Do not be alarmed. THIS IS NORMAL.
    - **Dissolvable sutures:** they take 7-21 days to dissolve depending on what suture is used. If the sutures are still present call the office to schedule and appointment for further evaluation.
    - **Swelling and bruising are common following Mohs Surgery,** particularly when surgery is performed around the eyes and nose. This usually occurs within two to seven days after surgery and may be decreased using an ice pack for 10-20 min every hour during the first 24-48 hours. **THIS IS NORMAL and will resolve.**

### **Mohs Surgery Post-Operative Care**

Following Mohs Surgery, most people are concerned about pain, although the majority of patients experience only mild discomfort. In part, your level of discomfort will depend upon how large your wound is and where it is located.





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- Most patients do quite well taking extra strength acetaminophen (Tylenol) or ibuprofen (Advil, Motrin)- follow directions on bottle and please note the maximum dose is 3000 mg in a 24 hour period.
- Although uncommon, a small number of patients may experience some bleeding post-operatively -This can usually be controlled by the use of pressure. To minimize the chances of this occurring, patients are advised to be as minimally active for at least 1 week after surgery as possible. This includes activity restrictions such as:
  - No bending or heavy lifting
  - No rigorous exercise or exertion
  - Do not make important plans in the days immediately following your surgery
- At times, the area surrounding your wound will be numb to the touch. This may persist for weeks or months, and in some instances, can be permanent. This is due to trauma to the small nerve endings in the skin surface that occurs during removal of the tumor.
- In most instances, you will return to our office in **two weeks** for removal of the sutures/stitches **from the chest down** and a post-operative check. You will return to our office in **1 week** for removal of the sutures/stitches on **face** and a post-operative check.
- With any surgical procedure, there is a chance of complications. Although every effort will be made to offer the best possible cosmetic result, you will be left with a scar. Proper wound care at home will help the healing process and minimize scarring. If necessary, reconstructive surgery following removal of your skin cancer can result in a more pleasing cosmetic outcome
- Infection is also a possibility following surgery, but it occurs only in one to two percent of patients. Often a small red area may develop surrounding your wound. This is normal and does not necessarily indicate infection. However, if this redness does not subside, and if the wound begins to drain pus or becomes swollen or very tender, you should notify us immediately.
- **Please keep in mind that it often takes months before final wound healing is complete and the best cosmetic result is obtained. PLEASE BE PATIENT.**
- If you notice any signs or symptoms of a new skin cancer growth at any time, seek consultation with your referring physician immediately. We will gladly schedule an appointment to see you back in our office.
- Finally, skin cancer can recur. The cure rate with Mohs Surgery is greater than 95% but, unfortunately, not 100%. Occasionally, the cancer may come back in the same location.
- Patients should be seen on a yearly basis for a full skin exam.

**Skin Cancer Patients: Please make appropriate appointments based on history for a full skin exam.**

- **Malignant Melanoma: Every 3 months for the next two years**
- **Squamous Cell Carcinoma: Every 4 months for the next two years**
- **Basal Cell Carcinoma: Every 6 months**

If you have questions or concerns, please contact the office at 206-248-5020. An on-call provider is available after hours.