Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the 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."

Excisional Biopsy of Neck Mass

Definition

Excisional = cutting and removing of skin or tissue

Biopsy = refers to a procedure that involves obtaining a tissue sample for microscopic analysis to establish a precise diagnosis

This procedure involves removing a mass that is underneath the skin in the neck.

Purpose of Procedure

The reason this procedure is done is to determine whether the mass is benign or cancerous and to plan further treatment.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The 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). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed 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 making an incision in the skin overlying the mass. The tissue that overlies the mass is separated to allow access to the mass. The mass is separated from the surrounding tissue and removed. Care is taken to avoid injury to the nerves that may be nearby. The mass will be immediately sent for pathologic evaluation. More extensive surgery may be necessary at this time if the biopsy indicates a malignant growth. A temporary drain may be placed at the surgical site.

Post Procedure

Following this procedure, pain medication will be prescribed to manage discomfort. If a drain is placed, the dressing will be changed daily until the drainage from the surgical site is minimal. This may take 1 or 2 days. The drain in then removed and a dressing reapplied for another day. After the dressing is removed, water exposure should be avoided until the sutures are removed. This will take approximately 1 week.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication.

Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

This procedure should provide a diagnosis and help with further evaluation and treatment of the mass and its cause.

Possible Complications of the Procedure

This is a safe procedure, however, there are uncommon risks that may be 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:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Injury to the nerves in the area

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).

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	Date	Witness	Date
Patient/Guardian	Date		

The information contained in this Medical Informed Consent form ("Consent Form") is intended solely to inform and educate and should not a used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. While Oakstone endeavors to ensure the reliability of information contained in its Consent Forms, such information is subject to change as new health information becomes available. Oakstone cannot and does not guaranty the accuracy or completeness of the information contained in this Consent Form, and assumes no liability for its content or for any errors or omissions. Laws vary from state to state regarding the information that must be given to a patient for informed consent. Please be sure to check the laws regarding legal informed consent as they apply within your state. Please call your doctor or other healthcare provider if you have any questions.