



DR NIVANA RAMLACHAN
DERMATOLOGIST
MBChB, FRCRMB (SA)



SKINMATTERS

Mohs and Reconstruction Unit

PREPARING FOR YOUR MOHS SURGERY AND RECONSTRUCTION AND INFORMED CONSENT FORM

DO:

- Do plan to spend the whole day with us.
- Do bookoff the remainder of your day from admission onwards. Due to the variables involved your Mohs excision and the reconstruction that follows can be completed from early afternoon to as late as early evening.
- Do bring something to read or to occupy you while you are in the ward.
- Do always eat a hearty breakfast before 06:00 on the morning of the surgery.
- Do bring clear fruit juice (apple/grape) to take as sips (alternatively sips of water) until 11:00 or 2 hours before reconstruction in the afternoon.
- If reconstruction is under local anaesthesia you can eat lunch and drink any fluids as normal.
- Do **BRING ALL** your medications in their bottles to show the doctor. Take **ALL** your regular medicines unless the doctor tells you not to.
- Do tell the staff about any allergies you have to medication.
- **WEAR ABSOLUTELY NO JEWELLERY.** If you're having surgery anywhere on the face **WEAR ABSOLUTELY NO MAKE-UP** and have your hair pulled back away from the surgery site.
- Do **WEAR** slip-on shoes to wear when you walk between the ward and theatre.
- Please wear only cotton underwear. No Nylon or polyester.
- Do tell your doctor if you have a cold or don't feel well.
- Do have someone drive you home from the hospital after the surgery if possible. We can call your ride to pick you up a half hour before you're ready to leave.
- It's a good idea to use the restroom prior to the surgery.
- Do check with the Mohs practice if any adjustment in dosing is required for anticoagulants other than Warfarin & aspirin.

DON'T:

- Don't take herbs, vitamin E, niacin, fish oil tablets (omega-3 fatty acids), or non-steroidal anti-inflammatory medicines (Myprodol, Neurofen, Coxflam, Cold medicines, Cataflam-D etc.) as far as possible, for one week before surgery. They can cause bleeding.
- Don't apply lotions near the surgery site on the day of surgery or the bandages will not stick to your skin.
- If your doctor has prescribed Aspirin for any heart conditions, **TAKE THE ASPIRIN AS YOUR DOCTOR SUGGESTED UNLESS YOUR DOCTOR SAYS YOU CAN STOP ASPIRIN FOR 1 WEEK BEFORE SURGERY.** Ask your doctor **BEFORE** stopping aspirin. Over-the-counter Panado can be taken any time when it's needed for pain and/or headaches before or after the surgery because it does not cause bleeding.
- Don't stop Warfarin before surgery but ask your doctor to verify that your **INR** level is less than 2.5.
- Verify the use of newer anticoagulants like Plavix, Zarelto or Predaxa with your surgeon.
- Don't smoke excessively (it slows healing). It's best not to smoke at all. **DO NOT** smoke within 2 hours before surgery.

PLEASE ASK if you have **ANY** questions **BEFORE, DURING OR AFTER** surgery.

Except in case of genuine emergency or illness, we require 72 hour notice to reschedule your Mohs appointment, in order to allow the hospital and other role players to perform appropriate scheduling.

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SURGERY TO BE PERFORMED:

INSIGNIFICANT, SERIOUS, OR LIFE THREATENING REACTIONS MAY OCCUR TO ANY MEDICINE.

Anaesthesia will be performed using:

- Lignocaine with/without adrenaline.
- Bupivacaine (Macaine) may also be used.
- Intravenous and/or general anaesthetic drugs might be used during the reconstruction. This will be confirmed prior to surgery with you.
- Antibiotics may be prescribed post-operatively (usually clindamycin or amoxicillin with clavulanic acid).
- Analgesics may be prescribed post-operatively.

Please inform your doctor on the day of surgery about any prior reactions to any of these medications, or any other relevant allergies.

- Infection or bleeding can occur after surgery.
- Sometimes more than one surgical procedure on different days are necessary to completely clear a large lesion, a lesion in a difficult area, or to obtain the best possible repair of the surgical wound and the best possible cosmetic result. Due to the unpredictable size of the ultimate defect, exact reconstructive options will be discussed as the excision stages near completion
- In general Dr. Ramlachan co-operates with a specialist reconstructive surgeon who will close the defect in the afternoon following the successful removal of the skin cancer with Mohs micrographic Surgery. In certain cases where multiple excision stages are performed, resulting in major defects, we might opt to postpone the reconstruction to the following day.

POST-SURGERY:

There will be a need for a post-operative follow-up for suture removal and/or wound evaluation.
It is best to remain in the local area (but not essential) for 10-14 days post-op.

Let the doctor know if you cannot do this.

Please phone the rooms following the surgery to confirm the suture removal follow-up appointment.

Where the reconstruction was performed by the reconstructive surgeon, make these arrangements with the nursing sister assisting the reconstructive surgeons, or directly with his/her rooms.

The wound takes 4 weeks to regain full strength. You may need to modify your work and/or exercise schedule to prevent your wound from opening. For the first few days after the surgery there will be swelling and possibly some bruising, which will subside within a few days.

Most patients will receive a prescription for pain medication and/or an antibiotic upon discharge.
If you do not receive one, please check with the ward sister/doctor.



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SCAR INFORMATION

- All humans heal by scar formation.
- Scar tissue is red for 3-6 months or longer, then usually fades to white. Sunlight exposure may cause a scar to darken. Blood vessels (telangiectasia) can form around a surgical site.
- The appearance of a surgery scar usually continues to improve for 6-12 months as the scar "matures". The tissues around the surgical site often remains swollen for one month or longer.
- Scars overlying the active muscle areas tend to widen (stretch) with time. This cannot always be prevented. Scars can heal thick (keloid or hypertrophic scar) or can heal thin (atrophic scar). How they heal depends in part upon the location on the body and the healing process of the patient.
- The final appearance of a scar depends upon many factors including the SIZE, DEPTH, and LOCATION of your cancer. Chances for a good result can be estimated for a given procedure, but can NEVER BE GUARANTEED.
- If a surgical site is injured or becomes infected before healing is complete, the scar may gape open, the wound may bleed, and the scar may become more obvious.
- A change of feeling (sensation) often occurs around a scar. This usually recovers but can take up to 1- 2 years.
- In some areas of the body there is a risk of motor nerve damage.

Should there be any uncertainty, kindly ask any of the doctors, clinical nursing sister or receptionists for assistance, phone the practice at 012 346 4202, email at mohs@skinmatters.co.za or info@skinmatters.co.za or in case of an emergency after hours please phone the appropriate mobile numbers below.

For your convenience and information kindly find below the contact details of the clinical co-ordinator (Nursing Sister) and specialists in the Skinmatters Mohs Micrographic and Reconstruction Surgery Unit:

NURSING SISTER

Sr Annecke Swart 083 646 6316

MOHS SURGERY:

Dr. Pieter du Plessis	012 346 4202 012 807 9858	pieter@skinmatters.co.za
Dr. Nivana Ramlachan	012 346 4202 083 630 4241	nivanaramlachan1@gmail.com
Dr. Tshepo Mokwena	083 427 8072 071 150 7887	tshepo@skinmatters.co.za

RECONSTRUCTIVE SPECIALISTS:

Dr. Japie de Wet	012 346 6688 012 346 6688	docdewet@gmail.com
Dr. Stefan Rawlins	012 548 0431 082 457 3766	admin@rawlins.co.za
Dr. Nicolette Landman	012 652 9546 083 243 4929	admin@drnicolettelandman.co.za
Dr. Frits Spruyt	012 347 1497 083 400 0512	angela@drfritsspruyt.com
Dr. Nils Irsigler	012 942 9368 081 798 3975	ngirsigler@gmail.co.za

For any emergency or queries following your Mohs and Reconstructive procedure please contact the clinical nursing sister or the specialists in the unit at any time.

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INFORMED CONSENT:

Kindly remove this page, complete and sign and bring along on the day of your surgery.

Keep the other 3 pages for ease of reference and contact details.

I have read the 3 pages and understand the content thereof and where uncertain have asked Dr. Ramlachan or a member of his practice/Mohs unit and received a satisfactory answer.

· The following points, among others, have been specifically made clear :

- a) No exact end-result can be predicted or guaranteed, given the nature of the procedure
- b) The practice of medicine and surgery is not an exact science. Mohs micgraphic surgery has an extremely low recurrence rate, of skin cancers, however, there is still a rare occurrence.
- c) The two sides of the human body are not the same and can never be made the same.

- I consent to the administration of anaesthetics by a suitably qualified doctor.
- I have authorised Dr. Ramlachan and the mohs team to take clinical photographs. Such photographs remain the property of Skin Matters and will only be used for clinical and academic purposes.
- In the event of a contractual dispute, or any other cause of action, litigation shall be ONLY instituted in a court of the Republic of South Africa.
- Additional costs may occur should complications result from surgery. Medical funders might not cover such costs. The patient will be liable for all such additional costs.

I hereby give permission for Mohs surgery and frozen section histological analysis by Dr. Ramlachan and the reconstruction of the defect by the assigned reconstructive surgeon on the day of procedure on

..... / / 20..... (date).

PATIENT:.....

SIGNATURE:..... DATE:.....

DOCTOR:.....

SIGNATURE:..... DATE:.....

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