

Dear Sir or Ma'am,

You have been scheduled for skin surgery with Dr. Nathaniel Miletta. Depending upon the type of lesion you have and its location, you may be having a standard excision or Mohs Micrographic Surgery (MMS). Typically, MMS is only required for cancerous lesions on the head and neck, cancers that have recurred, or atypical/large tumors.

Patient Checklist

To help ensure you have a good experience, please...

- Use your camera phone to take a picture of the biopsy site as soon as possible.
- Avoid alcohol for 4 days before your surgery. Alcohol increases bleeding.
- Continue all of your regularly scheduled medications. Avoid aspirin, ibuprofen, and naproxen for 5 days before surgery, if not prescribed by your physician.
- Shower and wash your hair the night before. Keep area dry for 1-2 days after.
- Wear comfortable, loose-fitting clothing. Please wear close-toed shoes.
- Be well-rested and eat a good meal before your surgery. No eating limitations.
- Bring a list of your current medications.
- Have a driver if your surgical site is on the temple, around the eyes, or around the nose. Post-operative swelling and/or wound dressings may impair vision.
- Give our office at least 24-hour notification if you are unable to attend your appt.
- Arrive ten minutes before your appointment. If you are having a standard skin cancer excision, please plan for 1 – 1.5 hours in the office. If you are having Mohs Micrographic Surgery, please plan for the procedure to last **up to four hours**. We recommend bringing snacks. Bottled water is available upon request.
- Refrain from exercise for 1-2 weeks after surgery. Casual walking is ok.
- Carefully follow the post-op instructions provided on the day of surgery. The majority of post-operative issues can be quickly resolved using that guide.

The Day of Your Surgery

- You will arrive at the front desk, complete registration (if needed), and check-in.
- A nurse or medical assistant will bring you to an exam room, check your blood pressure, ask you to show him/her where your biopsy site is located and mark it for your surgeon to review. They will then review the consent form with you.
- Your surgeon will then re-confirm the surgical site and perform final marking of the location. He will ask address any questions regarding the consent form.
- Once consented, the area will then be numbed with lidocaine and the skin cancer will be removed. If you are having a standard excision, you will be repaired right away. If you are having Mohs Micrographic Surgery (MMS), we will check the specimen while you wait. Any bleeding will be addressed with light cautery.
- If you are having standard excision, we will call you within 1-2 weeks to let you know if the lesion was completely removed (it is > 95% of the time). If you are having MMS, you will know during your surgery. If additional cancer cells are noted, a little more skin will be removed until the cancer is cleared.
- Once the cancer is cleared, your surgeon will review options with you to reconstruct your wound. Depending upon location and size, options include: allowing the wound to heal by itself, closing it linearly (side-to-side), creating a skin flap, or using a skin graft from a separate donor site to cover the area.
- To optimize cosmesis, it is critical that your surgeon moves your skin in a way that minimizes tension upon the wound. For linear repairs, this means that the length of the wound is approximately three times longer than the wound itself. Failure to do so would cause the skin to “pooch” resulting in less attractive scar.
- If skin flaps or grafts are required, skin is often moved from an area of laxity (looseness) to help cover an area of high tension. Efforts are always made to camouflage scars in natural wrinkles.
- Scars mature with time. At 2-3 months, the appearance will be a pretty good representation of how your final scar will appear. Dr. Miletta has extensive training in scar optimization and use minor procedures to improve a scar, if needed. Less than 2% of dermatologic surgery patients undergo such procedures, the majority of which are related to large tumors.

Understanding Skin Cancer

Skin cancer is, by far, the most common form of cancer. Fortunately, the majority of skin cancers can be addressed by surgically removing the tumor and does not require radiation or chemotherapy. If left unchecked, most skin cancers will slowly invade into the skin and subcutaneous structures causing disfigurement or impairing function, depending upon the location. However, failure to address skin cancers in a timely fashion can result in metastasis (spread) and, ultimately, death. Skin cancer can arise from nearly every portion of the skin (skin cells, sweat glands, melanocytes, white blood cells), however the majority of cases arise from skin cells and melanocytes. The three most common forms of skin cancer are basal cell carcinoma, squamous cell carcinoma, and melanoma.

Basal Cell Carcinoma (BCC)

This is the most common and least deadly form of skin cancer. Although less aggressive, BCCs can often be shaped like pyramids – meaning the clinical lesion at the surface does not represent the full size of the cancer within the skin. For this reason, the size of the wound can appear significantly bigger than what we appreciate on the surface. BCCs appear as pearly bumps with broken blood vessels and may bleed.

Squamous Cell Carcinoma (SCC)

Squamous cell carcinomas may have increased risk compared to BCCs, especially when larger in size or on locations such as the scalp and lip. SCCs have an increased risk of metastasis when compared to BCCs making early treatment and elimination very important. SCCs appear as scaly red areas and may also bleed.

Melanoma

Melanoma is the most deadly form of the common skin cancers and typically appears as an “ugly mole”. Due to their risk and complexity, melanomas require direct discussion with our patients and often a multidisciplinary approach with other specialists. For educational purposes, we commonly use “ABCDE” as a mnemonic to remember the features of a mole suspicious for melanoma:

- A: asymmetry
- B: border irregularity
- C: color (very dark, multiple colors, turning white)
- D: diameter bigger than 6mm (pencil eraser)
- E: evolution or change

If you notice any of these features, please schedule an appointment with your primary dermatologist for an assessment.

POST-OPERATIVE INSTRUCTIONS**POST-OP MEDICATIONS**

Please apply over-the-counter Vaseline or Aquaphor to your healing wound three times a day. Tylenol 500mg as directed should be effective for your pain. Start taking it immediately after arriving home to help prevent pain when the effect of the lidocaine begins to wane. Call the clinic if you have any excessive pain. If you have been prescribed antibiotics, please pick them up and start them immediately.

DAY ONE:

Keep the area dry and bandaged for 48 hours.

Take it easy! Avoid any strenuous exercise or activity for several days.

DAY TWO, UNTIL HEALED:

Follow these directions to help keep the surgical site moist and covered and **prevent a scab from forming**. A scab slows down the healing process and can lead to a less attractive final scar!

- Clean the surgical site 2-3 times daily using hydrogen peroxide diluted with warm water (about a 50/50 mixture).
- Pat the wound dry, then apply the Vaseline or Aquaphor.
- Cover with a clean bandage.
- If you develop a reaction to band aids or tape, try a Telfa nonstick bandage instead (Available at CVS).
- Be sure to keep any follow-up appointments you have been scheduled.

FOR PAIN/DISCOMFORT:

Use Extra-Strength Tylenol as directed on packaging instructions. Avoid drinking alcohol/beer while taking Tylenol.

Tylenol is effective for the majority of post-surgical pain with skin surgery.

In case Tylenol is not adequate for your pain, please contact the Samaritan Dermatology Department. In rare instances, prescription pain medication is required. If the prescription pain medication is not effective, please contact our office for assistance.

DO NOT TAKE ASPIRIN, IBUPROFEN, OR NAPROXEN AS THIS CAN INCREASE CHANCES OF BLEEDING. DO NOT STOP THESE MEDICATIONS IF THEY ARE BEING PRESCRIBED BY A PHYSICIAN FOR A SEPARATE MEDICAL PROBLEM.

FOR BLEEDING: Apply firm pressure to the area for a full 15 minutes—no peeking!
If bleeding continues, contact our office for assistance or Dial 911.

FOR SWELLING: Gently place ice packs on area for 15 minutes at a time, 1-2 times an hour.

CALL IMMEDIATELY FOR ANY CONCERNS ABOUT HEALING, INFECTION, OR BLEEDING:

For any medical emergencies, please call 911. For non-life threatening, urgent issues, please call 315-755-3670. Our Physicians or Physician Assistants will call you back as soon as possible. After hours, an answering service will connect you to the on-call Provider.

Wound Check: _____ days/weeks Date: _____ Time: _____ Clinic: _____
Suture Removal: _____ days/weeks Date: _____ Time: _____ Clinic: _____
3 Month Skin Cancer Evaluation Appt: Date: _____ Time: _____ Clinic: _____
Other Appt (PDT, new lesion, rash,etc) Date: _____ Time: _____ Clinic: _____

Nathanial R. Miletta, MD

Chief, Mohs Micrographic Surgery

Dr. Nathanial Miletta is a Harvard-trained Dermatologic Surgeon and Board-Certified Dermatologist specializing in skin cancer surgery and reconstruction. After eight years as a Physician for the United States Army, Dr. Miletta is excited to be home in Northern, New York offering our patients the most advanced skin cancer treatments.

After graduating from Upstate Medical University, Dr. Miletta completed a three-year dermatology residency at the Walter Reed National Military Medical Center (WRNMMC). It was during this time that he developed and co-chaired the Department of Defense Melanoma Tumor Board, facilitating a multidisciplinary medical and surgical treatment approach for melanoma patients. As a dermatology resident, Dr. Miletta received numerous honors to include induction into the Alpha Omega Alpha Medical Honor Society, the Dermatology Award for Scholarship Excellence, and the Graves B. Erskine Award as the top graduating resident from WRNMMC.

Dr. Miletta was then selected to complete the prestigious Cosmetic Dermatologic Surgery Fellowship at the Massachusetts General Hospital, Harvard Medical School. As a fellow, Dr. Miletta studied advanced dermatologic surgery techniques and conducted clinical research trials in scar optimization, alternative treatments for skin cancer, and wound healing devices.

Subsequently, Dr. Miletta served as the Chief of the Department of Defense Laser Surgery and Scar Center in San Antonio, TX training dermatology residents in dermatologic surgery and conducting clinical research trials in the trauma, burn scar, and amputee populations. Dr. Miletta lectures nationally, has published numerous scholarly articles, as well as, several textbook chapters on dermatologic surgery in both the Dermatology and Plastic Surgery literature.

In 2017, Dr. Miletta deployed to Jalalabad, Afghanistan as the Officer-In-Charge of a Role II Aid Station performing medical and trauma emergency services. For his efforts, the Army awarded him Bronze Star for meritorious service. After he concluded his service to the Army in 2019, he moved to the North Country with his wife, child, and two dogs and serves as Samaritan Medical Center's Chief of Mohs Micrographic Surgery (MMS). Dr. Miletta looks forward to meeting you and taking care of your skin cancer needs.

