

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. Mohs Micrographic surgery can take 2-5 hours.**

Please be aware that, due to our office policy and insurance regulations, we are unable to evaluate any other spots or areas on your body during your visit for surgery. This policy is in place to ensure that we can provide you with the highest level of care and maintain compliance with insurance guidelines

If you have concerns regarding additional spots or conditions, we will be happy to schedule a separate appointment so that we can address those issues appropriately. This will allow us to give each concern the attention it deserves without compromising the focus of your surgical procedure.

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 and after your surgery. Alcohol increases bleeding.
- Smoking interferes with wound healing. Please make every effort to minimize smoking for 2 weeks before and after surgery.
- Continue all of your regularly scheduled medications. **Avoid aspirin, ibuprofen, naproxen, fish oil, omega 3, and vitamin E for 10 days before surgery,** if not prescribed by your physician.
- Shower and wash your hair the night before.
- 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.
- Refrain from exercise for 1-2 weeks after surgery. Casual walking is okay.
- 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

- 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 five hours**. We recommend bringing snacks. Bottled water is available upon request.
- 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 them 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 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 cosmetic outcome, 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 scars.
- 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 uses 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 larger** 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.

Proper wound care is essential for healing and minimizing scarring. Please follow instructions as directed below. Thank you for trusting us with your care!

Medications

- **If prescribed antibiotics**, please pick them up from your pharmacy as soon as possible.

Pain Relief

- **Mild discomfort is normal after surgery.** After arriving home, take two tablets of Acetaminophen **500mg** (Tylenol), then take as directed. Do not take more than **3000mg** in a **24 hour** period. This will help minimize your pain after the lidocaine wears off.
- **If additional pain relief is needed:** Alternate Acetaminophen with Ibuprofen **800mg** every **6-8 hours** as needed (Advil, Motrin). Do not take more than **2400mg** in a **24 hour** period. This will help reduce swelling and pain.

AVOID ASPIRIN, unless prescribed by your Doctor.

Bleeding & Swelling

- **Minor oozing at the surgical site is normal.** Apply firm pressure with clean gauze for **15 minutes** if bleeding occurs. No peeking! Be sure to sit upright. It is more effective to have another person hold pressure if possible.
- **If bleeding continues after 30 minutes of firm pressure**, please contact our office. If after hours, please go to your nearest urgent care or emergency room.
- **To help reduce swelling**, apply an ice pack (wrapped in a thin layer of gauze, or cloth) to the surgical site **10-15 minutes** once to twice an hour. This is helpful for the first **24 hours** to reduce swelling, especially if site is around your eyes.
- **Keep your head elevated, at least 30 degrees, for 48 hours.** For head and neck surgical wounds, sleep in a recliner if able with head elevated. Another option is to place a folded comforter under the head of the bed to elevate your head. If your surgical site is on an arm or leg, please elevate the extremity to a position equal to your heart whenever possible.
- **Bruising is common**, you may apply Arnica gel to the skin to resolve bruising more quickly. This is available over the counter at your local pharmacy.

Activity Restrictions

- **Avoid strenuous activity, heavy lifting, and bending over for at least 48 hours after surgery.**
- **Keep surgical site elevated for 48 hours after surgery.**
- **Avoid swimming, hot tubs, or saunas** until the wound is fully healed.
- **You may resume showering 48 hours after surgery.**

Wound Care

- Keep pressure dressing dry and intact for 48 hours. Remove dressing after 48 hours.

 Surgical wound **NOT** treated with skin glue.

- Clean the surgical site **twice daily** with 50/50 parts hydrogen peroxide and warm water. Wash your hands prior to cleaning. With a clean gauze, gently clean away any crusting or debris from the wound, pat dry, then apply petroleum jelly (plain Vaseline or Aquaphor) and a clean bandage. Do not use over the counter antibiotic ointments (Neosporin, Bacitracin, Triple Antibiotic Ointment).
- Keep the wound covered with a clean bandage for 7-14 days, or until healed.

 Surgical wound treated with skin glue (Cyanoacrylate).

- Clean the surgical site **twice daily** with gentle soap (**Dove or Cetaphil**) and warm water.
- Place bandage over glue after pressure dressing comes off to protect glue. Skin glue forms a protective layer over the wound.
- Do not apply ointments such as Vaseline and Aquaphor, until the glue naturally dissolves on its own over 7-14 days. Do not rub or pick off glue.

Suture/Staple Removal You have sutures or staples placed that need to be removed. Please see bottom of page for the date of your suture removal. You have dissolvable sutures, they will naturally dissolve in **7-14 days**. Steri-Strips were used, allow them to naturally peel off. This typically takes **7-10 days**.**Scar Care**

- **Two weeks after surgery**, you may use **silicone gel sheets** to help minimize scarring. Please follow the instructions of the box. Scar sheets should be worn 12 hours per day for 3 months.
- **After surgical site is healed, approximately 2 weeks**, begin scar massage. Using any lotion, cream or ointment, massage your scar in a circular motion with enough pressure your fingertips turn white. Do this for five minutes, five times a day, for up to **4 weeks**. Apply sunscreen (**SPF 50**) daily to protect healing skin and prevent discoloration.

Questions/Concerns:

Please contact our office with questions or concerns during our business hours, Monday-Friday (8am – 4:30pm). After hours and weekends, please visit your nearest Urgent Care or Emergency Room.

Office Contact Information: ☎ Phone: **315-755-3670**

Your Nurse or Medical Assistants name: _____

Sutures: 5-7 days (face) - 10 days (arms/legs/hands) - 14 days (trunk) - 7 days & 14 days (scalp staples)

Date: _____ Time: _____

Wound check: No - Yes _____ Weeks

Date: _____ Time: _____

Full Body Skin Examination within 6-12 months with PA or NP: Yes _____ - No _____

Date: _____ Time: _____

Nathaniel R. Miletta, MD

Chief, Mohs Micrographic Surgery

Dr. Nathaniel Miletta is a Harvard-trained, double board-certified dermatologic surgeon specializing in Mohs surgery and dermatology. After eight years of service as a U.S. Army physician, he returned to Northern New York in 2019 to provide the community with advanced skin cancer treatments. Since joining Samaritan Medical Center, Dr. Miletta has performed thousands of Mohs surgeries and reconstructions, offering expert care to his patients.

Dr. Miletta earned his medical degree from Upstate Medical University and completed his dermatology residency at Walter Reed National Military Medical Center, where he co-chaired the Department of Defense Melanoma Tumor Board and received multiple academic honors. He then completed a prestigious fellowship in Cosmetic Dermatologic Surgery at Massachusetts General Hospital, focusing on scar optimization, alternative skin cancer treatments, and wound healing research.

Dr. Miletta also served as Chief of the Department of Defense Laser Surgery and Scar Center in San Antonio, TX, where he trained residents and led clinical trials. In 2017, he deployed to Afghanistan as Officer-In-Charge of a medical aid station, earning a Bronze Star for meritorious service.

A leader in his field, Dr. Miletta has served on the board of directors for the American Society for Mohs Surgery, lectures nationally on Mohs surgery, and has published numerous papers and book chapters in laser surgery, skin reconstruction, and dermatologic surgery.

Now, as Chief of Mohs Surgery at Samaritan, Dr. Miletta is dedicated to providing compassionate, high-quality skin cancer care. Outside of work, he enjoys hiking, traveling, and boating on Lake Ontario with his wife, Sarah, and their two children. Dr. Miletta is committed to offering big-city quality care with small-town hospitality, ensuring his patients receive top-tier treatment in a warm and professional environment.

