EXCISIONAL BIOPSY OF THE HEAD AND NECK AREA

WHY DO I NEED SURGERY?

The purpose of this surgery is to remove a growth from the head or neck region and to confirm the diagnosis of a possible cancer. For the purpose of getting the most accurate diagnosis, the doctor will recommend an excisional biopsy of that area.

WHAT HAPPENS DURING SURGERY?

This procedure can be done under general anesthesia or IV sedation. A lot of it depends on the pain tolerance of the patient. This can be discussed with the anesthesiologist right before the surgery and depending on your nervousness and your level of tolerance the procedure may be done under IV sedation or general anesthesia. During the surgery, whether you chose to go with IV sedation or general anesthesia, an incision will be made, the mass removed and then the area will be restored with sutures. There will be a dressing applied to this area and the doctor will explain to you and your family how to care for this until the postoperative visit.

WHAT TO EXPECT AFTER SURGERY?

After surgery, the doctor will explain in a step by step fashion how to care for the wound site. Usually there will be Steri-Strips placed over this area, which should remain in place until removed by the doctor at your postoperative visit.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

As with any type of surgery under general anesthesia or IV sedation, there are classic reactions including drug reactions, breathing difficulties and even death. Moreover, with any type of skin incisions there could be excessive scar tissue as well as keloid formation and hemorrhage.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery.
IT IS MANDATORY TO BRING A FAMILY MEMBER OR FRIEND WITH YOU TO THE PREOPERATIVE VISIT. THIS IS BECAUSE PATIENTS, AFTER THE SURGERY, DUE TO THE GENERAL ANESTHESIA MAY FORGET THE INFORMATION PROVIDED TO THEM BEFORE THE SURGERY.

PLEASE SIGN AND RETURN THIS FORM TO OUR OFFICE WHEN YOU COME FOR YOUR PREOPERATIVE VISIT.

Please feel free to contact our office with any questions you might have at 714-441-0133.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

I understand the above information and consent to the surgery.

____________________________________
Patient Signature

____________________________________
Patient Name-Printed

____________________________________
Date