

SKIN CANCER TREATMENTS

At Water's Edge Dermatology, we believe you should have a choice when it comes to treating your skin cancer. Whereas most dermatology practices only offer surgical options, Water's Edge Dermatology is different. We offer our patients the choice between the standard surgical options and a non-surgical option with electron beam therapy.

It is important to know that most skin cancers can be treated with surgery and electron beam therapy is also often an option. Both options come with advantages and disadvantages. After receiving your biopsy results, your Water's Edge provider will recommend the best treatment options for your specific type of skin cancer, and then you can confidently decide which treatment option is best for you. During this process, your Water's Edge team is available at any time to discuss the advantages and disadvantages of each option with you and answer any questions you may have.

Below are the most common skin cancer treatment options available to you at Water's Edge Dermatology.

WHAT HAPPENS IF MY BIOPSY REVEALS A SKIN CANCER?

At Water's Edge Dermatology, we perform thousands of biopsies each month. If you are diagnosed with a carcinoma or melanoma, you can feel confident that you are in good hands at Water's Edge Dermatology. ***Our highly skilled skin cancer experts treat skin cancer patients every day in our offices – and with resounding success rates.*** We are one of the few dermatology practices that offer a variety of treatment options for our patients.

CURETTING & ELECTRODESICCATION

This procedure involves removing cancerous skin through scraping & cauterization. The resulting wounds can take 4-6 weeks to heal.

EXCISION

This is an in-office surgical procedure where the skin cancer is removed from the patient using local anesthetic. The cancerous tissue is then sent to a lab where a pathologist examines it to ensure there are clear margins.

MOHS SURGERY

Named after Dr. Frederic Mohs, this surgical technique is used to treat basal cell carcinoma and squamous cell carcinoma by completely removing the tumor. Mohs surgery is most commonly used for people who have skin cancer on high-risk locations (the face, neck or hands), recurrent cancer at any site, a predisposition to multiple skin cancers or rapidly growing or large tumors.

During Mohs surgery, layers of cancer-containing skin are progressively removed, immediately frozen and then examined by a surgeon under a microscope until all the cancer is gone. Once the cancer is removed, the area is repaired with stitches by the provider or a plastic surgeon, depending on the depth and shape of the wound. This process typically takes 2-4 hours. Mohs surgery is performed under local anesthetic, adding to the safety of this procedure.

Mohs surgery offers among the highest cancer cure rate while minimizing removal of the surrounding healthy tissue. It has been cited that the cure rate for Mohs surgery is between 97% - 99% for basal cell carcinoma, with a lower cure rate for squamous cell carcinoma.

ELECTRON BEAM THERAPY

Electron beam therapy is a state-of-the-art type of superficial radiation therapy. It is a non-surgical, non-invasive, pain-free treatment option that is highly effective at treating many types of skin cancer while providing excellent cosmetic results. Previously only available at major cancer centers and hospitals, Water's Edge Dermatology is one of the only dermatology practices in Florida offering this state-of-the-art skin cancer treatment.

This technique uses a finely tailored electron particle beam to selectively destroy cancer cells, "melting away" the cancer and sparing normal tissues. It does not use penetrating radiation and is very different from the type of radiation therapy used to treat other cancers, such as breast, lung and prostate. Treatment is delivered in a series of gentle, two-minute sessions five days a week for a course of 3-6 weeks. The total length of treatment depends on several factors including cancer type, location and medical history. During the course of treatment, there are no limitations on daily activities. You can continue normal activities such as work, exercise, swimming, etc. throughout your treatment.

This non-surgical option is ideal for cancers located on the face, scalp, extremities or any location on the body where surgery might be challenging or where the cosmetic outcome is a consideration. Additionally, radiation therapy may be a safer alternative to surgery for some patients. Like other common skin cancer treatments, electron beam therapy is generally covered by insurance.

WATER'S EDGE DERMATOLOGY

Founded in 1998 by Dr. Ted Schiff, Water's Edge Dermatology offers comprehensive medical, surgical, and cosmetic dermatology, and vein services with an incomparable patient-first focus in multiple markets in Florida and growing throughout the southeast. Our licensed physicians and advanced medical practitioners are experts in diagnosing and treating skin diseases, acne, sun damage, skin cancer, and vein health issues. We also provide advanced cosmetic and reconstructive plastic surgery and aesthetic procedures. Water's Edge employs more than 500 dedicated physicians, medical and administrative support staff.

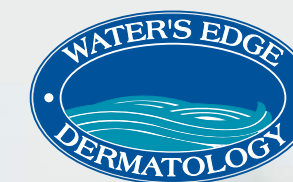


Call us to make your appointment today:
(877) 544-3880

For more information, visit: wederm.com

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PROCEDURES, Wound Care Instructions & TREATMENT OPTIONS



TYPES OF PROCEDURES

BIOPSY:

A skin biopsy is the removal of a small sample of skin that is sent to a pathologist who makes a diagnosis. At Water's Edge Dermatology, our providers review the pathology findings and determine the best treatment plan for you.

CRYOSURGERY (Liquid Nitrogen):

Cryosurgery involves freezing skin lesions with liquid nitrogen. Following this procedure, you may experience pain or a burning feeling that may last up to 24 hours.

- If a blister forms in the area treated, allow it to drain but do not peel the blister off. This is your body's way of creating a natural barrier for your skin as it heals. Instead, cover the area with a band-aid.
- If a blister does not develop, then leave the area uncovered. A scab may form over the next week. If that happens, keep the area moist with petrolatum ointment (Vaseline or Aquaphor) until the scab falls off on its own.

CURETTING & ELECTRODESICCATION:

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After Procedure Instructions

- **Do not get the dressing wet** for 24 hours following your procedure.
- After 24 hours, you may shower and bathe as normal.
- **Do not swim in pools or use hot tubs** until the wound has healed completely.
- **Do not smoke.** Smoking slows wound healing,

increases the risk of infection and results in a more prominent scar.

- Use broad-spectrum sunscreen with Zinc or Titanium Dioxide with at least a SPF 30 or higher after the wound has healed.

WHAT TO EXPECT

After undergoing a biopsy procedure at a Water's Edge Dermatology office, your tissue sample is examined by a dermatopathologist, who makes a diagnosis. Once the diagnosis is determined, the results are shared with your Water's Edge provider who reviews and prepares a treatment recommendation. A member of our staff then contacts you to review the results and treatment options recommended by your provider. This process can take up to two weeks.

Questions about your biopsy results?

Call our Pathology Team at (561) 612-0598

COMMON BIOPSY RESULTS



Actinic Keratosis



Basal Cell Carcinoma



Squamous Cell Carcinoma



Malignant Melanoma

WOUND CARE INSTRUCTIONS

Follow instructions below for 10-14 days following your procedure.

1. Leave the original dressing in place for 24 hours. DO NOT get the dressing wet.
2. After 24 hours, wash your hands and remove the dressing.
3. Gently cleanse the wound using one of the following:
 - a. Soap and water
 - b. Saline
 - c. A mixture of half water, half hydrogen peroxide
4. After cleansing the wound, pat dry with a clean gauze, cotton pad or soft clean washcloth.
5. Apply a thin amount of ointment (Vaseline or Aquaphor) or prescription antibiotic ointment given by your provider using a clean Q-tip. DO NOT apply Polysporin, Neosporin or Bacitracin.
6. Cover the wound with a non-stick bandage (such as telfa) and secure with paper tape. For small areas, you may use a band-aid, but make sure the sticky part of the band-aid does not touch the wound.
7. Change your wound dressing at least once a day, following steps 2-6 above. You may need to change the dressing twice a day depending on the amount of drainage. This is most often the case for leg wounds, as they drain more than wounds anywhere else on the body.
8. Continue these wound care steps until the wound is completely healed.

Wound Appearance & Pain

- There may be drainage from the wound following the procedure. This should stop

after a few days. The drainage may be clear, pink, green or yellow in color, which is normal.

- If you are experiencing pain, take extra strength Tylenol (acetaminophen 500mg) as needed (unless you are allergic, have liver disease or a provider has previously instructed you to not take acetaminophen).
- Remember, if you are on pain medications, please consult your provider.
- If pain is not relieved with extra strength Tylenol, call the office.

When Should I Call the Office?

- Fever of 101 degrees or higher
- Bleeding not controlled by direct pressure
- Pain that increases each day or is not relieved by Tylenol (acetaminophen)
- Rapid or increasing swelling, heat and pain around the wound
- Increased or expanding redness and warmth around the wound
- Thick, yellow drainage from the wound (sometimes also accompanied by an odor)

Should you experience any of the symptoms above, call the office where you had the procedure. If it is after office hours, our on-call service will contact the Water's Edge Dermatology provider on-call.

If you are unable to reach Water's Edge and have an urgent concern about your surgical site or wound, please call 911 or go to the emergency room.

BIOPSY RESULTS

Below are common biopsy results.

Actinic Keratosis

This is a "pre-cancer" and is usually treated with liquid nitrogen (freezing) or topical (on the skin) medications.

Basal Cell Carcinoma

The most common skin cancer diagnosed in the US. **It is very curable and rarely spreads** (metastasizes). Treatments for basal cell carcinoma include: curetting and electrodesiccation, excision, Mohs surgery or radiation therapy. Occasionally, very superficial and small basal cell carcinomas can be treated with liquid nitrogen (freezing) or topical medication.

Squamous Cell Carcinoma

The second most common skin cancer. **Generally, it is very curable and has a low risk of spreading** (metastasizing) if small and flat. Treatments for squamous cell carcinoma include: curetting and electrodesiccation, excision, Mohs surgery or radiation therapy. Occasionally, very superficial squamous cell carcinomas can be treated with liquid nitrogen (freezing) or topical medication.

Malignant Melanoma

This type of cancer is less common than basal cell carcinoma and squamous cell carcinoma and must be treated aggressively. **Melanoma requires immediate attention because it is an aggressive cancer** that can spread (metastasize) to local lymph nodes or beyond. Treatment of melanoma is typically managed by excision. Thankfully, many melanomas are detected at a very early stage during annual skin checks performed by our highly skilled skin experts.