

Mr Maurice Brygel

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PATIENT INFORMATION FOR PROCEDURES

Many operations can be safely carried out in the office under local anaesthetic. This is more convenient, less expensive and simpler. The alternative is to have the procedure done in hospital with or without sedation.

In the office sterile instruments and sutures are provided. There is a very low infection rate – probably less than in hospital.

The injection of local anaesthetic may sting, but most people are able to tolerate this well. The procedure is usually not painful and the only sensation you experience at the site of surgery is light touch. Occasionally in an infected area it is more difficult to fully anaesthetise the region but this will be explained.

There is a small chance that you can have a temporary reaction to the local anaesthetic or adrenaline during or after the procedure – such as feeling faint or even fainting. You should not drive for half to one hour after any procedure and if you have a history of fainting then you should be driven or accompanied. You should notify us if this is the case.

Sutures are used to close most wounds. The sutures are usually removed between four to twelve days later depending upon the site of the procedure and the type of procedure. For example, on the face sutures are usually removed in four to seven days, and on the back between ten to fourteen days.

Following the procedure you will be given an appointment to have the dressing changed and possibly a few of the sutures removed earlier. A balance is made between having the wound heal fully and avoiding stitch marks.

A dressing is usually used, and this is waterproof – but should still be kept dry if possible for a couple of days. If the dressing becomes soggy it can usually be changed – or if there is a problem please ring the office and the dressing can be changed by myself or the nursing staff.

Each area of the body has different features – tendency to scarring. The cuts are usually placed in skin creases to minimize the scarring. However, occasionally in some regions the scar can stretch, thicken, become red and uncomfortable – that is a keloid scar. This may persist and may be difficult to eradicate. It can be treated with creams and Cortisone injections. A rare complication is painful scar due to irritation of the underlying nerves.

These days some patients are on multiple medications such as Aspirin or other blood thinning medications such as Warfarin. **You must inform me regarding this** and a decision will be made as to whether these medications need to be stopped or adjusted.

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You may have a condition, which needs antibiotics – such as a heart valve replacement or a heart murmur.

For other patients antibiotics are used only occasionally. There is always a risk of side effects such as allergies – to Penicillin or Amoxil. The allergy causes a rash, itching and swelling. The antibiotics will need to be stopped and Cortisone may be used to reduce the symptoms.

Wound infection is usually signified by increasing pain, redness and swelling with possibly a fever. The wound needs to be checked. Some sutures may need to be removed and antibiotics given. A small abscess may need to be drained at times.

Bleeding from the wound may occasionally occur following the procedure. Occasionally the wound continues to bleed following the procedure. Pressure usually stops this, but please report the bleeding if it appears excessive.

Pain is usually only minimal on the day of the procedure but painkillers may be required. If the pain is increasing excessively by the next day please notify the office.

Excessive pain may be due to tight suturing, infection or bleeding under the wound. Rarely the edge of the skin may die and healing is delayed.

During the course of the healing and dressings, you may notice itch, swelling and redness around the wound. This may be due to sensitivity to the dressing. The dressing in this case is usually removed and a different type of dressing used. Itching itself is quite common and is often just part of the healing process rather than an allergy or infection.

The **wound** rarely can separate – the stitches bursting or the wound parting after the sutures are removed. The office should be notified but there is no need to panic. It may be signified by bleeding. The wound will be inspected and usually will heal with just regular dressings. The wound may need resuturing depending upon the circumstances.

If you have any specific query or concern regarding the nature of the procedure or possible complications these should be mentioned.

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PATHOLOGY

Pathological examination is carried out on all specimens. The result will not be available for three or four days. You will be informed of the result on your return for a change of dressing. If you are unsure about the result please ask again.

Your General Practitioner will also receive a copy of this pathology report and I am happy for you to keep a copy for your own records.

The procedures, which Mr Brygel can perform in the office include:

- a) Removal of skin lesions, cancers, cysts, lipomas and drainage of an abscess.
- b) Certain haemorrhoid type of procedures.
- c) Ingrowing toenails – wedge resection.

It is often not possible to plan the procedure to be carried out at the time of your first visit.

PRIVACY STATEMENT

This practice complies with all Privacy Legislation and commits to ensuring all medical information is treated strictly confidentially.

ACCOUNT

There is a first consultation fee, which is only partially covered by Medicare. The out of pocket expense for this varies depending upon the circumstances.

There is also an out of pocket fee for the surgical procedure. This varies depending on the variety of factors such as complexity, time, and after care. You will be informed of these fees prior to the procedure. The fee usually includes all the post operative visits and dressings.