

# Mass Excision Consent

The nature and purpose of the procedure is to remove a mass under the skin of the head, neck, and/or face. This procedure can be performed under general anesthesia or local anesthesia depending on mass location, size, and proximity to nerves or major blood vessels.

## Understanding the Risks and Benefits

I understand the goal of this surgery is to remove a mass under the skin for cosmetic or diagnostic purposes. I also understand that:

- Surgery has **no guaranteed outcome**.
- **Risks** may include for pain/discomfort, infection, bleeding, reaction to local anesthesia, scar, regrowth of mass, and need for additional procedures.
- Rare but serious risks include major complications or even death.

## Alternatives to Surgery

I understand that I have options, including:

- No treatment
- Continued medical therapy

Each has its own risks and benefits, which have been discussed with me.

## Patient Acknowledgment

I've had the chance to ask questions, and all answers were clear. By signing, I agree to have the procedure done and understand everything explained above.

## Post-Operative Instructions

Following these instructions will help your healing process and reduce the chance of complications:

### What to Expect After Surgery

- **Bruising and Swelling:** It is normal to have bruising and swelling after surgery

### When to Call the Office or Visit the ER

- Severe bruising or swelling
- Severe pain that is not controlled by prescribed medication
- Severe bleeding
- Fevers above 100.3 degrees

### Wound Care

- **Antibiotic ointment:** Apply 2-3 times daily to the incision
- **Keep clean and dry:** Use mild soap and water if advised
- **Dressings:** Change as directed and keep covered
- **No picking or scratching:** Prevents infection and scarring

### Activity Restrictions

- **Rest:** No heavy lifting (over 20 lbs), vigorous exercise, or bending for 2 weeks
- **No driving** if taking narcotic pain meds

### Medications

- **Prescription pain meds:** Take only as needed.
  - If pain is tolerable, take **Tylenol** instead of the prescription. Follow the Tylenol bottle to dose.
- **Antibiotics:** Take as prescribed and finish the full course.
- **Other medications:** Follow instructions carefully.

### Avoid Smoking & Alcohol

- **No smoking:** Slows healing and increases risks
- **Avoid alcohol:** For at least 2 weeks, as it interferes with healing and medications

### Scar Care

- **Scar treatments:** You may be advised to use silicone sheets, scar creams, or ointments once the incision has healed
- **Massage:** Gentle massage can reduce scar tissue buildup
- **Sun protection:** Keep the area covered or use sunscreen to prevent darkening of the scar

\_\_\_\_\_: Patient Initials

**Kevin Caceres, MD**

1615 Pasadena Ave South Suite 220 Saint Petersburg, Florida 33707

Phone (727) 870-3223 Fax (727) 870-4223

This is a doctor's office regulated pursuant to the rules of the Board of Medicine as set forth in Rule Chapter 64BB, F.A.C

Patient Name:

DOB:

MRN:

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## Follow-Up Appointments

- **Attend all appointments** with Dr. Caceres to monitor healing
- **Report any unusual symptoms:** Redness, warmth, drainage, or worsening pain

## Additional Tips

- Use **ice packs** as directed to reduce swelling.
- Keep your head elevated if recommended.
- Wear loose, comfortable clothing.

## Patient Acknowledgment

By signing below, I confirm that:

- I have read or had this form explained to me
- I understand the risks, benefits, and alternatives
- I agree to follow all post-operative instructions
- I consent to the procedure by Dr. Caceres and his team

\_\_\_\_\_  
Patient / Agent / Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Signed

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