Explanation of the Fee Schedule
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EXAMINATIONS

Full Skin Check / Detailed Dermoscopic Examination

This examination is to methodically examine all of the patient's skin. It involves using a dermatoscope to examine all skin lesions that are >3mm, plus any outliers lesions that are smaller. Dermoscopic imaging for suspect skin lesions is included and integral to the examinations. For women, because I am solo and don't have a medical assistant, I do not routinely perform an examination of the genitals. But if the patient has a specific concern, I will examine the genitals with my receptionist as a chaperone. For most patients the Standard level of visit is sufficient. For patients with substantial sun damage and many skin lesions, at my discretion, extra time will be scheduled for a Complex or Very Complex examination.

Skin Lesion Check

This office visit is for patients who have a concern about a particular spot on their skin. I will examine it and take a dermoscopic image then explain to the patient what it is and whether or not it is benign or suspicious for cancer and needs a biopsy, or is questionable and may need to be monitored or biopsied. If the patient has several, (up to three) spots of concern, I will examine, but not necessarily image all of them.

Intake Patient Screening/Rapid Melanoma Screening

This examination is performed mostly with the naked eye or a magnifier. I will use the dermatoscope only to further examine lesions that appear suspicious. This examination will be used to triage new patients. I will screen patients with these exams to determine if they are high enough risk to warrant the type of service that I provide.

ATBM (Automated Total Body Mole Mapping)

This service I generally only offer to patients with many moles (nevi) who are young enough to have few if any age spots (lentigines, seborrheic keratoses, hemangiomas) and are high risk for melanoma. ATBM is done with a machine that has an ultra-high definition camera using cross polarized lighting. The camera moves on a robotic track to obtain a standard, repeatable set of images and covers most of the skin. Over time, by repeating these images, the computer aides in detecting new or changing lesions on the patient's skin. While this technology does not replace my performing a detailed dermoscopic examination, it is a tool that helps to detect skin cancer, especially melanoma.

PROCEDURES

Cryosurgery (freezing skin lesions)

This is a simple procedure typically using liquid nitrogen spray applied to the skin to destroy various skin lesions. The freezing is so rapid, three to fifteen seconds, that local anesthetic is rarely needed. The exception is topical anesthesia for treatment of the lips. The treatment causes mild immediate pain. The area becomes red and slightly swollen. Within about a week the epidermis of the treated area peels similar to what occurs with a sunburn. Wound care is simple. Blistering is common but complications such as infection or scarring are uncommon. The typical lesions treated with this technique are:

Actinic keratoses, (sun damaged pre-cancerous lesions)
Seborrheic keratoses, “age spots” or “barnacles” that can become inflamed or irritated
Warts (verrucae), Skin tags (acrochordons), and various other benign lesions.

Shave Biopsy

This is the simplest type of skin biopsy. The suspicious lesion is marked with ink including a narrow margin, 1-2 mm, of normal skin surrounding the lesion. An injection of local anesthetic is administered. Once the area is numb, a flexible surgical blade is used to shave or "scoop" the marked area off. These biopsies are generally shallow, 1-2mm, and typically do not go all the way through the skin. Post operative pain is usually minimal and complications such as infection are very low.

The wound generally scabs over within a week or two and then the scab falls off within a couple more weeks. Some areas, especially below the knee, can take much longer to heal. Once the scab falls off, the wound will be pink or red for months. Within a year the pink/red area becomes a white scar. The scar is typically as big or a little bigger that the spot which was removed.

A shave biopsy is generally useful only to diagnose a skin lesion. Definitive surgery is usually required to adequately treat a skin cancer.

Destruction of a lesion (curettage and desiccation , "CE")

This procedure is the simplest surgery for treating most basal cell carcinoma (BCC), squamous cell carcinoma in situ (SCCis), and many benign lesions. I often recommend performing this immediately after a shave biopsy while the skin is still numb for lesions that are suspicious for BCC, SCC, or benign lesions to prevent re-growth.

CE is performed using a round, sharp surgical steel tool called a curette to lightly scrape the surface of the skin to remove any skin with abnormal texture. It is a procedure done by feel wherein normal skin has a tougher, leathery texture whereas BCC or SCC tend to have a more fragile texture. Once all of the abnormal textured skin is lightly scraped off, and electrified needle is used to perform the desiccation which stops any bleeding. These steps are generally repeated once or twice until any abnormal tissue is destroyed.

Wounds from this procedure generally heal the same as with a shave biopsy but may take longer to heal because the wound may be deeper than of a shave biopsy. Ultimately the patient will have a smooth white scar at the site of the procedure.

Punch Biopsies

A punch biopsy is generally preferred for anything that could be a small melanoma, and for skin lesions on the face or anywhere that the least noticeable scar is desired.

A punch biopsy is actually a type of excision. After local anesthesia, an excision is performed by cutting all the way through the skin. The punch tool makes a circular hole through the skin. The resulting plug is snipped free from the subcutaneous fat and sent for pathological analysis. Any bleeding is controlled. Then the site can either be left open to heal by secondary intention, or it can be sutured closed. There are advantages and disadvantages to each. The choice depends on the size and location of the punch. A sutured wound creates a linear scar which, if it heals well, becomes a thin whitish line over time. Wounds with sutures carry a higher risk of infection compared to open wounds. Other complications include wound dehiscence (opening of the wound after the sutures are removed), bleeding, slow healing, and nerve damage.

Excision

A traditional excision is performed using a scalpel. After a local anesthetic, a scalpel is used to cut through the skin creating a spindle shaped (football shaped) patch of skin. The skin patch, and sometimes the fat below the skin as well are removed and sent for pathological analysis. Once any bleeding is controlled, the spindle shaped defect is pulled together and closed generally using both internal (dissolving) and external (need to be removed) sutures. The possible complications are the same as with a punch biopsy but increase depending on the size and location of the wound.

Excisions are performed either as a biopsy, to determine if something is cancer especially if it is suspicious for melanoma, or more commonly to treat a skin cancer that has already been biopsied. As with punch biopsies that are sutured, excisions with sutures, when they heal properly, generally result in a thin, whitish scar.