

Facility & Staff

Our facility is specifically designed for the treatment of skin cancer. The Skin Surgery Center of Virginia conforms to and is approved by the State of Virginia, Medicare and Joint Commission standards in design, policies and procedures, fire protection, safety and handicap accessibility. These standards are considered to be the highest and ensure the safest surgical environment, while performing surgery in a comfortable, cost-effective, outpatient setting. Our procedure and exam rooms have state-of-the-art lighting for better detection of skin cancer and visualization of the cancer's outer margins.

We take great pride in our staff's training and capabilities. The team consists of the physicians, nurse practitioner, registered nurses, licensed practical nurses, medical assistants, and patient care coordinators.

Insurance & Referrals

We participate with most insurance plans and will submit all claims to your insurance company. Fees for expenses not covered (cosmetic procedures, co-pays, deductibles, co-insurance, some office visits) will be collected at time of service. We accept cash, check or credit cards.

Please check with your insurance company before surgery about pre-authorization, out of pocket expenses or if a referral is required. Your surgery is an outpatient procedure performed in our Ambulatory Surgery Center. **You/your insurance company could receive up to three separate bills from the physician(s) and the Ambulatory Surgery Center when utilized.**

Our goal is to provide care to patients, regardless of financial status. If you have difficulties paying or understanding your bill, please contact our billing office at 804.282.4940.

Melanoma FAQs

What is melanoma? It's the most serious form of skin cancer and originates from melanocytes, the cells which produce the pigment melanin that colors our skin, hair and eyes. The majority of melanomas are black or brown, but can be skin colored or pink.

What causes melanoma? Sunlight is the main environmental agent. Research shows other risk factors include dysplastic moles, more than 50 ordinary moles, fair skin, freckling, personal or family history of melanoma or other skin cancers, weakened immune system (organ transplant or HIV), history of severe/blistering sunburns, excessive sun exposure or tanning bed use. Still, many get this disease with no known risk factors.

Why should melanoma be treated? Melanomas are curable if recognized and treated early. If left untreated, the cancer can advance and spread to other parts of the body, where it becomes hard to treat and can be fatal.

What treatments are used for melanoma? Surgical removal offers the best chance for a cure. For melanomas thicker than 1.0mm, lymph nodes near the tumor may be removed because cancer can spread through the lymphatic system. If the pathologist finds cancer cells in the lymph nodes, it may mean the disease has already spread to other parts of the body. Sentinel lymph node biopsies have not shown any overall survival benefit. It does provide more information about your prognosis. Therapy may be given after surgery to kill cancer cells that remain in the body. This treatment is called adjuvant biological therapy. If the tumor has spread to other parts of the body, other methods such as chemotherapy, biological therapy, radiation therapy, or a combination of these methods may be used.

How can I protect myself in the future? A previous melanoma puts you at an increased risk for developing future melanomas. Early detection is critical. Studies show that people who perform skin self-exams have thinner, less advanced melanomas. Early detection can reduce mortality by as much as 63%. Regular full body skin exams by your physician are essential. You should minimize sun exposure and avoid tanning beds—studies show a 75% increase in melanoma risk when indoor tanning began before age 30.



Slow Mohs Surgery

Appointment Date

Appointment Time

Appointment Date

Appointment Time

Important Reminders

You **MUST** be able to identify your biopsy site.

Make arrangements for someone to drive you.

Do not plan surgery around an important engagement.

Do not travel outside of the area for 2 weeks after surgery.

Plan to return 2 days to 1 week for additional surgery, if needed.

Continue all medications prescribed by your doctor except narcotics and benzodiazepines.

Fee charged for cancellations within 48 business hours of appointment.

Verify medical insurance coverage and the need for a referral, pre-authorization, co-pay and deductibles.

Tassia C. Kostopoulos, MD, FAAD

*Board Certified Dermatologist
Fellowship Trained Mohs Surgeon*

Gaskins Professional Office Park
2510 Gaskins Road · Henrico, VA 23238

804.282.4940

www.mohsvirginia.com

Tassia C. Kostopoulos, M.D.

Dr. Kostopoulos is a board certified dermatologist and Mohs surgeon offering the latest techniques to diagnose and treat conditions of the skin, hair and nails for patients of all ages.



She graduated Cum Laude from the University of Florida, where she obtained her Bachelor of Science in Nutritional Science. She received a Masters degree in Biomedical Science from Florida Atlantic University in Boca Raton. In 2009, she moved to Richmond to attend the Virginia Commonwealth University School of Medicine, where she graduated as a Dean's Merit Scholarship Recipient. She completed both her internship in Internal Medicine and residency in Dermatology with the VCU Health System. She served as Chief Resident in her final year and contributed to numerous dermatology publications.

Following her residency, Dr. Kostopoulos completed an additional year of specialized training in the competitive fellowship of Mohs Micrographic Surgery and Dermatologic Oncology under her esteemed mentors, Algin Garrett, MD and Christine Rausch, MD. She mastered the technical intricacies of Mohs micrographic surgery and its sequential dermatopathology, advanced reconstructive surgery and multidisciplinary approaches to late-stage cutaneous malignancies and cosmetic dermatology. By virtue of her rigorous fellowship, she possesses the skills necessary to perform Mohs micrographic surgery and reconstruction at all levels of complexity.

Dr. Kostopoulos is board certified by the American Board of Dermatology, an active member of the American Academy of Dermatology and an Associate of the American College of Mohs Surgeons. She holds national memberships with the American Society for Dermatologic Surgery and the Women's Dermatologic Society, and a local membership with the Richmond Dermatological Society. She is a licensed physician in the Commonwealth of Virginia and speaks fluent Spanish.



Slow Mohs Surgery

What is Slow Mohs surgery? It's a staged surgical excision used to precisely remove skin cancer while trying to save as much normal skin around it. The tissue is processed in the Mohs method to allow the pathologist to examine 100% of the margins and allow the surgeon to "trace" the roots. Unlike classic Mohs, which is processed the same day, skin cancers like melanoma have to be sent to an off-site lab for processing. The pathology result typically returns 1 to 2 days later. If the margins are positive, another sample of tissue in the affected area will be removed and the process will be repeated until the margins are clear. You'll return to the office for the results, more tissue sampling (if needed) and reconstructive surgery with Dr. Kostopoulos.

Why do I need a large margin of normal tissue to be taken around the melanoma? The tumor and some normal tissue around it (margin) will be removed surgically. This procedure reduces the chance that cancer cells will be left in the area. The width and depth of surrounding skin that needs to be removed depends on the thickness of the melanoma and how deeply it has invaded the skin. The margin typically is 0.5cm to 1cm circumferentially around the tumor. The size of the excision margin is important because wider margins are correlated with improved rates of survival, however can lead to a higher complexity reconstruction and potential adverse effects from a more extensive surgery. Slow Mohs can limit the margin in some instances where the tumor is in a critical location. With slow Mohs, the roots of the tumor can be tracked to increase the chance of clearance.

We're pleased you have chosen our office for your surgical care. It's essential that our patients are well informed, relaxed, happy and above all, feel confident in our care. This brochure will help you understand how our facility works, answer questions and prepare you for surgery. Please feel free to ask any other questions regarding your medical care, fees, insurance, or office policies. We also welcome any suggestions that will help to improve the care you receive.

Day of Surgery

Please arrive at our office at the specific time assigned to you. This is a surgery appointment and different than a regular office visit. Your actual surgery time will be **roughly one hour after you arrive**. The physician needs to thoroughly review your case and your surgical suite needs to be prepped.

Surgery is usually scheduled later in the afternoon. Our staff will escort you into an exam room where Dr. Kostopoulos will discuss your case with you and further explain the procedure. A local anesthetic is injected into the skin to numb the area to be treated. Once the area is numb, the cancer is removed as well as a layer of tissue around the cancer. The procedure takes about 15 minutes. A pressure dressing is applied to the area where the cancer was removed. You'll be sent home with an open wound. Verbal and written wound care instructions will be given to you after surgery.

Preparing for Your Surgery

Pre-operative Consultation: Consultations with Dr. Kostopoulos are done the day of surgery but can be arranged prior to surgery if desired. If you're uncertain about surgery because you are considering another form of treatment or no treatment at all, please call **before** your scheduled surgery date to avoid a cancellation fee.

Biopsy Site Identification: Smaller cancers are difficult to identify. You **must** be able to identify your biopsy site the day of surgery. It's helpful if you take a photo of your biopsy site before it heals. Be sure to bring the photo with you the day of your surgery or email it to info@mohsvirginia.com.

Medications: Continue all medications, except narcotics and benzodiazepines, prescribed by your doctor, including blood thinners, aspirin, Coumadin, Plavix, Vitamin E and blood pressure medications. Studies show discontinuation of prescribed medications, even

for short periods, can put one at risk for life threatening events, such as heart attack and stroke.

Do NOT take any benzodiazepines- Diazepam (Valium), Lorazepam (Ativan), Alprazolam (Xanax), Clonazepam (Klonopin), Temazepam (Restoril), Chlordiazepoxide (Librium), Clorazepate (Tranxene), Oxazepam (Serax), or narcotics- Codeine, Fentanyl, Hydrocodone, Lortab, Norco, Vicodin, Hydromorphone (Dilaudid), Demerol, Methadone, Morphine, Oxycodone, OxyContin, or Percocet the day of your surgery. Identification of the site and signing of the consent form need to be done PRIOR to taking any of these medications. Bring your medication with you the day of surgery, and it can be taken after signing the consent. If any of these medications are taken prior to signing the consent, surgery will be canceled and a cancellation fee will apply.

Food and Drink: Since surgery is performed under local anesthesia, you may eat and drink that day.

Alcohol promotes bleeding. We ask you to avoid alcoholic beverages 48 hours before and after surgery.

Smoking can affect healing by diminishing blood supply at surgery site. Discontinue smoking 2 days before surgery and for 1 week after surgery. If you can't discontinue entirely, cut back to less than 1 pack a day.

Transportation: Make arrangements for someone to drive you the day of surgery. Patients given medicine to relieve anxiety will not be allowed to drive themselves home.

Attire: Please wear comfortable, older clothes, avoid make-up, perfume and jewelry. If surgery is on an area covered by clothing, wear something easy to remove.

Cancellations: If you must cancel surgery, please cancel 48 business hours before your surgery date. Less than 48 business hours notice will result in a cancellation fee.

After Surgery

Please do not travel outside the area for 1 week so that any

post-operative issues can be addressed. If you have any problems at home after surgery, please do not hesitate to call our office. Verbal and written instructions for wound care will be given to you at the end of your day.

Will I have pain and bruising after surgery? The surgical site may be sore for several days. Tylenol and Ibuprofen are usually adequate for relief. Bruising and swelling are common and may not peak until 48 hours after surgery. Do not plan surgery around an event where your physical appearance is important as you'll be wearing a bandage for a week in most cases.

Will I be able to return to work or be able to drive? If you're given medications during surgery, you will not be allowed to drive yourself home. Returning to work or driving will depend on the size and location of your cancer/abnormal lesion and your occupation. Please bring all FMLA paperwork with you the day of surgery. In most cases, time off work will not be granted after surgery. Specific restrictions will be discussed the day of surgery. If you would like to discuss this prior to surgery so arrangements can be made ahead of time, a consult is required.

Can I exercise after surgery? Activities, including exercise or heavy lifting, will be restricted until stitches are removed. The more activity you participate in, the more likely you may bleed from the surgery site.

Will the surgery leave a scar? Whenever surgery is performed, there will be a scar. Dr. Rausch is trained in advanced reconstruction and fine suturing techniques to optimize the cosmetic outcome.

Will I need to come back? Suture removal and wound evaluation are usually performed one week after reconstructive surgery, which will not be done until the pathologist determines that all of the cancer is removed. In some cases, visits may be needed over the next several weeks to months. Periodic visits at least once a year to your referring physician are advisable to monitor for skin cancers or signs of recurrence.