



INNOVATIVE
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Radiation Referral Coordination

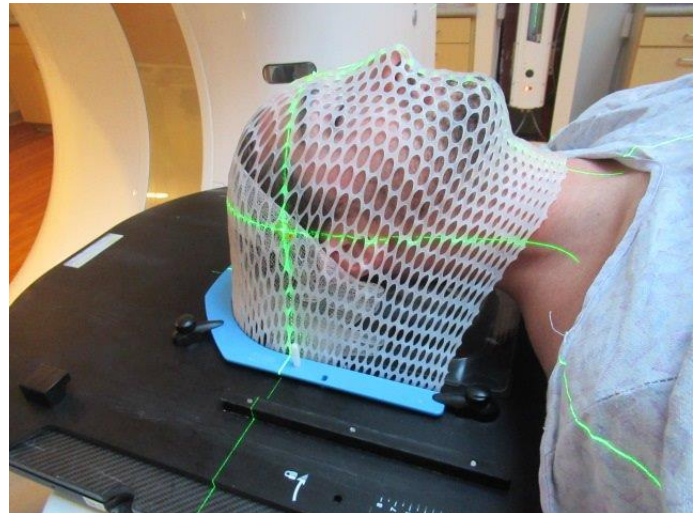
What is Radiation Referral Coordination?

Sometimes, radiation therapy is recommended as part of skin cancer care—most often when:

- a tumor is in a location where surgery may not be the best option,
- additional treatment is advised after surgery, or
- a patient has medical factors that make surgery difficult.

Radiation Referral Coordination means our dermatology team helps you move smoothly from diagnosis to a radiation oncology consultation by:

- sending the right records and pathology,
- sharing clinical photos and treatment history,
- coordinating timelines and follow-up, and
- staying involved in your skin surveillance during and after treatment.



What to Expect

Step 1: Dermatology Evaluation & Diagnosis

- Skin exam + discussion of treatment options
- Biopsy results reviewed (if applicable)
- We explain why a radiation consult may be appropriate

Step 2: Radiation Oncology Consultation

The radiation oncology team will:

- review your diagnosis and goals of treatment,
- examine the treatment area,
- discuss the expected schedule (often multiple short visits),
- explain possible side effects and skin care during treatment.

Step 3: Planning Visit

Some patients have a planning session to map the treatment area and ensure accurate positioning.

Step 4: Treatment Course

Treatments are typically brief, and your care team monitors skin response along the way.

Step 5: Dermatology Follow-Up

We continue your long-term plan with:

- skin cancer surveillance,
- scar/skin healing checks,
- prevention and sun-protection guidance.

Pre-Op Instructions (Before Your Radiation Consultation)

Please bring (or have available)

- Your **medication list** (including blood thinners and supplements)
- Any **previous skin cancer history** and prior treatment sites
- A list of questions/concerns (pain, cosmetic concerns, travel/scheduling)

Helpful prep tips

- Avoid heavy makeup, lotions, or concealers on the treatment area the day of the visit
- Wear comfortable clothing that allows easy access to the area being evaluated
- Tell us if you have:
 - a pacemaker/implanted device,
 - a history of poor wound healing,
 - significant anxiety/claustrophobia (we can help plan for comfort)

We will send the key items (pathology report, clinic note, and relevant photos) to the radiation team so you don't have to chase paperwork.

Post-Op Instructions (After Radiation Treatment)

Skin care basics (general guidance)

Your radiation team will give specific instructions. In general:

- Be gentle with the treated skin (mild cleanser, pat dry)
- Avoid rubbing/scratching the area
- Use only products approved by your care team on the treated skin
- Protect the area from sun exposure (hat/clothing; sunscreen only if/when approved)

What's commonly normal

- Redness or irritation in the treated area
- Dryness, sensitivity, or mild peeling
- Gradual improvement after treatment ends (timing varies)

Call the radiation team (or our office) if you notice

- worsening pain, blistering, or open skin
- drainage/pus, fever, or rapidly spreading redness
- swelling that is increasing instead of improving
- any new rapidly changing lesion near the treatment site

Dermatology follow-up

Even after successful radiation, regular skin exams remain important. We'll schedule:

- a post-treatment skin check,
- ongoing surveillance intervals based on your risk factors.

Radiation Referral Coordination FAQ

Why would I be referred for radiation instead of surgery?

Radiation may be considered based on the **type of skin cancer, location, size, recurrence risk, and your medical history**. The consultation is to confirm whether radiation is the best option for you.

Does a referral mean I definitely need radiation?

No. A referral means we want you to meet the radiation oncology team to review options and get expert recommendations.

What records do you send to the radiation oncologist?

Typically:

- pathology report (biopsy/excision results),
- dermatology clinic notes,
- procedure details (if you had surgery),
- relevant photos and diagrams of the site.

How long does radiation treatment take?

The schedule varies by diagnosis and location. Many plans involve **multiple short visits** over several weeks, but your radiation oncologist will review the exact timeline with you.

Can I continue my regular dermatology visits during radiation?

Usually yes. We often coordinate timing so your skin can be monitored appropriately.

Will radiation leave a scar?

Radiation can change the skin's texture and color over time. We'll help you understand expected healing and long-term skin care, and coordinate with the radiation team.

Can the same area get skin cancer again?

Any treated area should be monitored long-term. That's why we emphasize ongoing **full-body skin exams** and prevention strategies.

Who do I call if I have a problem during treatment?

For urgent treatment-site symptoms, call your **radiation oncology team first** (they manage day-to-day treatment effects). You can also contact our office—we'll coordinate with them as needed.

Avoid until cleared

- Swimming, hot tubs, baths (soaking)
- Picking the scab (can slow healing and increase scarring)
- Heavy friction over the site

Call us if you notice

- Increasing redness, warmth, swelling, pus, fever
 - Worsening pain after the first day
 - Bleeding that won't stop with pressure
 - Red streaking from the wound
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Will there be a scar?

ED&C usually leaves a **flat, round or oval scar** that may look lighter or slightly different in texture than surrounding skin. Over time, many scars fade and become less noticeable.

Where ED&C fits in our services

Category: 📁 **Skin Cancer & Precancerous Conditions and Mohs & Dermatologic Surgery**

ED&C is typically used for **select low-risk lesions**—your dermatologist will recommend the best option for complete removal and cosmetic outcome.

ED&C FAQ

Does ED&C hurt?

The area is numbed with local anesthetic. You may feel pressure or scraping, but you should not feel sharp pain during the procedure.

How long does ED&C take?

Often **10–20 minutes**, depending on the size and location, plus time for numbing and instructions.

Will I need stitches?

Usually **no**—ED&C typically heals without stitches.

How long does it take to heal?

Healing varies by location and size, but many sites heal over **several weeks**.

When is ED&C NOT a good option?

ED&C may not be recommended for deeper, higher-risk tumors, or for certain locations where margin control or cosmetic outcome is especially important. Your dermatologist will guide you based on your diagnosis.

What if the cancer comes back?

If a lesion recurs, additional treatment (often surgical excision or Mohs surgery) may be recommended depending on the site and pathology.

Can I exercise after ED&C?

Light activity is usually okay, but avoid strenuous exercise or stretching the area for the timeframe your clinician recommends—especially if the site is on the back, shoulders, or legs.

Is ED&C covered by insurance?

Often yes when performed for medically necessary treatment (such as skin cancer). Coverage varies by plan—our office can help you check benefits.