



Questions for the Surgeon

Surgeon

Are you board certified? Yes No

Are you a part of a cancer treatment team? Yes No

What is your experience with my type of cancer? _____

Are you involved in any research? Yes No

What is your interpretation of my pathology report? _____

What treatments do you recommend and why? *(Fill in the Treatment Options Worksheet on page 99.)*

How many times have you performed this surgery? _____

What are the success rates with this surgery? _____

What are the chances of removing all the cancer? _____

Will there be scars or disfigurements? Yes No

What complications are associated with surgery? _____

Will I require drain bulbs? Yes No *(If yes, please see pages 102 & 103)*

How will I care for my surgical site? _____

What should I know about pain management? _____

What is the length of the operation & hospital stay? _____

What is the recuperation time? _____

Will I need any additional tests? _____



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What will my follow-up care be like? _____

What kind of node biopsy will you perform? _____

What is my prognosis? _____

Do you recommend genetic testing for me? _____ Yes No

Are you involved in any clinical trials or research projects? _____ Yes No

Am I a good candidate for participating in a trial? _____ Yes No
(If Yes, see *Clinical Trials Questions* on page 68).

Who else do you recommend I contact and why? _____

Where do you recommend I be treated and why? _____

How soon do I have to make a decision? _____

May I speak with other patients of yours? _____ Yes No

Will my insurance cover the costs? _____ Yes No

If not, are there financial assistance programs to help cover the costs? Yes No

Where can I get more information? _____

What is the best way to communicate with you? _____

Additional questions/comments: _____

