SAMPLE POST-PROCEDURE ORAL MEDICINE FOLLOW-UP SOAP NOTE

2-WEEK BIOPSY FOLLOW-UP — SEVERE DYSPLASIA RESULT WITH DELAYED HEALING

1 PATIENT INFORMATION

1 PATIENT & PROCEDURE DETAILS

NAME
Denise M. Kowalczyk

DATE OF SERVICE
07/09/2026

DOB
05/02/1968

PROVIDER
Dr. Priya Raghunathan, DDS, MD — Oral Medicine

AGE / SEX
58 / Female

CREDENTIALS
DDS, MD, Diplomate ABOM

MRN / PATIENT ID
OM-68820g

VISIT TYPE
Post-Procedure Oral Medicine Follow-Up

ORIGINAL PROCEDURE DATE
06/25/2026 (14 days prior)

PROCEDURE PERFORMED
Incisional biopsy, right lateral tongue leukoplakia

PROCEDURE SITE / LATERALITY
Right lateral tongue, middle third

REFERRAL SOURCE
Original referral from Dr. F. Underwood (dentist); result-review & wound-check visit.

DENTAL / PRIMARY CARE PROVIDER
Dentist: Dr. Frances Underwood, DDS · PCP: Dr. G. Salib, MD

CC CHIEF COMPLAINT

2 REASON FOR FOLLOW-UP

> *'I came back to get my results and have the stitches checked. The spot still feels sore and a little raw — I don't think it's healing as fast as I expected.'*

Purpose: 14-day post-biopsy follow-up for **pathology review, suture check/removal, and wound assessment.** Two layered issues: (1) **pathology returned severe epithelial dysplasia / carcinoma in situ** requiring an excision pathway, and (2) the site shows **delayed healing with partial dehiscence and candidal superinfection** needing active management.

S SUBJECTIVE

3 POST-PROCEDURE RECOVERY HISTORY

3a INTERVAL HISTORY, SITE SYMPTOMS & HEALING

- **Interval history:** Immediate post-op was uneventful (minimal day-1 bleeding). Around day 5–6 the site became **more sore and 'raw,'** with a white coating and a bad taste; symptoms have plateaued rather than improved.
- **Site symptoms:** Persistent soreness (4/10), rawness, a foul taste, and a sense that a stitch 'came loose.' No significant bleeding since day 1; no numbness or tingling of the tongue.
- **Healing course: Slower than expected** — the wound looks open at one end (partial dehiscence) with a white pseudomembrane; consistent with delayed healing + candidal colonization.

3b PAIN, BLEEDING / INFECTION & FUNCTION

- **Pain & medications:** 4/10 average, worse with acidic/spicy foods and speaking; taking acetaminophen with partial relief; no opioids used.
- **Bleeding / infection:** No active bleeding; **foul taste and white plaque present**; **no fever, no spreading swelling, no purulent drainage**, no rapidly increasing pain — i.e., localized, not a deep-space infection.
- **Functional impact:** Eats a soft diet, avoids the right side; mild difficulty with prolonged speaking; sleep intact.

3c ADHERENCE, RESULTS & UPDATES

- **Care adherence:** Followed soft diet and saline rinses; **did not fully stop smoking** (cut down from 1 pack to ~1/2 pack/day) — relevant to delayed healing and dysplasia risk; used chlorhexidine intermittently.
- **Result discussion:** Pathology reviewed with the patient today (severe dysplasia/CIS). She is anxious but engaged; asked directly whether 'this is cancer' and about next steps.
- **Dental / medical updates:** No new medications or systemic illness; diabetes (below) is a healing factor; no anticoagulants.

3d PERTINENT NEGATIVES

Denies uncontrolled bleeding, rapidly increasing swelling, fever, purulent drainage, airway symptoms, dysphagia, odynophagia, severe trismus, progressive tongue numbness, facial weakness, or worsening systemic symptoms. No deep-space infection or airway concern.

ROS POST-PROCEDURE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

- **Site pain / tenderness / swelling:** POSITIVE — soreness 4/10, mild local tenderness; NO significant swelling
- **Numbness / tingling / sensory change:** NEGATIVE — tongue sensation intact
- **Fever / chills / systemic:** NEGATIVE
- **Medication side effects / wound concerns:** NEGATIVE for med effects; loose suture reported
- **Drainage / foul taste / infection:** POSITIVE — foul taste + white plaque (candidal); NO purulence or fever
- **Chewing / swallowing / speech:** POSITIVE — mild difficulty, soft diet, avoids right side
- **Delayed healing / dehiscence:** POSITIVE — partial dehiscence, slow epithelialization
- **Exposures:** Ongoing (reduced) smoking; no alcohol; diabetic (healing factor)

O OBJECTIVE

5 OBSERVED POST-PROCEDURE FINDINGS

V VITALS

TEMPERATURE
36.9°C — afebrile

BLOOD PRESSURE
132/80 mmHg

PAIN SCORE
4/10 at the right lateral tongue

WEIGHT / BMI
158 lbs / BMI 27.1 — stable

5a EXAMINATION

- **General:** Well-appearing, mildly anxious, cooperative; no distress; speaks and swallows without difficulty.
- **Extraoral:** Facial symmetry normal; **no submandibular/cervical lymphadenopathy**; no facial swelling or skin change; jaw ROM full; cranial nerves intact; no signs of spreading infection.
- **Intraoral — site:** Right lateral tongue, middle third: **biopsy site with partial dehiscence at the posterior end**; one 4-0 chromic suture partially loose, one intact and dissolving. **Fibrinous/pseudomembranous white plaque with a wipeable component** over granulation tissue; base pink-red with granulation, not indurated.
- **Intraoral — surrounding:** Mild peri-wound erythema, mild tenderness, **no induration, no fluctuance, no purulent drainage, no exposed bone.** Adjacent leukoplakic field still visible anterior to the biopsy site (the un-excised remainder of the original lesion). Scattered palatal candidal plaques. Fair oral hygiene; salivary pooling normal.

PS PROCEDURE SITE ASSESSMENT

6 PRECISE POST-PROCEDURE SITE DESCRIPTION

PROCEDURE PERFORMED
Incisional biopsy (6 mm), right lateral tongue leukoplakia, 06/25/2026.

ORIGINAL SITE / LATERALITY
Right lateral tongue, middle third.

CURRENT SIZE / APPEARANCE
~8 mm partially open wound with granulation base and fibrinous coating; slightly larger than expected for day 14.

WOUND MARGINS
Posterior margin dehisced ~3 mm; anterior margin apposed.

TISSUE COLOR / TEXTURE
Pink-red granulation with wipeable white pseudomembrane; non-indurated.

BLEEDING / DRAINAGE / INDURATION
No active bleeding; no purulent drainage; no induration or exposed bone; mild tenderness only.

SUTURE STATUS / HEALING STAGE / COMPARISON
One suture loose (removed today), one dissolving; healing by secondary intention, delayed vs expected; complicated by candidal colonization + ongoing smoking + diabetes. Clinical photographs obtained.

PD PATHOLOGY / DIAGNOSTIC RESULTS

7 REVIEWED RESULTS

PATHOLOGY RESULT
Available & reviewed with patient today.

DIAGNOSIS
Right lateral tongue — severe epithelial dysplasia bordering on / consistent with carcinoma in situ (CIS).

DYSPLASIA GRADE
Severe (high-grade).

MALIGNANCY STATUS
No unequivocal stromal invasion identified on this incisional sample (invasion cannot be fully excluded on a partial specimen).

MARGIN STATUS
Not applicable — incisional (representative) biopsy, lesion not fully removed.

DIF / CULTURE
DIF not indicated. Chairside candidal smear today: positive for pseudohyphae.

RESULTS PENDING
None outstanding from the index biopsy; staging imaging to be arranged (below).

PATIENT NOTIFIED / REVIEWED
Yes — result explained in person today; provided written summary; questions addressed.

PP PROCEDURES PERFORMED DURING FOLLOW-UP

8 FOLLOW-UP PROCEDURES

- **Suture removal:** Loose 4-0 chromic suture removed; remaining suture left to dissolve.
- **Wound irrigation / gentle debridement:** Site irrigated with sterile saline; loose fibrinous slough gently debrided; no anesthesia required; well tolerated.
- **Candidal smear:** Repeat brush cytology confirming candidal superinfection.
- **Clinical photography:** Repeat standardized photos for the surveillance/excision record.
- **Tolerance / complications:** Patient tolerated all steps well; no bleeding or complications.

A ASSESSMENT

9 POST-PROCEDURE CLINICAL INTERPRETATION

Post-incisional-biopsy status, right lateral tongue, with two active issues: (1) **high-grade result (severe dysplasia/CIS)** requiring definitive treatment, and (2) **delayed healing with partial dehiscence and candidal superinfection** — localized, no deep infection.

1. **Severe epithelial dysplasia / CIS** — high risk of progression to invasive SCC; **definitive excision with margins is indicated,** and invasion cannot be excluded on the incisional sample.

2. **Delayed healing / partial dehiscence** — multifactorial: candidal superinfection, ongoing smoking, and diabetes; **no abscess, cellulitis, osteomyelitis, or airway concern.**
3. **Residual leukoplakic field** remains anterior to the biopsy site — relevant to excision margins and field-change surveillance.
4. **Neuropathic symptoms:** none (tongue sensation intact).
5. Anxiety is appropriate and being addressed; patient engaged with the plan.

P PLAN

10 POST-PROCEDURE MANAGEMENT

1. **Definitive treatment referral:** Urgent referral to **Head & Neck / oral-maxillofacial surgery** for excision of the dysplastic/CIS lesion with margins (including the residual leukoplakic field); provide pathology, photos, and biopsy reference.
2. **Staging imaging: CT neck with contrast** arranged given high-grade histology and to help the surgical team (assess depth and nodes) — coordinated with PCP.
3. **Candidiasis treatment: Fluconazole** (or nystatin) course for candidal superinfection to promote healing; recheck response.
4. **Wound care:** Continue warm saline rinses, gentle hygiene, soft non-irritating diet; chlorhexidine (non-alcoholic) BID; analgesia with acetaminophen.
5. **Healing optimization: Strong tobacco-cessation intervention** (pharmacotherapy offered + referral) — essential for healing and prognosis; coordinate **diabetes optimization** with Dr. Salib (glycemic control aids healing).
6. **Surveillance:** Standardized photography and short-interval review; monitor the residual field and biopsy site until definitive excision is completed; re-biopsy any focal induration or non-healing change.
7. **Education:** Explained severe dysplasia/CIS meaning and progression risk, the excision plan, candidal treatment, oral-cancer warning signs, and urgent return precautions (bleeding, spreading swelling, fever, airway symptoms).

F FOLLOW-UP

11 REASSESSMENT PLAN

- **H&N / OMFS appointment:** expedited — ideally within 1–2 weeks; oral medicine to confirm the referral is scheduled.
- **Oral medicine recheck 07/23/2026 (2 weeks):** wound-healing reassessment, candidiasis clearance, tobacco-cessation progress, and confirmation of the excision plan/imaging.
- **Long-term:** post-excision surveillance for recurrence/field change every 3 months; ongoing risk-factor reduction.

TIME DOCUMENTATION & BILLING

TOTAL TIME
45 minutes

PROCEDURE TIME
~10 minutes (suture removal, irrigation/debridement, smear)

COUNSELING / COORDINATION TIME
20 minutes (result disclosure & counseling, H&N referral + imaging coordination, tobacco-cessation and diabetes coordination)

E/M LEVEL
99214 — Established patient E/M, moderate-high complexity

PROCEDURE CODE(S)
Suture removal & wound care within global/post-op context; 87210 — candidal smear

GLOBAL PERIOD CONSIDERATIONS
Follow-up within the biopsy's post-op period; separately identifiable E/M for result review & new management (modifier 24/25 as appropriate)

PRIMARY ICD-10
K13.21 — Leukoplakia of oral mucosa (severe dysplasia); D00.0x — Carcinoma in situ, oral cavity (per path)

SECONDARY ICD-10
T81.31XA Disruption of wound (dehiscence) · B37.0 Candidal stomatitis · Z48.817 Aftercare following oral surgery · F17.210 Nicotine dependence · E11.9 T2DM

PROVIDER SIGN-OFF

ORAL MEDICINE SPECIALIST	CREDENTIALS	SPECIALTY	DATE	TIME
Priya Raghunathan, DDS, MD	DDS, MD, Diplomate ABOM	Oral Medicine	07/09/2026	1:05 PM