Skin Surgery Consent Form

Surname ……

First names ……

Date of Birth ……

Hospital Registration no. ……

NHS no. ……

Responsible Health professional

……

Job title

……

Capacity assessment	Yes	No
Does the person understand the information given to them that is relevant to the decision?		
Retain that information long enough to be able to make a decision?		
Use or weigh up the information as part of the decision making process?		
Communicate their decision?		

Aims and benefits of procedure — circle those which apply / complete

Diagnosis Treatment for _____ Other _____

Proposed procedure (include type of procedure / site / repair)

Risks for all skin procedures

Scar - the scar may be lumpy, red or pink, painful, stretched, paler or darker, indented or having a feeling of fullness.

Hypertrophic or Keloid scarring - where the scar becomes thick and in some cases wider than the initial incision.

Numbness, burning, tingling sensations (usually temporary).

Bruising, bleeding, swelling

Infection

Delayed healing - healing is slower than expected.

Allergic reactions - to the local anaesthetic, cleaning solutions or dressings applied. These can be mild local reactions or very rarely can be severe e.g. anaphylaxis.

Inconclusive result - in some cases, the procedure may not provide useful information on the diagnosis.

Additional risks for skin excisions / when stitches are used (tick any which apply)

Stitch abscess or granuloma - temporary red, painful bump at the scar site. ☐

Incomplete excision or recurrence - further surgery or other treatment required. ☐

Wound dehiscence - wound re-opening following stitching, resulting in delayed healing. ☐

Site Specific Risks (tick any which apply)

Nerve damage: may be temporary or permanent.

- Temporal nerve - unable to raise eyebrow and sometimes eyelid droop. ☐
- Marginal mandibular nerve - smile asymmetry / dribbling from one side of the mouth. ☐
- Accessory nerve - unable to shrug shoulder, prominent shoulder / scapula (winging), shoulder pain. ☐
- Other motor nerve - loss of muscle movement. ☐
- Sensory nerve - area of numbness separate or extending beyond the scar site. ☐

Tendon damage - causing partial or complete loss of muscle function. ☐

Black eye / swelling around the eye - temporary closure of the eye can happen in some cases. ☐

Ectropion - pull on the eyelid from tension of the closure or due to scar retraction - may be temporary or permanent. ☐

Eclabium - pull on the lip from tension of the closure or due to scar retraction - may be temporary or permanent. ☐

Other (please state) -

Stage 1 consent - statement of healthcare professional

I have explained the procedure to the patient. I have explained what the procedure is likely to involve, the benefits and risks, available alternative treatments (including no treatment) and discussed any particular concerns of the patient.

Signature …… Date ……

Name (PRINT) …… Job title ……

☐ An information leaflet about the planned procedure has been provided.

☐ A photograph of the lesion has been taken.

Statement of Patient

Please read this form which advises of the intended procedure/s and the benefits and risks of the proposed treatment. Your consent will be reaffirmed at the time of treatment. You have the right to change your mind at any time.

- **I agree** to the procedure or course of treatment described on this form.
- **I understand** that you cannot guarantee that a particular person will perform the procedure. The person, will, however have the appropriate training and skills.
- **I understand** there may be a supervised trainee healthcare professional involved in my treatment or procedure.
- **I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm or damage.

Patient's Signature …… Date ……

Name (PRINT) ……

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signature …… Date ……

Name (PRINT) ……

Consent for photography on the day of the procedure

☐ **Type A: Publication** - I understand the images requested are required for publication in a journal, which may be seen by members of the general public as well as medical professionals. To this I give my consent.

☐ **Type B: Restricted educational use** - I understand the illustrations may be useful for the purposes of medical teaching and research. I agree the illustration may be shown to appropriate professional staff. To this I give my consent.

☐ **Type C: Patient Record** - I understand the illustrations requested and following the explanation given, will form part of my confidential treatment records. To this I give my consent.

Stage 2 - confirmation of consent - to be completed by the health professional when the patient attends for the procedure if the patient / parent has signed the form in advance.

I have confirmed the patient/parent/guardian has no further questions and wishes the procedure to go ahead.

Signature …… Date ……

Name (PRINT) …… Job title ……

Stage 2 - PATIENT - I confirm I wish to proceed with the treatment, have received all the information I require and reaffirm all the above statements.

Patient's Signature …… Date ……

Name (PRINT) ……

Statement of the interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability in a way in which I believe s/he can understand.

Signature …… Name (PRINT) …… Date ……