Skin Surgery Consent Form

/	N
Surname	Responsible Health professional
First names	1 1
Date of Birth	Job title
Hospital Registration no.	
NHS no	

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	Tre
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reatment for _____

Other _____

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

Risks for all skin procedures	Site Specific Risks (tick any which apply)
Scar - the scar may be lumpy, red or pink, painful, stretched, paler or darker, indented or having a feeling of fullness.	Nerve damage: may be temporary or permanent.
Hypertrophic or Keloid scarring - where the scar becomes thick and in some cases wider than the initial incision.	 Temporal nerve - unable to raise eyebrow and sometimes eyelid droop.
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	 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
provide useful information on the diagnosis.	function.
Additional risks for skin excisions / when stitches are used (tick any which apply)	Black eye / swelling around the eye - temporary closure of the eye can happen in some cases.
Stitch abscess or granuloma - temporary red, painful bump at the scar site.	Ectropion - pull on the eyelid from tension of the closure or due to scar retraction - may be temporary or permanent. \Box
Incomplete excision or recurrence - further surgery or other treatment required.	Eclabium - pull on the lip from tension of the closure or due to scar retraction - may be temporary or permanent.
Wound dehiscence - wound re-opening following stitching, resulting in delayed healing.	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 t concerns of the patient.	treatments (including no treatment) and discussed any particular
Signature	Date
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An information leaflet about the planned	I procedure has been provided.
A photograph of the lesion has been take	en.
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I agree to the procedure or course	of treatment described on this form.
I understand that you cannot guara however have the appropriate train	antee that a particular person will perform the procedure. The person, will, ning and skills.
I understand there may be a superv	vised trainee healthcare professional involved in my treatment or procedure
I understand that any procedure in necessary to save my life or to prev	addition to those described on this form will only be carried out if it is rent serious harm or damage.
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