

**CONSENT FOR EXAMINATION TREATMENT OR CARE
(Procedures where consciousness not impaired)**

Personal details

Surname/family name _____
 First names _____
 Date of birth _____
 MALE FEMALE H+C no. (or other identifier) _____
 Special requirements (language or other) _____

Statement of healthcare professional

Responsible healthcare professional _____
 Name of proposed procedure or course of treatment
 (include side of body or site and brief explanation if medical term not clear) _____

 I have explained the procedure. In particular, I have explained _____

 Serious or frequently occurring risk _____

 I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples that may be taken and any particular concerns of those involved.
 The following leaflet/ tape has been provided
 SIGNED: _____ DATE: _____
 NAME(PRINT): _____ JOB TITLE: _____

Statement of interpreter (where appropriate)

I have interpreted the information above to the best of my ability and in a way which I believe she/he/they can understand.
 SIGNED: _____ DATE: _____
 NAME(PRINT): _____

Statement of person giving consent or with parental responsibility for child

I agree to the procedure of course of treatment described above.
 I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
 I understand that the procedure will/will not involve local anaesthesia.
 SIGNATURE: _____ DATE: _____
 NAME (PRINT): _____ RELATIONSHIP TO CHILD: _____

SKIN SURGERY

PAIN

This is not usually severe, but may vary according to the size and complexity of the procedure being carried out. You may wish to take suitable pain-killing tablets e.g. paracetamol as directed (do not use aspirin for small children).

BLEEDING

If the wound bleeds after leaving hospital, please apply firm pressure using a clean pad over the wound for at least 30 minutes. If the bleeding does not stop reapply the pressure and contact the skin department or dermatologist on call. (Aspirin may increase the risk of bleeding and is best avoided. If you are already taking aspirin please ask the doctor for advice).

BRUISING

Bleeding in the tissues may lead to bruising. This will resolve in due course, but may be quite noticeable for several days, especially if the surgery is in a visible site such as on the face (particularly around the eyes).

INFECTION

It is important to keep the wound clean. Failure to do so may result in infection. If the wound becomes red, swollen, painful and/or discharges pus then you may require an antibiotic. If you have any reason to think that your wound may be infected you must contact a doctor in the Skin Department as soon as possible.

SCARRING

You will have a scar. Every effort will be made to make this scar as neat as possible, but you must realise that in some cases the scarring may be very prominent. This may be for a variety of reasons such as wound infection and site of surgery. Wounds over the upper chest, back, shoulders and upper thighs tend to heal with more prominent scars including keloid and gaping scars. It is important to realise that wound length will be at least three times the width.

Keloid- This is excessive scar formation leading to prominent, red/purple raised thickened scars. While any wound has potential to heal this way, it is an unusual occurrence. Again it is more common in wounds on the chest, back and shoulders.

Gaping scars- Such scars are stretched and wide. Movements which stretch the wound site and vigorous exercise, particularly within the first month of wound healing, will increase the risk considerably.

Colour- Scars heal over many months. Initially they will be deep red/purple but usually pale slowly. Scars often end up paler than normal skin but can be darker. It is advisable to avoid exposure to sunlight for at least 3 months.

RECURRENCE

It is possible that some lesions will grow back.

DAMAGE TO UNDERLYING STRUCTURES

This is unlikely in benign lesions which are usually superficial. There is somewhat greater risk in malignant lesions which may be more deep rooted. Damage to nerves may lead to areas of numbness.

DISSOLVABLE STITCHES

These are put into deeper layers of the skin to help close the wound. The body usually dissolves these over a period of weeks to months. Sometimes it is easier for the body to get rid of the stitches by pushing them out through the surface. This may happen a few weeks or even months after the surgery.