**SURGICAL CONSENT FORM**

**Patient’s name:**

**DOB:**

**Address:**

**A) Condition and treatment:**

**The doctor has explained that I have the following condition: (Doctor to document in patient’s own words) ........................................................................................................................................................................... ........................................................................................................................................................................... This condition requires the following procedure (Doctor to document - include site and/or side where relevant to the procedure) ........................................................................................................................................................................... ........................................................................................................................................................................... The following will be performed: This procedure is a surgical removal of a skin lesion or a subcutaneous lump from under the skin. Once the lesion or lump is removed the area is stitched back together.**

**Risks of an excision of a skin lesion or subcutaneous lump:**

**There are risks and complications with this procedure. They include but are not limited to the following.**

**General risks:**

**· Infection can occur, requiring antibiotics and further treatment.**

**· Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).**

**· Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.**

**· Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.**

**· Heart attack or stroke could occur due to the strain on the heart.**

**· Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.**

**· Death as a result**

**Specific risks**

**· Bleeding which may cause a haematoma (a collection of blood) in the tissues. It increases the appearance of bruising. Swelling can slow down healing and it may spoil the final result.**

**· The wound may fail to heal satisfactorily.**

**· Blood and fluid may build up under the skin and may need removal.**

**· The skin and resulting scar may not look like normal tissue for some time.**

**· The colour and nature of the scar may be different from other parts of the skin.**

**· Occasionally a red lumpy, thickened and itchy scar may result. This can be disfiguring.**

**· Infection. This may need treatment with antibiotics and can cause wound breakdown.**

**· Scars always result from surgical cuts and all surgery leaves scars.**

**· The lab test may show that the diseased area or lump has not been completely removed. If there is any disease left behind, further surgery will be needed to cut the rest out.**

**Risks of not having this procedure**

**Chance for cancer advancement in size, depth and potential risk for distal metastasis(spreading) associated with increased risk of death.**

**Enlargement and cosmetics, functional effects for the benign lesions.**

**Patient consent**

**I acknowledge that the doctor has explained;**

**· my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.**

**other relevant procedure/treatment options and their associated risks.**

**· my prognosis and the risks of not having the procedure.**

**· that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.**

**· the procedure may include a blood transfusion.**

**· tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the treating team.**

**· if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.**

**· I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.**

**· I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.**

**· I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.**

**I request to have the procedure Name of Patient:..........................................................................................................................**

**Signature: .......................................................................................................................................... Date:......................................................................................................................................................**