

This is an informed consent that has been prepared to ensure that you understand lesion excision, its intended benefits, risks and alternatives to treatment.

An excision of a lesion is a procedure that aims to remove an unwanted lesions surgically. Your surgeon may have recommended the excision of a lesion for purely cosmetic reasons or if cancer is suspected and the lesion requires examination in a laboratory. The surgery is usually performed under local anaesthesia and may need to be performed in more than one stage depending on the size of the lesion, where it is located and the nature of the lesion. If the lesion requires further testing then this will be performed rapidly and the results will be available within a week of surgery. Your surgeon will have discussed the exact technique required to achieve the desired outcome depending on what your concerns are. Alternative forms of management consist of not removing the lesion surgically. Alternative treatments such as cryotherapy are sometimes appropriate.

Prior to your procedure, your surgeon will mark out the lesion that needs to be removed, this sometimes involves taking a wider margin of skin. Local anaesthetic will then be injected with a number of injections to make the area go numb. This should be the only part of the procedure that can cause discomfort. Once the area is numb, your surgeon will remove the lesion. The operation itself takes around 1-1 1/2 hours. After the procedure, you will appear swollen and bruised. Bruising is unavoidable and patients are advised to use cool packs on the area and take painkillers as required. The swelling and bruising can last anything up to 5-10 days. The initial healing period will vary from person to person although most patients will feel more comfortable within a week. Initially the scars will look red however they will settle as the scar matures.

All associated after care instructions will be provided on a separate information sheet. As with any surgery it is important that you understand the potential risks and complications.

## **Scarring**

Scars will result from surgery and I understand their intended location. Additional scarring can result from poor or decreased wound healing ability. Most scars are barely noticeable and although full wound maturation can take up to 12 months. Poor scarring can be treated with the use of slicing sheeting or further adjustment surgery.

## **Bleeding**

A collection of blood around the site of the surgery is called a haematoma. Small haematomas are not uncommon and usually resolve quickly without the need for any additional treatment. If a haematoma is large however it may be necessary to undo some of the stitches and wash out the blood clot in order to optimise the final outcome. As post-operative bleeding can delay normal healing and recovery. I understand that every effort is taken to minimise bleeding during surgery.

## **Bruising and Swelling**

Bruising and swelling will result as a consequence of surgery which will settle within the first week of surgery. I understand that the excision area will be swollen and puffy for the first week post-surgery and this has been explained to me.

## **Infection**

Any surgical procedure involves a risk of infection and this has been explained to me. Infection following surgery is uncommon however it is important to follow all postoperative wound care instructions to prevent infection occurring. I understand that all measures will be taken to minimise this risk. I also understand that if an infection was more serious then it may require transfer to hospital in order to receive intravenous antibiotics.

Wound Breakdown

Occasionally wounds breakdown as a result of surgery or can be slow to heal as a result of infection, poor nutrition or poor blood supply. It is important that you tell your surgeon if you smoke or have any history of poor wound healing or scarring.

Asymmetry

It is impossible for any surgeon to achieve perfect symmetry although every effort will be made to achieve symmetry.

Numbness

In the areas where the skin has been cut, there will become numbness for some time after the operation. This can take anything from 3-6 months for normal sensation to return.

Skin Necrosis

Skin Necrosis is a rare complication of lesion removal surgery. However it is important to be aware of the risk. Skin Necrosis can occur if a patient has poor nutrition or is a smoker. Skin Necrosis can normally be treated with dressings which will allow the skin edges to heal by secondary intention. In rare cases the necrotic skin can be excised and re-stitched. Poor scarring as a result of skin necrosis can also be treated with either further adjustment surgery once the area has healed.

Pain

Mild discomfort is common after a lesion removal procedure. Mild discomfort can be remedied by the use of painkillers including paracetamol; and ibuprofen. It can also be relieved by the use of cool packs to the area.

Under or Over Correction

Occasionally further adjustment surgery is necessary if under or over correction has occurred. Every effort is made to ensure that this does not occur however this cannot be guaranteed.

Additional risks identified to your individual case

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I confirm that I have read, understood and have taken time to consider all the identified risks as described above. I have also had the opportunity to discuss any additional concerns and questions with my surgeon. I have decided to proceed with lesion removal surgery with the full knowledge of the intended risks and benefits involved. I certify that I have fully informed my surgeon correctly and to the best of my knowledge my full medical history and status. I UNDERSTAND THAT WITHHOLDING MEDICAL INFORMATION COULD LEAD TO COMPLICATIONS OF PROBLEMS THAT MAY HAVE BEEN PREVENTED IF THAT INFORMATION WERE KNOWN PRIOR TO SURGERY.

PRINT NAME (PATIENT)	SIGNED (PATIENT)
PRINT NAME (CLINICIAN)	SIGNED (CLINICIAN)
	DATE