

FORM B: SunMed Skin & Medical Skin Cancer Consent Form

Patient's name:

DOB:

Surgical time required:

I hereby request Dr MajidAlinia to perform a surgical operation known as:

This procedure has been explained to me by the doctor(s) and I completely understand its nature and consequences.

I understand that every surgical procedure involves certain risks and possibilities of complications such as bleeding, infection, poor healing, tissue damage, nerve injury and, in rare cases, death or other serious bodily injury, etc. and that these and other complications may follow even when the surgeon(s) uses the utmost care, judgement and skill. These risks have been explained to me and I accept them.

I consent to the administration of local anaesthetic agents by or under the direction and supervision of the above doctor(s).

I understand that the doctor's fees if applicable, including a fee for the operating room are agreeable to me and are my responsibility completely. There may be a fee if a secondary procedure is required. I agree to be financially responsible for any further surgery I may require.

I have read a copy of the attached consent for the operation, understand it, accept these facts, and hereby authorise the above doctor(s) to perform this surgical procedure on me.



Signature of Patient/Parent/Guardian: _____

Date: _____

Witness _____

CONSENT FOR SURGERY

The following points have been explained in detail:

1. There are always permanent scars following this procedure. The location and extent of the scars have been fully explained to me. Every effort will be made to minimise them. Scars which are permanent require an indefinite period of time to look their best, usually six months to one year. All surgery leaves scars. Often there is redness of the skin which may require a period of time to fade and return to normal skin pigment. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within both the skin and deeper tissues. There is the possibility of visible marks from sutures. There is the possibility that scars may limit motion and function. Additional treatments may be needed to treat scarring.
2. Some patients may develop hypertrophic scars or keloids which may require additional treatment. This can happen even though the surgery has been performed correctly.
3. There is the possibility of visible deformities, loss of function, wound disruption, skin death and loss of sensation. You may be disappointed with the results of the surgery.
4. That there may be swelling around the operated area which can persist for several weeks and, in rare cases, longer following the procedure. There may be discolouration of the skin (bruising) for several weeks and there may be scattered areas of numbness



over the operated area following surgery which may persist for an indefinite period of time.

5. Delayed healing may occur along the margins of incisions and occasionally there is some loss along the skin edges or rarely the entire flap requiring prolonged dressings or additional surgery for correction. Smokers have a greater risk of skin loss and wound healing complications.

6. It is possible to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood, or blood transfusion.

7. Stitches or sutures will be used to sew the skin and deeper structures together. Occasionally, a stitch will work to the surface and have to be removed.

8. Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

9. Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies with where in the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

10. Certain varieties of skin cancer can spread to other areas of the body. Depending on the cell type and degree of invasion of the skin cancer, additional surgery or cancer treatment may be necessary. Skin cancers can recur after surgical excision. Additional treatment or secondary surgery may be necessary.

11. In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

12. All forms of anaesthesia including local anaesthesia involve risk. There is the possibility of complications, injury and even death from all forms of surgical anaesthesia or sedation. I consent to the administration of local anaesthetic agents by or under the direction and supervision of the above doctor(s).

13. Any special medical conditions I may have, such as diabetes etc., means my risk of undesirable side effects is greater than normal and I have considered that factor for added risk in my decision of whether or not to proceed with the surgery.

14. I have an understanding of the operation which includes but is not limited to the above items. I understand that secondary revisions may be required. I also understand that charges will be made for the use of the operating room. I have been informed of these charges and I agree to be responsible for these charges when applicable.

15. During the course of the operation, unforeseen conditions may necessitate additional or different procedures than those outlined. Also, emergency conditions may require performance of additional medical procedures. I, therefore, further authorise and request that the above-named surgeon or his/her assistants perform such procedures as are, in his or her professional judgement, necessary and desirable. The authority granted under this Paragraph 4 shall extend to remedying conditions that are not known to or could reasonably be anticipated by the above doctor(s) at the time the operation is commenced.

16. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure; nor are there any guarantees against unfavourable results.

17. I consent to be photographed before, during and after the surgery; that these de-identified photographs shall be the property of the above doctor/s and may be used as they deem proper for scientific and educational purposes.

18. I agree to keep the above doctor(s) informed of any change of address, and I agree to cooperate with them in my care after surgery until completely discharged. I am

aware that I must not smoke or take recreational drugs in the pre-operative or postoperative periods. Some operations require secondary or multiple procedures to obtain a better result.

19. I understand that secondary surgical procedures are much more difficult than primary procedures. The operations for repair are much more complex than the primary operations because of scarring and more bleeding and bruising. The possibility of nerve damage, poor healing and infection is greater and the results are unpredictable. Before embarking on secondary surgery, I am aware of possible future commitments to multiple procedures in order to gain an acceptable result for myself.

Healing and Complications

20. With any procedure involving surgery, normal healing is essential to obtain a good result from your operation. Normal healing is a prolonged process involving maturation of scar tissue and resolution of swelling. This process may be unpredictably prolonged and painful.

I understand this and will co-operate with my doctors and their staff during the healing phase of my surgery. I will keep my post-operative appointments. I understand that if intervention is needed by the doctor or his staff to help with the healing, that this could involve extra costs and I agree to be responsible for these costs if applicable.

Complications can occur from any surgical procedure, no matter how much care is taken by the doctors and staff before, during and after the surgery.

I will not smoke cigarettes or take recreational or hard drugs, or self-administer medications before or after the surgery in an effort to decrease the chance of some of the complications occurring. Complications such as haemorrhage and infection, abnormal healing and wound breakdown may occur and may make my condition worse. Should this occur, I understand that I may be responsible for additional costs. This could also result in additional time off work or inability to meet previously scheduled work, social or familial commitments.



I have read all post-operative instructions relating to my surgery and I agree to follow these instructions carefully.

Signature of Patient/Parent/Guardian: _____

Date: _____