

Minor Operations - Excision/Incision Consent Form

Patient Details

| | |
|------------|--|
| Full Name | |
| D.O.B | |
| NHS Number | |
| SURGERY | |

Therapist/Procedure Details

| | |
|--------------------|--|
| Name | |
| Proposed Procedure | |
| Date of procedure | |

I, _____, consent to the minor surgical procedure as described to me by the nurse/doctor.

I have read and understood the information detailed above and understand fully the reasons for the procedure. The proposed procedure and aftercare has been explained and other treatment options have been discussed with me. I have received my post Operation advice Sheet and I agree to contact the surgery in 4 weeks for Histology result.

I accept the possible side effects/risks outlined below:

- Inflammation
- Infection
- Allergic reaction
- Local bleeding/bruising
- Loss of skin pigment/Re Pigmentation
- Damage to the local soft tissue
- Scarring
- Stretching of Scar
- Nerve Damage

Patient Signature

Date

Therapist Signature

Post Minor Operation Advice Sheet

You have just had a minor operation. We perform several 100 Minor operations a year and in the vast majority of cases there are no complications or side effects. However, we feel you should be fully informed of the minor difficulties that can sometime occur.

Inflammation: This presents as a slight redness around stitches and usually settles down when the stitches are removed.

Infection: Sometimes the treated area can become infected. This gives rise to pain, swelling and redness, or there may be some pus present. If this happens you should visit the surgery and see a nurse.

Bleeding/Bruising: Continuous pressure of 10-15 minutes is usually enough to stop bleeding. Elevation of the affected area (such as a limb or head) will also help. Very occasionally a wound may bleed sufficiently to need re-stitching or a small blood vessel may need re-coagulation. Contact the surgery if this happens.

Fainting: If you feel faint or sick during or after the operation, let us know and we will raise your feet and give you some oxygen if needed. Patients who faint will be kept in the surgery and checked before going home.

Anaesthetic Problems: The adrenaline in the local anaesthetic can rarely cause a feeling of rapid heartbeat (palpitations). We can exclude the adrenaline if this has happened to you before. If palpitations occur, we advise a few minutes extra rest before returning home. Allergy to the local anaesthetic is extremely rare. If you have had problems with local anaesthetic, please let us know.

Scarring: It is impossible to remove anything without leaving a scar. As a general rule, **the length of the scar is three times the width of the lump to be removed.**

Stretching of the scar: A wide stretched scar can occur if it overlies a large muscle or joint, or if strapping has been removed too soon or activities that stretch the scar are resumed too early.

Hypertrophic or Keloid Scars: This is an over-reaction of the fibrous tissue/scar in your skin. It does not happen immediately but develops a few weeks after surgery. Keloid scars are due to an individual's inherent tendency to form scar tissue. They are more common on the front of the chest, upper arms and upper back, and in scars which have not been sufficiently immobilized. They are also more common in Afro-Caribbean skin types. If you have had any previous problem with thickened scars please let us know.

Wound breakdown: This is very uncommon. The most likely time for this to occur is just after the stitches have been removed or if the wound has become infected. Special care and good strapping for the days just after the sutures have been removed will reduce the risk of this happening.

Nerve Damage

Sensation: When the area of skin removed is large some small nerves in the skin will be cut. This may result in a small area of numbness around the wound. Although recovery usually occurs, a permanent area of numbness may persist.

Movement: It is extremely rare to cause damage to nerves that deal with movement. However, there are certain areas, especially on the face, where deep surgery could cause damage to such nerves especially if the nerves are abnormally placed

Follow on Review

Any follow-on review will be discussed at the time of your appointment. However, should your symptoms return within the time frame, and you wish to arrange a further review, please contact the surgery.

Histology

All removed tissue is sent to the laboratory for histological analysis to make a firm diagnosis and ensure we have not identified a skin cancer. If we do have an unexpected result, we aim to contact you directly. We do ask that you ring reception FOUR weeks after the surgery to ensure we have had your histology and it is harmless.