



Universal Procedural Consent

I consent to the medical care and procedural treatment of the below that I have agreed to receive and that is considered necessary or recommended by my nurse practitioner or other health care provider. I understand that no guarantees have been made to me about the result of my indicated procedural treatment.

- Biopsy including pathology Intralesional or intramuscular injection
- Malignant destruction ED&C Excision Other: _____
- Incision and Drainage Debridement

Possible complications: Any surgical procedure entails certain risks and complications. Although we expect good results, there can be no guarantee of outcome. Risks of surgery can include, but are not limited to any of the following:

SCAR/ALTERED APPEARANCE:

Any surgical procedure can result in scar formation. Wounds may heal with fine, line-like scars, wide scars, atrophic scars or thickened keloid scars. Scars may be lighter or darker than surrounding skin or may be pink or red. The appearance of a scar tends to improve with age, so that 6-12 months may be required before the final appearance of a scar is apparent. Occasionally, secondary procedures may be required to optimize scar outcome.

BLEEDING:

Bleeding can occur after any surgical procedure. This may take the form of oozing of blood from the wound site, sudden swelling of the wound, or excessive bruising around the wound or near it.

INFECTION:

Infection can occur after any surgical procedure. Excessive swelling, pain, redness or pus-like discharge from the wound can be a sign of infection. Contact us immediately if any of the aforementioned symptoms occur.

NERVE DAMAGE:

Nerve damage is a rare complication of any surgical procedure. However, this can occur and result in temporary or permanent loss of sensation in an area around the surgical site or distant to it. In certain area, damage to motor nerves may result in temporary or permanent weakness or paralysis of certain muscles. Please note, removal of lesions often disrupts local sensory nerves and thus some sensory changes around the surgical site can be expected.

RECURRENCE:

Even with appropriate treatment, some lesions or conditions may recur shortly or years after a surgical procedure and may require further surgery. Serious skin malignancies, even with treatment, can result in metastases (spread) and death in rare cases.



INCOMPLETE REMOVAL:

Surgical specimens which are removed will be sent to the dermatopathologist for examination. Occasionally pathological examination will indicate the need for an additional surgical procedure(s). If this occurs, more than one procedure may be necessary to remove a lesion.

REACTIONS:

Mild, serious, or life-threatening allergic reactions may occur to any medication or material used in association with the procedure.

PAIN, SWELLING, BRUISING:

While these are normal consequences of some procedures, these symptoms can be minimized by following wound care instructions. Pain medications are rarely prescribed. Tylenol or Ibuprofen will usually be enough.

PROLONGED WOUND HEALING:

Wound healing can be unpredictable, factors such as smoking, medications, and immunosuppression, and other medical conditions can prolong or impair wound healing.

WOUND DEHISCENCE:

Sutured wounds can unexpectedly open and may lead to changes in healing options. Sometimes the wound can be re-sutured and other times the wound will have to heal from inside-out.

CHANGES IN HAIR GROWTH PATTERN:

Surgery on hair-bearing areas may lead to loss of hair or changes in original hair growth pattern.

SURVEILLANCE:

Regular skin examinations are an important component of detecting recurrences or new cancerous lesions at the earliest possible time. It is the patient's responsibility to schedule and attend these visits as recommended.

PHOTOGRAPHY:

I consent to the photographing of the surgery or procedure to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.

I HAVE READ AND UNDERSTAND the consent form for the procedure being performed today. Also, I have read, discussed, understand and agree to the proposed procedure in detail with my healthcare provider and I consent to the surgical procedure indicated above. The possible complications and any alternative treatment options available have been explained to me. I have been given the opportunity to ask questions and I have no remaining questions at this time.

Print Patient Name

Date of Birth

Signature (Patient/Legal Guardian)

Relationship to patient

Date