Warts

A. Interpreter / cultural needs

An Interpreter Service is required?  Yes  No
If Yes, is a qualified Interpreter present?  Yes  No
A Cultural Support Person is required?  Yes  No
If Yes, is a Cultural Support Person present?  Yes  No

B. Condition and treatment

The doctor has explained that you 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 where warts are removed using a diathermy or a freezing cold spray.

C. Risks of removal of warts procedure

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, Aspirin, 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 of this procedure is possible.

Specific risks:

- The area where the wart was is usually not closed and it will take time to heal.
- The area of the wart may be thickened and there may be some discolouring and pain in the scar. This may be permanent.
- The warts may come back. Warts may be due to a virus infection which may cause further warts.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic.  (Doctor to document type of anaesthetic discussed)

G. 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.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s:
   Signature:
   Relationship to patient:
   Date: __________ PH No: __________

Source of decision making authority (tick one):
☐ Tribunal-appointed Guardian
☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
☐ Statutory Health Attorney
☐ If none of these, the Adult Guardian has provided consent Ph 1300 QLD OAG (753 624)

H. Doctor / delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision maker has understood the information.

Name of Doctor/delegate:
Designation: ________________________________
Signature: __________________________________
Date: ______________________________________

I. Interpreter’s statement

I have given a sight translation in

______________________________

(state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ________________________________
Signature: __________________________________
Date: ______________________________________
## Consent Information - Patient Copy

### Warts

#### 1. What do I need to know about this procedure?
This procedure is where warts are removed using a diathermy or a freezing cold spray.

#### 2. My anaesthetic:
This procedure will require an anaesthetic.
See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

#### 3. What are the risks of this specific procedure?
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, Aspirin, Clopidogrel (Plavix or Icover) 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 of this procedure is possible.

**Specific risks:**
- The area where the wart was is usually not closed and it will take time to heal.
- The area of the wart may be thickened and there may be some discolouring and pain in the scar. This may be permanent.
- The warts may come back. Warts may be due to a virus infection which may cause further warts.

#### 4. Who will be performing the procedure?
A doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination.

I understand this could be a doctor undergoing further training, and that all trainees are supervised according to relevant professional guidelines.

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If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a student/s may observe the medical examination/s or procedure/s.

Subject to your consent, a student/s may perform an examination/s or assist in performing the procedure/s while you are under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with relevant professional guidelines.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination/s or a procedure/s being undertaken by a student/s for education purposes.

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**Notes to talk to my doctor about:**

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