**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 skin flap may not heal well. This may result in a larger, less acceptable scar or may need further surgery.
- Blood and fluid may build up under the flap and may need removal.
- The skin flap may never look like normal tissue.
- Scars always result from surgical cuts and all surgery leaves scars. The scar due to flap surgery will be larger than the size of the area from where the skin was removed.
- Faint, thickened, red, lumpy and itchy scars. These are very difficult to treat, and can be disfiguring.
- Bleeding which may cause a haematoma (a collection of blood) in the tissues. Swelling can slow down healing and it may spoil the final result. In extreme cases, further surgery will be needed to drain the blood from underneath the flap. In extreme cases, the flap may die entirely.
- Infection which can lead to a thickened and swollen flap. This will need further surgery and antibiotics. Infection can also cause the flap to die.

**Specific risks of excision of a lesion & flap repair:**

- The skin flap may not heal well. This may result in a larger, less acceptable scar or may need further surgery.
- Blood and fluid may build up under the flap and may need removal.
- The skin flap may never look like normal tissue.
- Scars always result from surgical cuts and all surgery leaves scars. The scar due to flap surgery will be larger than the size of the area from where the skin was removed.
- Faint, thickened, red, lumpy and itchy scars. These are very difficult to treat, and can be disfiguring.
- Bleeding which may cause a haematoma (a collection of blood) in the tissues. Swelling can slow down healing and it may spoil the final result. In extreme cases, further surgery will be needed to drain the blood from underneath the flap. In extreme cases, the flap may die entirely.
- Infection which can lead to a thickened and swollen flap. This will need further surgery and antibiotics. Infection can also cause the flap to die.

**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)
I request to have the procedure

Name of Patient: .........................................................
Signature: .....................................................................
Date: ........................................................................

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.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.

I have been given the following Patient Information Sheet/s:
- About Your Anaesthetic OR
- Local Anaesthetic & Sedation for your Procedure
- Excision of a Lesion & Flap Repair

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

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
Excision of a Lesion & Flap Repair

1. What do I need to know about this procedure?
The lesion (diseased area of skin and tissue) will be removed with some surrounding normal skin. Other tissues and skin next to the cut area will be moved to cover the area from where the diseased part was cut out.

2. My anaesthetic
This procedure will require an anaesthetic. See About Your Anaesthetic information sheet OR Local Anaesthetic and Sedation for your Procedure 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. Important information
Before the operation, you must tell the surgeon performing the operation and the anaesthetist of:
- any medical problems
- any allergies
- prescribed drugs (particularly blood thinning drugs such as Aspirin or Warfarin)
- your use of recreational drugs
- your alcohol consumption
- your use of herbal remedies

Any drugs containing Aspirin or similar compounds should be stopped before surgery as these increase the risk of bleeding and, therefore, collection of blood under the skin.

Smoking in the pre or post-operative period is known to cause complications.

It is important you tell the surgeon what your needs are such as exercise, weight loss and restriction of activities that you may need to do immediately after flap surgery.

The operation will result in a scar or scars. Make sure you know before the surgery as to the type of scar or scars, the size and where your scar/s will be.

The surgeon may ask you to do certain things before you can have surgery, such as exercise, weight loss and stopping smoking.

If you do not do as the surgeon tells you, the surgery may not be successful. For this reason, the surgeon may refuse to do your surgery.

4. 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, Asprin, 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 skin flap may not heal well. This may result in a larger, less acceptable scar or may need further surgery.
- Blood and fluid may build up under the flap and may need removal.
- The skin flap may never look like normal tissue
- Scars always result from surgical cuts and all surgery leaves scars. The scar due to flap surgery will be larger than the size of the area from where the skin was removed.
- Faint, thickened, red, lumpy and itchy scars. These are very difficult to treat, and can be disfiguring.
- Bleeding which may cause a haematoma (a collection of blood) in the tissues. Swelling can slow down healing and it may spoil the final result. In extreme cases, further surgery will be needed to drain the blood from underneath the flap. In extreme cases, the flap may die entirely.
- Infection which can lead to a thickened and swollen flap. This will need further surgery and antibiotics. Infection can also cause the flap to die.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis. Smoking will increase the risk of flap failure.

Notes to talk to my doctor about: