They include but are not limited to the following.

There are risks and complications with this procedure. These 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.

Specific risks
- Bleeding which may cause a haematoma (a collection of blood) in the tissues. It increases the appearance of bruising. Swelling can slow down healing and it may spoil the final result.
- The wound may fail to heal satisfactorily.
- Blood and fluid may build up under the skin and may need removal.
- The skin and resulting scar may not look like normal tissue for some time.
- The colour and nature of the scar may be different from other parts of the skin.
- Occasionally a red lumpy, thickened and itchy scar may result. This can be disfiguring.
- Infection. This may need treatment with antibiotics and can cause wound breakdown.
- Scars always result from surgical cuts and all surgery leaves scars.
- The lab test may show that the diseased area or lump has not been completely removed. If there is any disease left behind, further surgery will be needed to cut the rest out.

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 a surgical removal of a skin lesion or a subcutaneous lump from under the skin. Once the lesion or lump is removed the area is stitched back together.

C. Risks of an excision of a skin lesion or subcutaneous lump

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.

Specific risks
- Bleeding which may cause a haematoma (a collection of blood) in the tissues. It increases the
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.

I have been given the following Patient Information Sheet/s:

- [ ] About Your Anaesthetic OR
- [ ] Local Anaesthetic & Sedation for your procedure
- [ ] Excision of a Skin Lesion or Subcutaneous Lump

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,
Consent Information - Patient Copy
Excision of a Skin Lesion or Subcutaneous Lump

1. What do I need to know about this procedure?
   This procedure is a surgical removal of a skin lesion or a subcutaneous lump from under the skin. Once the lesion or lump is removed the area is stitched back together.

   • 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

   Depending on the results of the findings when the tissue is examined under the microscope further surgery or other forms of treatment (radiotherapy, and occasionally chemotherapy) may be necessary.

   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.

2. My anaesthetic
   This procedure will require an anaesthetic.

   See About Your Anaesthetic information sheet OR Local Anaesthetic 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. 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.

   Specific risks
   • Bleeding which may cause a haematoma (a collection of blood) in the tissues. It increases the appearance of bruising. Swelling can slow down healing and it may spoil the final result.
   • The wound may fail to heal satisfactorily.
   • Blood and fluid may build up under the skin and may need removal.
   • The skin and resulting scar may not look like normal tissue for some time.
   • The colour and nature of the scar may be different from other parts of the skin.
   • Occasionally a red lumpy, thickened and itchy scar may result. This can be disfiguring.
   • Infection. This may need treatment with antibiotics and can cause wound breakdown.
   • Scars always result from surgical cuts and all surgery leaves scars.
   • The lab test may show that the diseased area or lump has not been completely removed. If there is any disease left behind, further surgery will be needed to cut the rest out.

   Notes to talk to my doctor about:
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Page 1 of 1