**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:

All or part of the visible lower ‘red’ lip will be removed. This will leave an open wound. This wound will be closed by moving the inside of the lower lip. This is sewn to the skin below the “red” lip to make a new lower lip.

**C. Risks of a vermilionectomy**

There are risks and complications with this procedure. They include but are not limited to the following.

**General risks:**

- 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 surgery to close the skin may fail. This may cause bad scarring, and you may need further surgery.
- Blood and fluid may build up under the new red lip, which may need removal.

- The lip will not look like a normal lip with stitches in place. The colour changes between days 1 to 5. Once the stitches are removed, the lower lip will not look like a normal lip for some time. In extreme cases, the lip may never look normal.
- A scar at the border between the red lip and the skin below the lip. The scar may become very thick, red, itchy and thickened. These are difficult to treat and can be disfiguring.
- A collection of blood in the tissues due to unwanted bleeding. If this occurs it increases the appearance of bruising. Swelling can lead to slow healing or a failure to heal.
- Infection which can lead to poor healing of the wound. This may require antibiotics and further treatment.
- The new lip tissue covering the wound may die. This may cause a larger scar or may need further surgery.
- The diseased tissue may not all be removed at surgery. This may need further surgery and removal of a wider piece of tissue.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis. Smoking before or after surgery can also cause complications ranging from excessive bleeding and bruising to major wound breakdown.

**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 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
- Vermilionectomy

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,
1. What is a vermilionectomy?
A vermilionectomy is a procedure where all or part of the visible lower 'red' lip will be removed. This will leave an open wound. This wound will be closed by moving the inside of the lower lip. This is sewn to the skin below the "red" lip to make a new lower lip.

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:
- 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, Aspin, 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 surgery to close the skin may fail. This may cause bad scarring, and you may need further surgery.
- Blood and fluid may build up under the new red lip, which may need removal.
- The lip will not look like a normal lip with stitches in place. The colour changes between days 1 to 5. Once the stitches are removed, the lower lip will not look like a normal lip for some time. In extreme cases, the lip may never look normal.
- A scar at the border between the red lip and the skin below the lip. The scar may become very thick, red, itchy and thickened. These are difficult to treat and can be disfiguring.
- A collection of blood in the tissues due to unwanted bleeding. If this occurs it increases the appearance of bruising. Swelling can lead to slow healing or a failure to heal.
- Infection which can lead to poor healing of the wound. This may require antibiotics and further treatment.
- The new lip tissue covering the wound may die. This may cause a larger scar or may need further surgery.
- The diseased tissue may not all be removed at surgery. This may need further surgery and removal of a wider piece of tissue.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis. Smoking before or after surgery can also cause complications ranging from excessive bleeding and bruising to major wound breakdown.

Notes to talk to my doctor about: