Informed Consent

Repairing Skin Defects with Skin Flaps

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INSTRUCTIONS

This is an informed consent document to help you learn about repairing a skin defect. It will outline the risks and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Skin defects may be caused by trauma, surgery, or some types of diseases. It's possible to fix such skin problems with surgery. Skin flap surgery, also called cutaneous flap surgery, is often used to repair or rebuild an open wound or fix a problem with your soft tissue. It involves moving skin and sometimes other tissue from one part of your body, called a donor site, to the area that needs treatment.

OTHER TREATMENTS

Depending on your needs, you might want to consider other treatments. This may include non-surgical treatments or other types of surgery. You should discuss all your options with your surgeon. Every medical treatment has its risks and problems. Your surgeon will help you learn about the procedures that might be needed to close your wound. You will also learn about the options that will best. You may need to have more than one surgery to get the results you want.

SPECIFIC RISKS OF CUTANEOUS (SKIN) FLAP SURGERY

Skin Sensitivity:

You may have itchiness, tenderness, or sensitivity to hot or cold temperatures after surgery. This usually goes away as you heal. In rare cases, it may be permanent. Skin flaps usually don't have the same sensation as normal skin. This may make it harder for you to tell if you're being hurt by heat, cold, or physical contact. You must be careful not to let your surgery site get hurt. If this happens, you may have more problems with that area.

Skin Shape Irregularities:

You may see changes in the shape of your treated skin. You may see or feel wrinkles in the area. You might also notice extra skin at the ends of the surgery cuts (called "dog ears"). These changes may look bad. They may get better with time. If they don't, you may need more surgery.

Inability to Restore Function:

In some cases, skin flap surgery won't be able to fix everything that's wrong with your skin or other deeper tissues. It's possible that your skin flap surgery site might heal, but you may still have loss of function in the area being treated. You may need more treatment or surgery to get the results you want.

Delayed Healing and Loss of Flap:

You may have trouble healing after your surgery. Some areas of skin may not heal normally and may take a long time to heal. Areas of skin may die. If this happens, you may need to change bandages often. You may also need to have surgery to remove the tissue that's not healing well. If you have blood flow problems because of past surgeries or radiation therapy, you may have a harder time healing. Smokers are at a greater risk of skin loss and are likely to have wound trouble.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. This document is made after a full review of scientific literature and clinical practices. They describe a range of common risks and other forms of management of a disease.

_____ **Patient Initials**

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This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.

However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **repairing skin defects with skin flaps.**
2. I got the information sheet on **repairing skin defects with skin flaps.**
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the procedure. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the procedure's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to the anesthetics and medications that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after this procedure. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the procedure for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this procedure. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the procedure is an option and that I can opt out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE PROCEDURE OR TREATMENT TO BE PERFORMED
    b. THERE MAY BE OTHER PROCEDURES OR TREATMENTS
    c. THERE ARE RISKS TO THIS PROCEDURE OR TREATMENT

I CONSENT TO THE PROCEDURE OR TREATMENT AND THE ABOVE LISTED ITEMS (1-13).
I AM SATISFIED WITH THE EXPLANATION AND HAVE NO ADDITIONAL QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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