# Informed Consent

## Skin Lesion Removal

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## INSTRUCTIONS

This is an informed consent document meant to help you learn more about skin lesion surgery. You'll learn about the procedure and its risks. You'll also learn about other treatment options you might choose instead.

It is important that you read this information carefully and completely. Please initial each page, confirming that you have read it. Then, if you agree with your plastic surgeon's plan, sign the consent form at the end.

## GENERAL INFORMATION

The surgical removal of a skin lesion or tumor is a common procedure. Because skin lesions do not go away on their own, surgery is one option to remove them. There are many ways to remove skin lesions. Your surgeon may send the tissue to a pathologist for further evaluation. Once your lesion is removed, you will have an open wound that may need to be closed. You may also need surgery to fix the area from where the lesion was removed. Repair options can be simple stitches or more complicated procedures. These could include moving tissue near the site of the wound or using tissue from another part of your body. Talk to your surgeon about the different ways to close your wound. You will learn what treatments may give you the best result and look the best. You might need more than one surgery to get the results you want.

## OTHER TREATMENTS

There are other treatments for a skin lesion. You can choose to have no treatment at all. You can choose to apply medication on the lesion or tumor. There are also ways to destroy lesions that don't need surgery. All treatments have their own risks and problems.

## SPECIFIC RISKS OF SKIN LESION OR TUMOR SURGERY

### Spread of the Skin Lesion or Tumor:

While certain skin lesions are not particularly dangerous (benign), others may be forms of cancer. Cancer can invade your body where you see the lesion. It can also spread to other parts of your body (called a "metastasis"). Depending on the type of lesion you have, you may need more treatments. In some cases, your doctor may suggest taking a sample tissue from your lymph nodes ("biopsy") to find out what stage of disease you're in. You can talk to your doctor about your treatment options.

### Recurrence:

Skin lesions may come back after surgery. If this happens, you may need more treatment or surgery.

### Inaccuracy of Preliminary Pathology:

Your surgeon may choose to get a preliminary pathology diagnosis after your lesion is removed. This can determine if it's been removed well or if you need to have more tissue taken out. In most cases, this first diagnosis doesn't change. However, it's possible that more testing could show different results. This can include changes in the type of lesion and whether it was fully removed. If that happens, your doctor may strongly suggest that you get more treatment. This could include removing more of the lesion and the surrounding area. You might also need to have samples taken from other parts of your body like your lymph nodes to find out if the lesion has spread. You could need treatment like radiation or chemotherapy.

## 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 **skin lesion removal.**
2. I got the information sheet on **skin lesion removal.**
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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