

# SKIN EXCISIONS

## INFORMATION FOR PATIENTS

Excision of a skin lesion means cutting away a suspicious skin abnormality. This is usually done under a local or regional anaesthetic. The wound may be closed with sutures (stitches).

Listed below are the more common risks and possible outcomes. There may be other unusual risks that have not been listed here that are specific to your circumstances. Please ask your doctor if you have any general or specific concerns.



### SURGERY

- a) In certain parts of the body, there is the possibility of damaging nerves or blood vessels. This can have effects that are prolonged or even life-long. The potential for this to occur depends on where on the body the surgery is being performed.
- b) There is a risk of bruising, redness and local swelling, which can be extensive and may be visible for some time after the procedure before it subsides.
- c) Post-operative bleeding may occur. This may require emergency treatment to drain accumulated blood, or a blood transfusion.
- d) Despite the best efforts of the doctor, skin cancers can recur after surgical removal. Additional treatment or more surgery may be necessary.
- e) Some varieties of skin cancer can spread to other areas of the body. Depending on the type of skin cancer and how long it has been present, additional surgery or cancer treatment may be necessary.
- f) After the procedure, the wound may become infected and may require antibiotics.
- g) The edges of the wound may not be in perfect alignment.
- h) The wound may split apart or otherwise break down and fail to heal as expected.
- i) If relevant to this procedure; a skin graft or skin flap may fail to survive or produce a colour / contour mismatch with the surrounding skin.
- j) Allergic reactions to tape and dressings, suture material (stitches) or topical preparations (creams, gels, lotions) are rare, but may occur. Allergic reactions may require additional treatment.



### ANAESTHETIC

- a) The first local anaesthetic injection is often uncomfortable. It may sting for a short time.
- b) There is a small possibility of experiencing discomfort during the procedure. If this happens, immediately tell the doctor or nurse. Discomfort can be managed by injecting more local anaesthetic.
- c) Rare local anaesthetic side-effects include severe allergy, collapse or cardiac arrest.



### SCARS

There will be a scar. This is inevitable when skin is cut and it's part of the normal healing process. The doctor will make every effort to minimise scarring, but be aware that:

- a) Scars change over time and it may take six months to one year before a scar reaches a final result.
- b) Scars may stretch as time goes on.
- c) Often there is redness which may take time to fade or return to normal skin pigment.
- d) The scar and surrounding skin may feel either numb or more sensitive. This usually improves over time but may be ongoing.
- e) There is a possibility that scars may limit mobility and function.
- f) Some patients may develop thick or discoloured scars which may require additional treatment. This can occur even though the surgery was performed correctly.

Please be aware that the risks described above increase with age, obesity, vascular conditions, certain medications, diabetes, smoking and when surgery is performed on some parts of the body. Please ask your doctor if you have any questions or concerns.

PRE-OP CHECKLIST (to be completed by patient)

Smoker	Yes/No	Blood Thinners:	
Diabetes	Yes/No	Warfarin	Yes/No
Heart Valve Replacement	Yes/No	Aspirin	Yes/No
Joint Replacement	Yes/No	Anti-Inflammatories	Yes/No
History of Rheumatic Fever	Yes/No	Fish Oil	Yes/No
Pacemaker	Yes/No	Other (eg. Plavix, Iscover, Persantin, Asasantin, Pradaxa, Eliquis, Xarelto)	
Allergies to anaesthetic	Yes/No		
Prone to wound infection	Yes/No/Unsure		Yes/No

PATIENT DECLARATION

I have read and understood the common risks and possible outcomes detailed in this document

Patient Name: .....

Signature: .....

CONSENT FOR PROCEDURE

Patient Details:

GIVEN NAME:..... SURNAME:.....

DATE OF BIRTH:.....

PROPOSED PROCEDURE

Closure:      Direct       Flap       Graft       Staged Procedure

Doctor Declaration: (to be completed by doctor)

I declare that I have personally explained the nature of the patient's condition, the need for treatment and the options available, the procedure to be performed as well as the risks and benefits of the procedure and any available alternatives to that treatment.

I have given the patient, or the person named above, an opportunity to ask questions which I have answered as fully as possible.

Doctor performing procedure: .....

(PRINT NAME)

Signature: .....

Procedure date: .....

CONSENT FOR PROCEDURE (continued)  
PATIENT DECLARATION

I confirm that:

- The doctor has explained to me the procedure's benefits, risks, alternative treatments, the risks of not having the procedure, any problems specific to me, and the likely outcomes if complications occur.
- I understand that in some circumstances the expected result may not be achieved.
- The doctor has offered me the opportunity of being referred to an alternative specialist.
- I have had the opportunity to ask questions about my condition, the procedure, its risks and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I consent to the administration of anaesthetics, medicines or other forms of treatment normally associated with this procedure.
- I agree to comply with the post-operative instructions (verbal and/or written) provided by the clinic, its doctors and other healthcare staff.
- I understand that de-identified photographs, clinical information and test results will be retained as part of my medical record.

Based on the above statements, I request to have the above procedure.

Patient Name: .....

Signature: ..... Date: .....  
(Patient/Parent/Guardian)

*Statement of interpreter (where applicable)*

*I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.*

*Interpreter Name: .....*

*Signature: ..... Date: .....*