

Patient Name:

Procedure Information

I consent to undergo the following procedure(s) under local anaesthetic:
Excision/punch biopsy of skin lesion(s) at site(s):

Nature of the Procedure

I understand that:

- The procedure involves removal of a skin lesion under local anaesthetic injection
- The wound may be closed with stitches (sutures), a local skin flap, or a skin graft depending on the size and location of the defect
- The type of closure will be determined at the time of the procedure based on clinical judgement
- The removed tissue will be sent for histopathology examination
- Results typically take 10-14 days and further treatment may be required depending on the histology result
- I will be contacted regarding the histology results and any follow-up required

Risks and Complications

My doctor has explained the following risks and complications associated with this procedure:

Common risks:

- Bleeding or bruising at the surgical site
- Infection requiring antibiotic treatment
- Pain or discomfort following the procedure
- Scarring (all surgical procedures leave a scar; the appearance varies between individuals)
- Wound breakdown or delayed healing

Less common but important risks:

- Thick, wide, raised (hypertrophic or keloid) or cosmetically unsatisfactory scarring
- Numbness or altered sensation around the surgical site
- Damage to small nerves or blood vessels
- Need for further surgery or scar revision
- Allergic reaction to local anaesthetic, suture material, or dressings

Specific to skin flaps or grafts:

- Partial or complete loss of the flap or graft requiring further surgery
- Colour or texture mismatch with surrounding skin
- Contour irregularity or depression at the surgical site
- Need for revision or additional procedures to improve cosmetic outcome

Histology-related risks:

- The lesion may require further excision if margins are incomplete
- Unexpected pathology may be found requiring specialist referral
- In rare cases, malignancy may be diagnosed requiring further treatment

Post-Procedure Care

I understand that I must:

- Keep the wound clean and dry as instructed
- Avoid strenuous activity that may disrupt the wound
- Attend for suture removal if required (typically 5-14 days depending on site)
- Contact the practice if I develop signs of infection (increasing pain, redness, swelling, discharge, fever)
- Attend follow-up appointments to discuss histology results

Alternative Options

I understand that alternatives to this procedure may include:

- Observation and monitoring of the lesion
- Referral to a dermatologist or plastic surgeon
- Other treatment modalities (cryotherapy, curettage, etc.) if appropriate

Patient Declaration

I confirm that:

- I have read and understood this consent form (or it has been read to me)
- The procedure, its purpose, risks, benefits and alternatives have been explained to me in terms I understand
- I have had the opportunity to ask questions and all my questions have been answered satisfactorily
- I understand that the doctor may need to modify the procedure at the time based on clinical findings
- I consent to the use of local anaesthetic and any necessary wound closure technique including flaps or grafts
- I understand that any tissue removed will be sent for histopathology examination
- I consent to clinical photographs of my lesion and/or procedure being taken and stored in my medical record. These photographs may also be used in a de-identified form for teaching, professional education, and inclusion in the clinician's portfolio or practice showcase (for example, presentations or website), as explained to me.
- I understand that no guarantee has been made about the outcome of this procedure
- I have been given sufficient time to consider this decision

Consent

I hereby consent to undergo the above procedure(s) and any necessary modifications as determined by the treating doctor.

Patient Signature: _____

Date: _____

Patient Name (printed): _____