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INFORMED-CONSENT-SKIN CANCER SURGERY

PATIENT: _____ **DATE:** _____

TIME: _____

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning skin cancer surgery(s), its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

The surgical removal of skin cancer is a procedure frequently performed by plastic surgeons. Because skin cancer will not disappear spontaneously, surgical removal is a treatment option. There are many different techniques for removing skin cancers. Various surgical procedures may be involved in reconstruction after the skin cancer is removed.

ALTERNATIVE TREATMENT

Alternative forms of management include not treating the skin cancer condition, undergoing radiation therapy, the use of medications applied to the skin cancer, and destruction by non-surgical techniques.

There are risks and potential complications associated with alternative methods of skin cancer treatment.

RISKS of SKIN CANCER SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. There are both risks and complications associated with the surgical removal of skin cancers. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of skin cancer surgery.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

Infection- Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within both the skin and deeper tissues. Scars may be unattractive and of darker color than surrounding skin tone. There is the possibility of visible marks from sutures used to close the wound after the removal of skin cancer. There is the possibility that scars may limit motion and function. Additional treatments including surgery may be needed to treat scarring.

Damage to deeper structures- Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. The potential for this to occur varies with where in the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

Systemic spread of skin cancer- Certain varieties of skin cancer can spread to other areas of the body. Depending on the cell type and degree of invasion of the skin cancer, additional surgery or cancer treatment may be necessary.

Recurrence of skin cancer- Skin cancers in rare situations can recur after surgical excision. Additional treatment or secondary surgery may be necessary.

Poor result- There is the possibility of a poor result from the removal of skin cancer. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, skin death, and loss of sensation. Even if the skin cancer is removed successfully, you may be disappointed with the results of reconstructive surgery.

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Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Frozen-section inaccuracy- Frozen-section techniques used to determine tissue pathology and completeness of tumor removal may be inaccurate. It is possible that subsequent tissue analysis may identify that there may be incomplete removal of the skin cancer or the presence of a different tissue pathology. Additional surgery may be necessary if it is determined that the removal of the skin cancer is incomplete.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with skin cancer removal. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, anesthesia, and outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revisionary surgery would also be your responsibility.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). This document is based on a thorough evaluation of scientific literature and relevant clinical practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. This informed-consent document reflects the state of knowledge current at the time of publication.

It is important that you have read the above information carefully and have all of your questions answered before signing the consent.

1. I hereby authorize Dr. Mark Broudo and such assistants as may be selected to perform the following procedure or treatment:

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

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5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____

Witness _____

Patient Initials _____