INFORMED CONSENT FOR SKIN LACERATION / WOUND REPAIR

INSTRUCTIONS
This is an informed-consent document that has been prepared to help inform you concerning skin laceration/wound repair 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 treatment of scars is a procedure frequently performed by plastic surgeons. Laceration are the unavoidable result of injuries, disease, or surgery. It is impossible to totally remove the presence of a scar or laceration, yet plastic surgery may improve the appearance and texture of laceration or scars. There are many different techniques of skin laceration / wound repair surgery. There is no guarantee of any outcome. The goal is improvement not perfection. Satisfaction is based on realistic expectations.

ALTERNATIVE TREATMENTS
Alternative forms of treatment consist of not treating the skin laceration or scar or wound. Other surgical techniques may be used to revise scars. Risks and potential complications are associated with alternative forms of treatment.

RISKS of Skin Laceration / Wound Repair surgery
Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. 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 the skin laceration / wound repair.

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 (hematoma). Do not take any aspirin or anti-inflammatory medications before and 2 weeks after surgery, as this may contribute to a greater risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding.

Infection- Infection is unusual after surgery. However, after skin laceration infection is likely. Infection is very high after accidents, animal or human bites, and in dirty injuries. Should an infection occur, additional 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 both within the skin and the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. Sutures and staples used to close the wound may leave visible marks. There is the possibility that scars may limit motion and function. Additional treatments including surgery may be needed to treat abnormal scarring. In the case of wide lacerations and wounds especially with missing tissue, poor scars are unavoidable and should be expected and will require future scar revision to improve the results.

Damage to deeper structures- Deeper structures such as nerves, blood vessels and muscles may be damaged from the accident or during the course of surgery. The potential for this to occur varies according to where on the body the injury is located. Injury to deeper structures may be temporary or permanent. If nerves are damaged repair may not be successful. Facial nerve injury may cause permanent cosmetic deformity and well as functional deformity of the face, eye and mouth. Rehabilitation surgery and revision surgery may be needed and may not be successful.
Skin Laceration / Wound Repair Surgery, continued

Wound disruption - Until wound healing is complete; it is possible to split open the surgical wound where the skin laceration / wound repair was performed. Wound disruption can produce a poor surgical result. If this occurs, additional treatment may be necessary.

Deeper sutures - Some surgical techniques use deep sutures. These items may be noticed by the patient following surgery. Sutures may spontaneously poke through the skin, be visible, or produce.

Patient compliance - The patient or family for a minor or dependent is responsible for contacting our office and making follow up appointments and for calling if any problems occur. Poor results or severe complications may occur if the patient does not follow up with the doctor. Patient compliance with post-operative activity restriction is critical. Personal and vocational activities that involve the potential for reinjury to the skin laceration / wound repair must be avoided until healing is completed.

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

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.

Delayed healing - Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. It is even possible to have loss of skin or deeper tissue. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications. You should stop smoking and avoid second hand smoking for several months after your surgery.

Unsatisfactory result - There is the possibility of an unsatisfactory result from the skin laceration / wound repair. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, skin death and loss of sensation. You may be disappointed with the results of surgery.
Retained Foreign Debris/Materials. You may require removal of tiny residual fragments of glass, metal, wood, plastic, rocks, dirt and/or other materials from the area of injury/accident in the future. Due to the nature of accidents, although all visible and palpable glass, metal and debris is attempted to be removed during your initial repair surgery, some fragments of material still always remain. Residual foreign material is common after injuries and accidents. These materials and debris may need to be removed in the operating room in the future. These procedures and all revisions would of course be your financial responsibility.

Inability to heal. Conditions that involve disease, injuries including burns, severe avulsion or crush injury, or surgical removal of tumors can produce severe wounds. Some wounds may fail to close despite reconstructive effects and repeat surgery.

FINANCIAL RESPONSIBILITIES
The cost of surgery involves several charges for the services provided. This cost includes: surgeon’s fee, anesthesia fee, surgical center fee, office visits, and if applicable initial garment, implants, and overnight stay at the surgery center. Prescription medications and any pathology are a separate expense and are not included in this quote. All costs arising directly or indirectly from surgery such as post surgical recovery longer than expected, inpatient hospitalization, complications, emergencies, transportation, ambulance, medical flights and blood transfusion, if needed, are not included in these costs. These and any other unanticipated fees and costs, including those not covered by insurance, are the responsibility of the patient. If the procedures do not meet the patient’s highest expectations, and revision procedures are desired to achieve better results within the first two years, there may be, on a case by case basis, a reduction in the surgeon’s fee for the revision procedures. However, the cost of the operating room, hospital, supplies, implants and anesthesia will be the responsibility of the patient.
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). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. 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.

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

I have read and understand the following Informed Consent Material for my specific procedure:

- Informed Consent For Skin Laceration / Wound Repair
- Medication and Smoking Avoidance Sheet
- DVT prevention sheet

The risks, benefits, and alternatives of the procedure(s) were explained to me. I understand the specific risks in the consent material for my surgery and understand the significant risks of bleeding, loss of skin and tissue, wound problems, infection, injury to neighboring structures, capsule contracture(if implants involved), asymmetry, pulmonary emboli, deformity, healing problems, poor scars, loss of sensation(feeling), appearance/psychological changes, unsatisfactory result, need for future revision surgery and anesthesia. I understand the anticipated results and limitations of the surgery procedure(s). I have realistic expectations and realize that there are no guarantees in plastic surgery. The following instructions were explained to me: Pre and Post procedure instructions, DVT prevention instructions, and medications to avoid instructions. I agree to follow all instructions, to follow up as directed, and to notify the office if any problems or questions arise.

Sign →

Witness →

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