

Consent to Body Odor Surgery (Template)

Patient's Name: _____ Patient's Date of Birth: _____
Medical Record No. : _____ Name of Responsible
Physician: _____

I. Surgery to be implemented (please add a brief explanation for any complicated medical term)

1. Recommended Surgery (Site):

2. Recommended Reason for the Surgery:

(please note the specific side for the part with difference of left and right)

II. Statement of the Physician (please mark "V" for an item that has been notified to the patient and "X" for an item that hasn't been notified to the patient)

1. I have tried my best to explain the information relevant to the surgery in a way that the patient can understand, particularly involving the following items:

- Reason for the surgery, steps, range, risk and success rate of the surgery and possibility of blood transfusion
- Surgical complications and possible treatments
- Possible consequence of not implementing the surgery and other alternative treatments
- Any temporary or permanent symptom that may occur after the surgery
- I have delivered the additional surgery-related descriptive information the patient if any

2. I have left sufficient time to allow the patient to ask questions related to the surgery and have answered the questions too:

- (1)
- (2)
- (3)

Signature of the Physician Responsible for the Surgery:

Date: _____

Time: ____ (h) ____ (m)

III. Statement of Patient

1. The physician has explained to me and made me fully understand the information relevant to necessity, steps, risk and success rate of the surgery.
2. The physician has explained to me and made me fully understand the risks of other alternative treatments.
3. The physician has explained to me and made me fully understand the possible prognosis of the surgery and the risk of not implementing the surgery.
4. I've understood blood transfusion may be necessary during the surgery; **I** **agree** **disagree with blood transfusion.**
(Except for an emergent case as specified in Article 63 of the Medical Care Act.)
5. I have put up my questions and doubts regarding my condition, the surgery and treatment etc. and received replies.
6. I understand in case it is necessary to incise an organ or tissue during the surgery, the organ or tissue may be kept for a period of time in the hospital for the purpose of pathological analysis and report and the organ or tissue will be disposed discreetly as per relevant laws and regulations by the hospital.
7. I understand the surgery may be the most appropriate option at present but it cannot be ensured that the surgery would improve my condition definitely.

I agree with implementation of the surgery based on the statement above.

Signature of the Consenter:

Relation with the Patient: _____

Tel: (0) _____

Address: _____

Date: _____

Time: ____ (h) ____ (m)

Signature of the Witness:

Witness is unnecessary, Signature:

Date: _____

Time: ____ (h) ____ (m)

Remarks: _____

I. General Surgical Risks

1. Except for surgeries with local anesthesia, a small part of lungs may collapse and lose function during a surgery, resulting in an increase of the possibility of chest infection, which may require antibiotics and respiratory therapy.
2. Surgeries except for those with local anesthesia may cause vascular embolization accompanied by pain and swelling in legs. And coagulated blood clots may disperse and enter into lungs, causing a deadly danger; but such situation is not common.
3. Since the heart is under stress during a surgery, a heart disease or stroke may be induced.
4. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

II. The patient shall sign the field of "Signature of the Consenter" personally; but if the patient is a minor or unable to sign in the field personally, the person provided in Item 2, Article 13 of the Medical Care Act shall sign in the field <The Civil Law provides: an adult is a person whose age is 20 or above.>.

III. In case the consenter is not the patient, the relation between the consenter and the patient shall be filled in the field of "Relation with the Patient".

IV. As for the witness, the field may be left blank when there isn't any witness; but the box in front of "Witness is unnecessary" should be ticked and the person who ticks the box should leave a signature.

V. **Any medical activity relevant to a plastic or cosmetic surgery that is not necessary medically must not be executed for minors under the age of eighteen in accordance with Item 4.1 of Article 28, Physicians Act of Republic of China, Taiwan.** ◦

Description of Body Odor Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of body odor surgery, possible problems during recovery and possible consequences without implementing the surgery, which can be used as reference for discussions between patients and physicians. Please discuss with your physician if you still have any doubt after the physician gives his/her explanation before you sign on the consent.

I 、 Patient's Conditions: body odor caused by bacterial reproduction due to excessive secretion of axillary subcutaneous apocrine glands.

II 、 Purpose & Benefit: to reduce axillary subcutaneous apocrine glands to reduce their secretion and the body odor accordingly.

III 、 Method: resection with swivel knife or traditional open resection. The patient should inform her physician if she meets any one of the following conditions:

1. Likely to suffer from blood coagulation dysfunction.
2. Likely to suffer from scar hyperplasia.
3. Allergic to some drug.
4. Smoking and drinking.
5. Having ever accepted a surgery before.
6. Taking medicines that may affect blood coagulation such as Aspirin, Vitamin E and Warfarin etc.
7. Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis.

IV 、 Expected Result: reduction of body odor.

V 、 Possible Complications, Probability of Sequelae and Treatment (including but not limited to the following):

1. Wound hematoma or postoperative bleeding (about 5%): slight hematoma can be absorbed gradually and major bleeding needs surgical hemostasis. Wound itch, infection, scar hyperplasia, hypertrophy or contracture.
2. Partial underarm skin necrosis or relapse of body odor due to poor wound healing may happen to a small number of patients.
3. A few patients may feel local pain or numbness in the arm or chest and suffer from subcutaneous cyst.
4. Other incidental diseases and complications

VI 、 Success Rate: 若 generally the success rate is ____% approximately if there is no wound infection or hematoma.

VII 、 Possible problems during postoperative recovery period:

1. Unstable skin is prone to blister or hypertrophic scar contracture.
2. Wound cares for surgery of axillary subcutaneous apocrine gland:
 - 1) Please do not remove any gauze compress or drainage tube (if any) discretionally after the surgery as there will be some red exudate at the wound, which may be removed by your physician according to his/her evaluation during your revisit.
 - 2) Please clean your wound once in the morning, noon and evening per day (you may clean the wound with cool or warm boiled water or saline solution) and wipe it after cleaning. Do not rub your wound hard and keep it dry and clean. You should use a sterile cotton swab to apply a thin layer of ointment on the wound after cleaning.
 - 3) Avoid movements including raising or stretching both arms and using arms with force. Massage your wound continuously for 3 to 6 months based on your physician's instructions.

VIII 、 Supplementary Description:

1. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; it would be better for a smoker to quit smoking for one month prior to accepting such surgery
2. If you are a patient who is taking any anticoagulant drug, please discuss with your internist about the feasibility of stopping taking such drug for 1 - 2 weeks since such drug may cause a disturbance of blood coagulation and affect wound healing.

IX 、 Literatures

1. Treatment for Axillary Osmidrosis with Suction-Assisted Cartilage Shaver British Journal of Plastic Surgery 2005 58:223-7
2. Bromhidrosis Treatment & Management, <http://emedicine.medscape.com/article/1072342-treatment#showall> .

X 、 Questions from the Patient and Her Family:

- (1) _____
- (2) _____
- (3) _____

Patient (or Family/ Legal Representative): _____ (Signature & Seal)

- I have understood the description stated above and agree to accept the body odor surgery (please sign on the Consent to Body Odor Surgery).
- I have understood the description stated above and disagree to accept the body odor surgery.

Relation with the Patient: _____ (Required)

Physician for Explanation: _____ (Signature & Seal)

Date & Time: