

Consent to General Dermatological 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 General Dermatological Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of general dermatological 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: resection or biopsy of the skin in the area with lesion by surgical incision.

II 、 Purpose & Benefit:

1. Excision of tumor or lesion tissue.
2. The suspected skin with lesion is excised for pathological tissue examination in order to provide reference for follow-up treatment.

III 、 Method:

1. The physician will disinfect the skin and implement local anesthesia in the surgical site at first; then cut the skin in the area with lesion, excise the tumor or acquire the tissue with suspected lesions next and stitch the wound finally.
2. The operative duration varies according to the patient's conditions and is generally about 20 to 60 minutes. The patient should lie flat during the whole process of surgery and if there is any discomfort, please immediately inform the medical staff. The nursing staff will help the patient to dress the wound and observe whether there is any bleeding when the surgery is ended.

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

1. Pain: the sensation of pain is different for different patients. Commonly the pain is minor and temporary.
2. Hematoma or blood stasis: an appropriate compression may be used for the puncture wound to stop bleeding, hematoma or blood stasis and occurrence rate of hematoma or blood stasis is about 2% - 3%.
3. Infection: the rate of infection is 2% - 3%.
4. Allergy to local anesthetic and shock.
5. Cheloid.
6. Other occasional side effects and complications.

V 、 Success Rate: success rate of the examination is ____% averagely.

VI 、 Alternatives:

1. To ease the pain of subcutaneous tumor-like lesion: a bodkin can be used for drainage of cystic lesion; but the pain is easy to relapse and the alternative is ineffective to a substantial tissue mass.
2. Confirmation on pathological pattern of lesion: resection or section is the only way for acquirement of lesion tissue for pathological examination.

VII 、 Risk without Implementation of the Surgery: the lesion tissue structure and pathological pattern cannot be confirmed; thus a correct treatment plan cannot be established.

VIII 、 Possible problems during postoperative recovery period:

1. Pain: the sensation of pain is different for different patients. Generally the pain is minor and temporary.
2. Blood stasis or hematoma: wound compression may reduce the incidence of blood stasis to less than

5% and that of hematoma to no more than 1%.

IX 、 References: Fitzpatrick's dermatology in general medicine. 8th ed. 2012.

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 General Dermatological Surgery (please sign on the Consent to General Dermatological Surgery).

I have understood the description stated above and disagree to accept the General Dermatological Surgery .

Relation with the Patient: _____ (Required)

Physician for Explanation: _____ (Signature & Seal)

Date & Time:

