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## INFORMED CONSENT FOR SKIN CANCER SURGERY REPAIR (Repair of defect after skin cancer removal)

### WHY MIGHT I NEED SURGERY AFTER SKIN CANCER REMOVAL?

Skin cancer in light-skinned people is relatively common. In order to remove the cancer, a dermatology surgeon (MOHS surgeon) may remove the cancer and ask your doctor to repair the defect (missing tissue).

### HOW IS THE SKIN REPAIR DONE?

Repair of the missing skin tissue is usually done in an operating room. If the defect is small, it may be done under simple local anesthesia. However, if the defect is large, it may require general anesthesia. Two basic techniques are used: Flaps and Grafts. A skin graft is done by removing skin in a normal spot and stitching it to fill in the missing tissue from the skin cancer removal surgery. A flap is done by incising (cutting) and stretching the skin around the defect to fill in the hole. Your doctor will choose the type of closure that he feels is best for your skin defect.

### HOW WILL THIS SURGERY AFFECT MY APPEARANCE?

The cosmetic results of the skin cancer repair surgery depend upon the patient's severity (size) and location of the defect, the patient's unique anatomy and appearance goals. Skin cancer defect surgery is not considered cosmetic surgery but most patients feel that they look better after the cancer is removed and they have healed. The goal of this surgery is to rid the patient of the cancer and give them the very best cosmetic (normal) appearance as possible.

It is important to note that some patients have unrealistic expectations about how skin cancer surgery will impact their lives. Carefully evaluate your goals and your ability to deal with changes to your appearance before agreeing to this surgery. Understand the risks and ask questions of your doctor.

### WHAT ARE THE MAJOR RISKS?

Risks of skin cancer surgery include but are not limited to: bleeding, infection, an asymmetric or unbalanced appearance, scarring, numbness and/or tingling on the face and damage to nerves that move the face or give feeling to the face. You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery. Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result. For some patients, changes in appearance may lead to anger, anxiety, depression, or other emotional reaction.

### WHAT ARE THE ALTERNATIVES?

In some patients (bed-ridden patients that are unable to undergo surgery or patients that refuse surgery) the skin cancer can be treated with topical medicine and treatments (freezing therapy) or even radiation. The downside of this type of treatment is that it is impossible to tell if all the cancer

cells are dead. The skin cancer may look as if it is gone and then return months or years later. Surgery is considered to be the gold standard.

**WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE THE MAJOR RISKS?**

The type of anesthesia will depend on the size and location of the tissue defect and patient preference. It may be simple local numbing with lidocaine (novocaine) or general anesthesia with the patient completely asleep. Risks of anesthesia include but are not limited to damage to the eye and surrounding tissue and structures, loss of vision, breathing problems, and, in extremely rare circumstances, stroke or death.

**PATIENT'S ACCEPTANCE OF RISKS**

- I understand that it is impossible for my doctor to inform me of every possible complication that may occur.
- I have been informed that results (functional or cosmetic) cannot be guaranteed, that adjustments and more surgery may be necessary, and that there may be additional costs associated with more treatment.
- By signing below, I agree that my doctor has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of skin cancer surgery, and the costs associated with this surgery and future treatment. I feel that I am able to accept the risks involved.

I have been offered a copy of this document.

I consent to skin cancer surgery on:

Right    Left    side: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient (or person authorized to sign for patient)