



CONSENT FORM

FOR

DEBRIDE BURN & APPLY MESHED SPLIT THICKNESS SKIN GRAFT & CEA

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)*
have aburn affecting my.....*(location/side)* and **debriding the burn & application of meshed, split thickness skin graft and cultured epithelial autograft (CEA)** is proposed:

Where the burn covers a large area, a split skin (partial thickness) graft may be enlarged by cutting a series of slits in the graft using a special machine. This can be combined with previously harvested cultured epithelial autograft (CEA) cells to give a better cosmetic result.

Under a general anaesthetic, the burned area is cleaned and any dead tissue cut away. The donor site is chosen and prepared and a partial thickness skin graft cut using a special knife. The donor site is dressed to encourage rapid healing.

The graft is run through a meshing machine and then laid over the wound. The prepared CEA skin cells are sprayed onto the wound to fill in the spaces in the mesh. The wound is dressed to prevent drying out and limit any shearing forces. Depending on the burn site, it may be kept still for five days to encourage the graft to 'take' successfully (survive). The dressings stay in place for five days.

RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your burns specialist if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **debriding the burn & application of meshed, split thickness skin graft** has the following **specific risks and limitations**:

- The graft is fragile and areas may fail to take.
- The donor site may heal with a scar.
- While the donor site is healing it may be painful and may itch.
- The recipient site is likely to heal with a more obvious (patterned) scar, particularly if the graft has been stretched to cover a large area.
- If either wound becomes infected, healing will be delayed and damage to the skin may be deepened.

I understand some of the above risks are more likely if I am overweight or have other medical conditions.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my own individual circumstances**, that I have considered in deciding I will have this operation:

.....
.....

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DECLARATION BY PATIENT

- I acknowledge the burns specialist has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the burns specialist any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my burns specialist during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist burns specialist may perform the procedure.
- I have received a copy of this form to take home with me.
- If any staff member is injured or exposed to my blood or other body fluids then I give my consent to a sample of my blood being collected for the purpose of testing for blood borne disorders, such as Hepatitis B and C and HIV.

Signature of patient

Date

Name of patient

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained to the patient the nature of the condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Doctor's name

(please print)

Date

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's
signature

Date

Interpreter's name

(please print)