



**CONSENT FORM
FOR**

**DEBRIDE & APPLY SITE-SPECIFIC
CULTURED EPITHELIAL AUTOGRAFT**

Med Rec. No.....
Surname:.....
Forename:
DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)* have a
..... burn on my*(location/side)*
and that **debriding & application of site-specific cultured epithelial autograft** is proposed:

This means cleaning the burn wound and removing any dead tissue, then applying cells from a donor site taken from skin that matches the burn site skin closely.

Under a local anaesthetic before going to theatre, or at the time of surgery, a small skin sample is taken from a site where the skin has similar features to the area needing the graft. The donor site is dressed to encourage healing and the cells are prepared for grafting.

Under a general anaesthetic, the burn site is cleaned and any dead tissue removed. The prepared skin graft cells are then sprayed onto the wound and the wound is dressed to prevent drying out and limit any shearing forces. 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 & application of site-specific cultured epithelial autograft** has the following **specific risks and limitations**:

- I will have a small scar where the tissue sample was taken for grafting (donor site).
- Some or all of the graft may fail to 'take' (survive), particularly if the wound becomes infected.
- Once healed, the burn site will need to be protected from the sun.

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 individual circumstances** that I have considered in deciding I will have this operation:

.....
.....

MR DEBRIDE & APPLY SITE-SPECIFIC CULTURED EPITHELIAL AUTOGRAFT

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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 personal 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 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 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 **Date**
(please print)

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)