



**CONSENT FORM
FOR
DEBRIDE BURN & APPLY SPLIT
THICKNESS SKIN GRAFT**

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

AFFIX LABEL HERE

PROPOSED TREATMENT

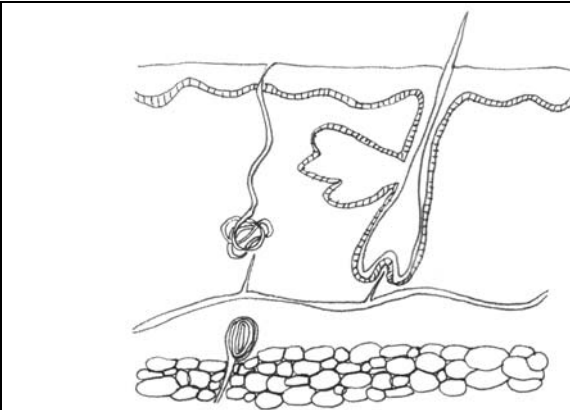
The doctor has explained that I (*name of patient*)
have a.....burn on my(*location/side*)
and that **debriding the burn & application of split thickness skin graft** is proposed:

This means removing any dead tissues and covering the raw areas with a layer of skin taken from elsewhere on the body. The skin graft only removes the upper layers of skin, leaving the lower layers, which can then rapidly regrow new skin cells to heal the graft site.

Under a general anaesthetic, the burn site is cleansed and any areas of dead tissue cut away to the level of healthy tissue. A suitable site of normal skin elsewhere on the body (often an upper thigh) is prepared by painting with antiseptic (donor site).

Using a special knife, the surgeon cuts a very thin layer of skin to use as the graft. This is laid over the cleaned burn and held in place with a special layered dressing. The dressing helps reduce the risk of shearing forces and fluid collections lifting the graft

The donor site is dressed for comfort and to encourage rapid healing. The patient is rested in bed for several 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 split thickness skin graft** has the following **specific risks and limitations**:

- The skin graft may fail to 'take' (survive).
- I will have a permanent scar at the donor site.
- The donor site or the burn site may become infected, slowing or preventing healing and deepening the damage.
- The skin graft may be too thin or may be a poor colour match.
- The graft site may contract as it heals, with a thickened scar (keloid) and /or limitation of movement if the scar crosses a joint.

I understand some of the above risks are more likely if I am overweight or has 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 CONSENT FORM FOR DEBRIDE BURN & APPLY SPLIT THICKNESS SKIN GRAFT

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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 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 **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)