



**CONSENT FORM  
FOR  
FULL 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 a **full thickness skin graft** is proposed:

**This means using a piece of skin from elsewhere in the body to cover a deep burn. The graft consists of all skin elements.**

**Under a general anaesthetic, the recipient site (the burn) is cleaned and any dead tissue cut away. A suitable donor site is chosen, so the colour and nature of the skin is as good a match as possible and the skin cleansed. The skin graft is cut, placed on the burn site and bandaged into place.**

**The donor site defect may be closed directly with stitches. Alternatively, the donor site may need a split skin graft itself to heal. If this is the case, a thin (partial thickness) graft is taken from a third site (eg. the upper thigh), laid over the defect and bandaged into place. The split skin donor site is then dressed to encourage healing.**

**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 **full thickness skin graft** has the following **specific risks and limitations**:

- The graft may fail to take and further treatment may be required.
- If any of the sites becomes infected, healing will be delayed and the damage may be deepened.
- The burn or donor sites may heal with scarring, which may contract in time and limit movement if the scar is located across 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 FULL THICKNESS SKIN GRAFT

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**DECLARATION BY PATIENT**

- I acknowledge the 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 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 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 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 patient's 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)*