



**CONSENT FORM
FOR
IMPLANTING TISSUE EXPANDER
& SCAR REVISION (STAGE 1)**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*)
have a **scar** on my (*location/side*)
that requires **revision** and that **implanting a tissue expander** is proposed:

This means implanting a silicone balloon under the skin. The balloon has a mechanism to allow gradual inflation and therefore the overlying skin can be gradually stretched. The scar can then be revised using the excess skin. The advantage of this technique is that it uses skin that is a good cosmetic match to the skin in the damaged area.

Under a general anaesthetic, a small cut is made near the scar and a pocket created under the skin to hold the tissue expander. The skin wound is closed over the implanted balloon.

Once the wound has healed, the expander will be gradually blown up using a series of injections of salt water over the next few months.

RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your plastic surgical 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 **implanting a tissue expander** has the following **specific risks and limitations**:

- I will have a scar where the expander has been implanted. While the tissue is being grown/stretched over several months, the expander will create a noticeable bulge
- The wound may become infected, with redness, swelling and discharge, and I may need antibiotics to treat this. In severe cases, the expander may have to be removed earlier than intended.
- I may have some discomfort and the skin over the balloon may feel tight for few hours after each salt-water injection.
- I will need a second operation to remove the expander and replace the old scar with the new skin.
- While the results of scar revision using tissue expansion are often better than using other techniques, I understand the goal is improvement in the area's appearance and that that I cannot expect the result to be perfect.

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:

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DECLARATION BY PATIENT

- I acknowledge the plastic surgeon 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 plastic surgeon 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 the surgeon during this operation to insert a tissue expander.
- 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 surgeon 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 **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)