



**CONSENT FORM
FOR
SCAR REVISION USING
DERMABRASION & CEA
RESURFACING**

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

AFFIX LABEL HERE

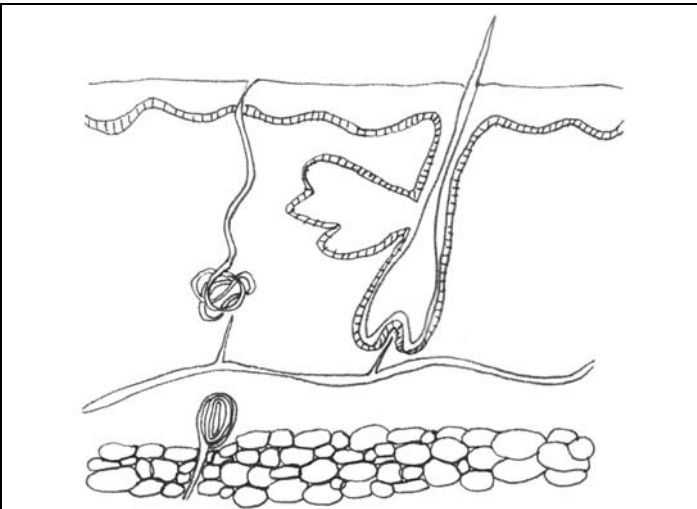
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*)
have a **scar** on my (*location/side*)
that requires **revision** and that **dermabrasion and resurfacing using a cultured epithelial autograft (CEA)** is
proposed.

This means brushing away the upper layers of skin cells from the scar and using skin cells from a small sample of the patient's own normal skin to cover the brushed area.

Under a general anaesthetic, the scarred area is "sanded" using a high speed rotating brush or abrasive wheel. This brushes away the upper layers of the scar tissue, leaving a raw layer, a little like sunburn.

Either before the operation or at the time of surgery, a small sample of normal skin cells is taken from an area of normal skin that closely matches the wound area. The cells are treated using a special process so they can be reapplied to the wound to both speed up healing and give a good cosmetic result. The donor area is usually very small and simple dressings are all that is needed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your plastic surgeon 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 **dermabrasion and CEA resurfacing** 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 CEA graft may fail to 'take' (survive), particularly if the wound becomes infected.
- Once healed, the site will need protection from the sun.
- The wound may become infected, with redness, swelling and discharge, and I may need antibiotics to treat this.
- While the results of scar revision using dermabrasion and CEA resurfacing are good, I understand the goal is improvement in the area's appearance and that that I cannot expect the result to be perfect. There will always be a scar – the aim is to improve the quality of the scar to blend better with the surrounding skin.

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:

.....
.....

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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.
- 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 plastic 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)