



Department of Health
Government of Western Australia

**CONSENT FORM
FOR
REMOVAL OF TISSUE EXPANDER
& SCAR REVISION (STAGE 2)**

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 is now
ready for **removal of the tissue expander and revision of the scar:**

This means removing the silicone balloon from beneath the skin and using the newly expanded tissue to replace the scar.

Under a general anaesthetic, the scar is cut out. The new skin is trimmed to fit the defect and re-positioned to cover the wound. The skin wound is closed.

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 **removing the tissue expander** has the following **specific risks and limitations:**

- I will have a permanent scar where revision has been completed, but this will fade with time
- The wound(s) may become infected, with redness, swelling and discharge, and I may need antibiotics to treat this.
- There is a very small chance the re-positioned skin may not 'take' and the wound may have to be revised again.
- 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 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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MR CONSENT FORM FOR REMOVAL OF TISSUE EXPANDER & SCAR REVISION (STAGE 2)

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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 scar revision 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 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)