



**CONSENT FORM
FOR
INGROWING TOE NAIL
SURGERY**

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

AFFIX LABEL HERE

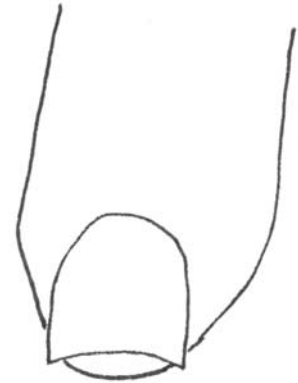
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have an ingrowing toenail(s) and that **surgical treatment of the nail bed** on theside/s is proposed:

Under a local anaesthetic, a tourniquet is placed round the toe base to control bleeding and all or part of the toe nail is removed.

Several options are available to treat the nail bed to reduce the risk of recurrence of symptoms. These include applying phenol to part or all of the nail growing area to prevent nail regrowth. Alternatively, a wedge of tissue may be removed including the skin fold at the side of the nail and part of the nail growth area to prevent regrowth. The defect may be closed with stitches.

Your surgeon will explain which option(s) are most appropriate for your condition.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic**.

I may have side effects from any of the drugs used.

I understand the procedure has the following **specific risks and limitations**:

- The condition may recur.
- My wound may become infected, with pain, redness and possibly a discharge. This may require antibiotic treatment. If the pain is severe, I must remove the dressing completely and contact the hospital.
- Rarely, if the blood supply to my toe is poor eg due to diabetes or atherosclerosis (furring up of the arteries), any surgical treatment of my toe may fail to heal and may even cause the tissues to die.
- If I notice severe pain after the operation, I understand I must remove the dressing completely and contact the hospital.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

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.....

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DECLARATION BY PATIENT

- I acknowledge the 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 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 my 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 surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient _____ **Date** _____

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 the nature and consequences of the operation 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)