

## **INFORMED-CONSENT-SCAR REVISION SURGERY**

©2000 American Society of Plastic Surgeons. Purchasers of the Patient Consultation Resource Book are given a limited license to modify documents contained herein and reproduce the modified version for use in the Purchaser's own practice only. All other rights are reserved by American Society of Plastic Surgeons. Purchasers may not sell or allow any other party to use any version of the Patient Consultation Resource Book, any of the documents contained herein or any modified version of such documents.

# INFORMED-CONSENT-SCAR REVISION SURGERY

## **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you concerning scar revision surgery(s), its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

## **INTRODUCTION**

The surgical treatment of scars is a procedure frequently performed by plastic surgeons. Scars are the unavoidable result of injuries, disease, or surgery. It is impossible to totally remove the presence of a scar, yet plastic surgery may improve the appearance and texture of scars. There are many different techniques of scar revision surgery. Other treatments including physical or hand therapy may be needed in addition to surgery.

## **ALTERNATIVE TREATMENTS**

Alternative forms of treatment consist of not treating the scar condition, injections of cortisone type drugs into the scar, or the use of special compressive garments/devices worn over the scar. Dermabrasion, laser treatments and other surgical techniques may be used to revise scars.

Risks and potential complications are associated with alternative forms of treatment.

## **RISKS of SCAR REVISION SURGERY**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the surgical revision of scars.

**Bleeding**- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may contribute to a greater risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding.

**Infection**- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics or additional surgery may be necessary.

**Scarring**- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. Sutures and staples used to close the wound may leave visible marks. There is the possibility that scars may limit motion and function. Additional treatments including surgery may be needed to treat abnormal scarring.

**Damage to deeper structures**- Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

**Wound disruption**- Until wound healing is complete, it is possible to split open the surgical wound where the scar revision was performed. Wound disruption can produce a poor surgical result. If this occurs, additional treatment may be necessary.

**Deeper sutures**- Some surgical techniques use deep sutures. These items may be noticed by the patient following surgery. Sutures may spontaneously poke through the skin, be visible, or produce irritation that requires removal.

## **SCAR REVISION SURGERY, continued**

**Patient compliance**- Patient compliance with post-operative activity restriction is critical. Personal and vocational activities that involve the potential for re-injury to the scar revision must be avoided until healing is completed.

**Allergic reactions**- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Surgical anesthesia**- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Delayed healing**- Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. It is even possible to have loss of skin or deeper tissue. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

### **Smokers have a greater risk of skin loss and wound healing complications.**

**Unsatisfactory result**- There is the possibility of an unsatisfactory result from the surgery to revise scars. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, skin death and loss of sensation. You may be disappointed with the results of surgery.

## **ADDITIONAL SURGERY NECESSARY**

In some situations, it may not be possible to achieve optimal revision of scarring with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with scar revision surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

## **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

## **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

# CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment:

\_\_\_\_\_

I have received the following information sheet:

## INFORMED-CONSENT SCAR REVISION SURGERY

- \_\_\_\_\_
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).  
I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_

