



Mr Khashaba Plastic Surgery

Informed Consent for Excision of Skin Cancer Lesion

1. Introduction

You have been diagnosed with a skin lesion that requires surgical excision. This procedure involves the removal of abnormal skin tissue, which may be confirmed or suspected to be skin cancer. The goal is to remove the lesion with an appropriate margin of surrounding tissue to ensure complete excision and minimize the risk of recurrence.

Please read the following information carefully. It is important that you understand the procedure, its potential risks, and any alternatives before giving your consent.

2. Description of Procedure

The excision of a skin cancer lesion will be performed under local anesthesia (or general anesthesia, if required). A portion of skin and subcutaneous tissue will be removed. The wound may be closed using sutures or allowed to heal by secondary intention depending on its location, size, and characteristics. In some cases, a skin graft or flap may be required.

3. Potential Risks and Complications

As with any surgical procedure, excision of a skin lesion carries risks. Common and known risks include, but are not limited to:

- Infection: May require antibiotics or additional treatment.
- Bleeding: Usually minimal, but may require intervention.
- Pain: Typically mild and managed with over-the-counter or prescribed pain medication.
- Bruising: Common in the treated area and usually temporary.
- Wound Healing Problems: Including delayed healing or wound breakdown.
- Scarring: All surgeries leave a scar. This may include:
 - Hypertrophic scarring: Thick, raised scars confined to the wound area.
 - Keloid scarring: Raised scars that may extend beyond the original wound.



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- White (hypopigmented) scars: Light-colored or depigmented scar tissue.
- Wide scarring: Scar that is broader than the original wound.
- Unsightly or noticeable scars: Appearance may vary by patient and location.
- Numbness or altered sensation: Temporary or permanent in the area of surgery.
- Recurrence of lesion: Even with adequate margins, there is a small risk of recurrence.

4. Patient-Specific or Site-Specific Risks

Please specify any additional risks associated with a particular site or medical condition:

Left Side (e.g., face, neck, arm):

___Regarding The lesion on the left temple: there is a nerve close by which is responsible for elevation of the eyebrow. if this nerve is cut, you will lose the ability to raise your eyebrow. the incidence of this is rare.

Right Side (e.g., face, neck, arm):

Other Location(s):

___The two lesions in the back may end up with a wider scar, due to the location of the lesions being on the back and subjected to tension and movement.

5. Alternatives

Alternatives to surgical excision may include observation, topical treatments, cryotherapy, curettage and cautery, or referral for Mohs micrographic surgery, depending on the type, size, and location of the lesion. The risks and benefits of these alternatives have been discussed with me.



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6. Consent

- I understand the nature of the proposed procedure.
- I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- I understand the potential risks, complications, and alternatives associated with this procedure.
- I understand that no guarantee has been made regarding the outcome of the procedure.

Patient (or Guardian) Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Surgeon's Name: Mr Haitham Khashaba

Surgeon's Signature: _____ Date: _____