

## INFORMED CONSENT EXCISION SURGERY

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**Description and Expected Benefits:** Excision is the removal of a skin lesion, occasionally along with some of the healthy skin tissue around it (margin). The goal is to remove the entire lesion and prevent recurrence in the area, particularly if the lesion being removed is a skin cancer. For this procedure, a local anesthetic is first injected to numb the area. Local anesthesia is generally very safe and reactions are rare. If you believe you may be sensitive to local anesthetics please let us know. The method of repair depends on the size and location of the skin lesion. The wound may be closed with stitches, flaps, or grafts or may be allowed to heal on its own. Typically, if stitches are used, these may need to be removed 1-2 weeks after surgery, depending on the surgery site. After the area has healed, there will be a visible scar.

The lesion that was removed will be examined in a lab by a pathologist to confirm the diagnosis and often to examine the tissue edges (margins).

If the surgery is being performed to remove a skin cancer, standard excision often results in cure rates above 92%. It is important to emphasize that no cancer surgery has a 100% success rate and a cancer may recur even after excision surgery. Keeping your follow up visit appointment(s) will be an important part of your ongoing treatment.

**Alternatives to Excision Surgery:** Patients may choose to have their skin lesions: not treated (this is risky and not recommended if surgery is being recommended for the removal of a skin cancer or atypical mole). Skin cancers may alternatively be treated with Mohs micrographic surgery (when appropriate by clinical criteria) or by simple destruction, or radiation. In a few cases, topical creams may be an alternative.

**Risks:** Side effects, adverse reactions and complications include but are not limited to the following:

1. Infection at the surgery site occurs in approximately 1-2% of patients and may require oral or intravenous antibiotics.
2. Excessive bleeding occurs in approximately 1% of patients.
3. Damage to sensory nerves is common and usually resolves completely or partially within a year. Permanent numbness is rare.
4. Damage to motor nerves (nerves that move the muscles of facial expression) is rare but is typically permanent. Nerves that control the muscles that lift the brow and curl the lower lip are most vulnerable to injury. Sometimes they must be sacrificed if invaded by tumor.
5. Scar formation will result from any skin surgery. Thick, raised scars are uncommon in facial surgery.
6. Allergic reactions to local anesthesia or to latex gloves are very rare. Allergies to topical antibiotics and adhesives used for bandages are more common. If you believe you are sensitive to these, please let us know.

**Reconstruction (Repair of the defect):** Repair of the defect left following removal of a skin lesion is guided by the goals of providing the best possible outcome with the least possible risk and morbidity. Common options include: simple closure with stitches, skin flaps which borrow adjacent skin to fill a defect, and skin grafts which borrow distant skin to patch a defect. Some defects heal best by simply letting them heal, without any further procedures or sutures. There is always a small chance that tissue moved in a repair will not “take”, that is, it will not survive. This most commonly occurs in smokers. Occasionally, we refer patients to other specialists for repair.

Consent for gene expression testing in melanoma: I understand that should the pathology examination of my biopsy tissue prove positive for melanoma, my physician may order additional gene expression testing on the tissue removed. The results of the panel will aid in determining the path of further medical care and treatment and may help avoid more invasive testing.

Consent: I have read the above information and have discussed with my provider the nature of the proposed surgery, the therapeutic alternatives, and the potential complications of the procedure. I understand that no guarantee is made regarding a specific outcome of the surgery. I request that surgery be performed. I authorize and consent to the taking of photographs before, during, and after surgery, and at follow-up visits. I understand that photographs are primarily for medical documentation of my surgery. I understand that disclosure of photographs for any other purpose requires my specific written authorization.

Patient or Legal Representative Name/DOB	Relationship to patient:  Signature	Date
Physician/NP/PA Name	Signature	Date
Witness Name	Signature	Date