

**Dr. James B. Lowe – Plastic Surgery**  
**SKIN LESION/CANCER CARE & SURGERY INFORMATION SHEET AND**  
**INFORMED CONSENT**

**Instructions**

This is an informed consent document that has been prepared to assist your plastic surgeon to inform you concerning skin lesion care and surgery, 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**

Skin lesion care and surgery is frequently performed by plastic surgeons. Skin lesions include all benign, pre-cancerous, and cancerous masses of the skin. Skin screening is best performed by a dermatologist or primary care physician not a plastic surgeon. Your plastic surgeon may give you an opinion about a skin lesion but without a skin sample it is only an estimate. It is important to note that no physician can ever be absolutely sure of any skin lesion. Even a skin biopsy can be inaccurate at times. Therefore, each patient must participate in their own skin health by informing their physician of areas of concern or change. Plastic surgeons role in this area is primarily as a technician for removal of lesions that concern the patient or a referring physician.

Skin procedures usually involve operations that attempt to remove and/or reconstruct the area of concern. If a skin lesion is of concern then it might need to be sampled or removed. Based on the skin sample a plan may be devised for observation, local treatment, radiation, or full removal with or without a margin. Plastic surgeons often remove skin lesions that are large or in sensitive areas. After the lesion is removed then surgical reconstruction may be in order. These procedures may be done in the office or in the hospital setting.

Often when a confirmed skin cancer is found in a sensitive area such as the nose, face, or ears more advanced removal techniques may be in order. MOHS surgery is a technique where a specially trained dermatologist removes a skin lesion using advanced and detailed techniques. This technique can be over 99% effective in removing most types of skin cancer. After the lesion is removed the MOHS specialist may close smaller defects, but larger defects usually require the skills of a board certified Plastic Surgeon.

Skin lesion care and surgery requires a commitment from the patient and all those involved in the patient's care. Patients who have had a great deal of sun exposure often have multiple areas that must be addressed over time. It is often best to focus on a limited number of areas with each visit. Skin lesion care involves prevention as well as treatment. It is important to wear appropriate skin cover and skin screens particularly in the summer months. In summary, skin lesion and cancer care is a team effort that often involves the combined skills of the patient, primary care physician, dermatologist, and plastic surgeon.

**ALTERNATIVE TREATMENT**

All patients with concerning skin lesions should undergo skin screening. However, there are alternative forms of skin lesion management that consist of undergoing topical treatments, radiation, or surgery. Patients and their families may elect to simply observe the area of concern. Each option has its own potential risks and benefits. Questions regarding alternative forms of treatment should be discussed with Dr. Lowe.

## **RISKS OF SKIN LESION/CANCER SURGERY**

Skin surgery involves removal and/or closure of the area of concern. The removal of the lesion is usually more straight-forward than the closure or reconstruction. With any type of activity there is inherent risk. An individual's choice to undergo a surgical procedure is based on a comparison of the risks and benefits. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of skin surgery.

**Bleeding** – It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to stop the bleeding or a trip back to the operating room. Certain skin operations are more prone to bleeding (i.e. face or scalp). Often these areas will bleed for several hours and then stop. When a large amount of tissue is removed particularly when procedures are combined there may be a need for blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

**Blood clots / deep vein thrombosis** – Skin surgery usually does not require a long period of time to perform. Although any operations can be associated with a blood clot in the legs, it is more likely following more lengthy operations. It is important to note that birth control pills and other medications can increase your risk of this problem. When discussing the length of the operation with Dr. Lowe remember that more is not always better. After surgery patients must make every effort to be active and ambulate while in the hospital and at home. Deep vein thrombosis can be a potentially life threatening complication that may require further medical care and expense.

**Fluid collections** – Fluid collections can form in the period following skin procedures. These collections are called seromas and may be prevented by the use of compression or drains. If the patient develops a fluid collection it may require multiple tapping, medical treatment, a new drain, or a trip back to the operating room.

**Infection** – Infection is quite unusual after most skin lesion surgery unless there are open areas, infection, or drainage from the wound prior to surgery. Should an infection occur, additional treatment including antibiotics may be necessary. Infection can cause surgical wound to open and result in extended wound care and scarring. Remember infection with wound break-down is not uncommon in patients with open wounds or inflammation in the area of the skin lesion.

**Scarring** – Although good wound healing after a surgery is expected, abnormal scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring. Scarring is dependent of the size and area of the defect.

**Scar length** – The length of your scars with skin lesion surgery is related to the size of the defect. Often the surgeon will limit the scar but need to lengthen it in the future if redundancy does not settle out.

**Skin compromise** – Certain skin lesion/cancer procedures require significant undermining and can be associated with separation of the wound. This wound separation will require local wound care and scar revision. Wound separation may be the result of skin death or infection and certain areas are more prone to this problem than others. Smoking will compromise the skin so patients should not smoke for 2 months prior to surgery and at least one month after surgery. Avoid the sun for 6 months after surgery.

**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 with the type of skin cancer procedure. Injury to deeper structures may be temporary or permanent. Undermining or flaps are often associated with post operative pain or numbness which usually resolves within several months. Any procedure requiring a great deal of skin or soft tissue removal will result in permanent numbness and pain.

**Unsatisfactory result** – Some skin lesions may not be malignant or have a low probability of being malignant. In these cases the patient must weigh the risk of surgery with the benefits of lesion removal. In the case of skin cancer it is usually best to treat the cancer first. Treating the cancer can often result in a defect greater than what was anticipated. Regardless of the type of lesion, Dr. Lowe tries to offer patients the best cosmetic result in a timely way while taking into account your medical problems and personal wishes. There is the possibility of an unsatisfactory result from the skin surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural malposition. You may be disappointed that the results of surgery do not meet your expectations and additional surgery may be necessary should the result be unsatisfactory.

**Numbness** – There is the potential for permanent numbness following skin lesion/cancer surgery. The occurrence of this is not predictable. It is rare to have numbness past 6 months, but numbness may not totally resolve in some cases. As nerves recover they may become hypersensitive or even painful. Sometimes a nerve will need to be removed or cut during the skin cancer surgery.

**Asymmetry** – The human body is normally asymmetrical. There can be a variation from one side to the other in the results obtained from skin surgery. If a surgical scar is required it is unlikely to ever be completely symmetric.

**Chronic pain** – Chronic pain may occur very infrequently after skin lesion/cancer procedures.

**Skin irregularity** – Skin irregularities, bumps, and areas of stiffness usually occur after skin procedures. Most of these areas resolve with time but some irregularities may be permanent or require revision. External massage techniques may be helpful in some situations.

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

**Delayed healing** – Wound disruption or delayed wound healing is possible. Some areas of the body may not heal normally and may take a long time to heal. Skin compromise may require frequent dressing changes or further surgery to remove the non-healed tissue.

**Long term effects** – It is important to remember to avoid sun exposure for 6 months after skin procedures. Sun tanning can result in tissue loss and scarring even when a bathing suit covers the area. Scars tend to fade with time but will be significantly harmed by sun exposure. Sun exposure will also increase your risk of future skin lesions or cancers.

**Need for revision** – Certain skin operations are more likely to require revision surgery. In sensitive areas Dr. Lowe will often tell you to expect a number of reconstructive stages to optimize the results. This may involve scar revision, Dermabrasion, steroid injections, and laser treatments. Dr. Lowe may need to refer you to someone else if he does not have access to the appropriate treatment device.

**Staged procedures** – When the skin defect following surgery are significant and a staged reconstruction may be necessary. This may involve moving tissue from one area to the next and creating a new defect in the process. Often local tissue will be moved with an attachment that must be divided at a later date. These staged procedures are often necessary to obtain the best results.

**Functional alterations** – Changes may occur after skin lesion/cancer surgery that may limit a patient's function. Patients may recover at different rates following skin surgery, but the more surgery you have done the more difficult the recovery.

**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. If you are over 45 years of age, have a known medical condition, or you or Dr. Lowe are in any way concerned, a pre-operative evaluation from your primary care physician or cardiologist is recommended prior to surgery.

**Recurrent Cancer or Failure to Cure** – Skin lesion/cancer recurrence often relates to the type of skin disease, its location, and the treatment choice. If the surgeon removes a skin lesion/cancer the sample may later show an incomplete removal. A re-excision may be attempted or a different surgical approach taken. Sometimes the pathologist can misinterpret a margin or the type of cancer. Certain techniques increase the chances of complete removal a skin lesions such as frozen sections or MOHS surgery. Certain types of skin cancer that are removed may require other treatments such as radiation, node biopsy, or radical excisions. It is important that physicians involved in the patients care, the family, and patient are diligent in watching the area of concern.

### **ARE YOU HAVING MOH'S SURGERY?**

If you are undergoing Moh's surgery, the risk of the procedure should be explained by the physician performing the procedure. Moh's surgery is indicated in the treatment of certain types of skin cancer in sensitive areas only. It should be noted that when you are referred to the Moh's surgeon he or she will meet you and schedule the removal of the skin cancer. Education brochures on Moh's surgery are usually available in the office. If the Moh's surgeon thinks that he or she can close the defect and you agree, then that is fine with Dr. Lowe. It is important to understand that the defect may be greater than the patient or family anticipated. Dr. Lowe always tries to prepare for both the worse case and best case scenario.

Typically, the Moh's surgery is performed the day before the reconstruction because it is difficult to know how long it will take to complete the cancer removal. Dr. Lowe will then close the defect the next morning in the hospital under local anesthetic with sedation or general anesthesia. Dr. Lowe will examine the defect the day of reconstruction and encourages the patient or family to look at the area prior to the reconstruction. A pre-operative work-up is required for all patients scheduled to have skin cancer surgery at a hospital.

### **HEALTH INSURANCE**

Most health insurance companies cover skin operations. Insurance companies often require plastic surgeons to obtain permission to remove skin lesions in advance. Insurance companies may not allow the remove of certain types of lesions and photographs may be required for documentation. If you request Dr. Lowe to proceed with a skin lesion removal without permission you may be responsible for unpaid fees to the pathologist or Dr. Lowe. Please, carefully review your health insurance subscriber-information pamphlet and discuss any questions with Dr. Lowe.

**ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risks and potential surgical complications that may influence the long term result from skin lesion/cancer surgery. Even though risks and complications occur infrequently, the risks cited are particularly associated with skin procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. Infrequently, it is necessary to perform additional surgery to improve your results.

**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, anesthesia, 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-payment, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery not covered by your insurance 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). This 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 below.**

**CONSENT FOR SURGERY/PROCEDURE or TREATMENT**

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

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I have received the following information sheet:

**INFORMED CONSENT FOR SKIN LESION/CANCER SURGERY**

- 2. I recognize that during the course of the operations 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 involve 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 including those listed above.
  - D. I have read, understood, and have had the opportunity to ask questions concerning the above, as well as the Informed Consent Skin Lesion/Cancer Surgery information sheet.
  - E. I am satisfied with the explanation.

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

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Patient or Person Authorized To Sign for Patient.

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Date

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Witness