

# Minor surgery

## Informed consent

Patient's name.....

ID ..... CIP .....

Name of the legal representative / family member acting as a guardian in case of patient's incapacity (minority, legal incapacity or incompetence).

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ID .....

Name of the professional who informs:

Dr .....

Professional license number:

.....

## What is done?

Small interventions are performed on the skin with local anesthesia, in order to extract or to do a biopsy of small lesions of the skin. They last for a short time (10-30 minutes) and then you can go home. You can eat and drink before.

**Preparation:** You will be placed on the stretcher with the area to be treated exposed. The lesion will be disinfected to prevent infection.

**Local anesthesia:** Subcutaneous injection with a fine needle around the lesion. If you have had problems with anesthesia (palpitations, nervousness or intolerance), you should inform the doctor.

**Surgery:** The lesions that are extracted, according to medical criterion, are sent to analyze to Anatomical pathology. **Cures:** If necessary, stitches are given and a bandage is placed over the area. In the following days, the nurse will perform the necessary cures. Stitches are removed within 7-12 days depending on the location.

A rapid healing is obtained in most cases.

## Problems that may arise:

Inflammation and redness of the wound. It is very common and disappears in few days.

**Infection:** Inflammation and redness of the wound increases and pain or pus appear.

**The wound opens:** It can happen when we move too much the intervened zone or when we remove the stitches ahead of time.

**Hemorrhage:** In minor surgery bleeding is minimal. It yields with the compression of the area for a few minutes.

**Anomalous pigmentation:** In order to avoid it, it is necessary to protect the exposed scars during 6 months with powerful sun creams.

**Thickened scars:** To prevent them, you should avoid the rubbing of your clothing and exposing yourself to the sun.

If you have any complications after surgery, we recommend a new medical evaluation.

The patient / legal representative declares that:

I have been informed of the risk of the procedure about the intervention in an understandable way

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I am satisfied with all the information received. Therefore, I give my consent to the procedure, which can be rejected at any time. I authorize the medical team to take necessary measures in case of emergency during the process.

Signature of the professional

Signature of the patient or legal representative

.....,Day

of