

Patient/parental agreement to skin surgery

Name of procedure

- Micrographic (Mohs) surgery Excision of skin lesion (standard method)
 Skin lesion 'punch' biopsy / shave / curettage / electrosurgery

Repair of wound (predicted options - exact choice will be made with you at the time of surgery)

- Primary closure (side to side) Granulation (healing naturally)
 Local flap Skin graft: Full thickness Split thickness
 Other details/procedure:

Statement of health professional

I have explained the procedure to the patient/parent. In particular, I have explained:

The intended benefits:

- For diagnosis To remove skin cancer
 Other benefit:

Serious or frequently occurring risks:

Common (most patients, but usually mild or minor effects)

- Scar Discomfort Bruising & Swelling Numbness

Uncommon (usually fewer than 1 patient in every 30 treated)

- Bleeding (after going home) Wound infection
 Incomplete removal of tumour (fewer than 1 in 50 if Mohs) Recurrence

Rare (usually fewer than 1 patient in every 100 treated)

- Permanent numbness/altered sensation Nerve damage to muscle
 Unacceptable scar needing another (not expected) operation

Other:

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular patient/parent concerns. The patient/parent appears to understand. I have invited questions and these:

- were answered none were asked.

A leaflet/video or web link was provided: Guide to Mohs micrographic surgery (NBT)

Signed Date

Name (PRINT) Dr Adam Bray Job title Consultant Dermatologist

Statement of interpreter (where necessary)

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe s/he/they can understand.

SignedDate.....Name (PRINT).....

Statement of patient/person with parental responsibility for patient

I understand and agree to the procedure described above. The procedure, alternatives and risks were explained to me in clear terms. Any questions I had were answered to my satisfaction. I was encouraged to read a leaflet/link about the procedure that I was given and I intend to do so. **I understand** that the procedure will involve local anaesthesia (an injection into the skin).

Signature Date

Name (PRINT) Relationship to patient

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed:
Name (PRINT)

Date
Job title

Copy accepted by patient: yes/no (please ring)

Guidance to health professionals (to be read in conjunction with consent policy)

This form

This form documents the patient's agreement (or that of a person with parental responsibility for the patient) to go ahead with the investigation or treatment you have proposed. **It is only designed for procedures where the patient is expected to remain alert throughout and where an anaesthetist is not involved in their care: for example for drug therapy where written consent is deemed appropriate.** In other circumstances you should use either form 1 (for adults/competent children) or form 2 (parental consent for children/young people) as appropriate.

Consent forms are not legal waivers – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients also have every right to change their mind after signing the form.

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has “sufficient understanding and intelligence to enable him or her to understand fully what is proposed”, then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this form for themselves, if they wish. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form (see also ‘This form’ above)

If the patient is 18 or over and is not legally competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision and/or
- they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives **cannot** be asked to sign this form on behalf of an adult who is not legally competent to consent for himself or herself.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds about treatment. The courts have stated that patients should be told about ‘significant risks which would affect the judgement of a reasonable patient’. ‘Significant’ has not been legally defined, but the GMC requires doctors to tell patients about ‘serious or frequently occurring’ risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this overleaf or in the patient's notes.

The law on consent

See the Department of Health's *Reference guide to consent for examination or treatment* for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).