

Excision Consent

Please read the below and ask any questions you have before signing the form and before the procedure begins.

We have recommended an excision for treatment of one of the following diagnosis: Melanoma Skin Cancer, Non-Melanoma Skin Cancer (usually a Squamous Cell Cancer or a Basal Cell Cancer), Dysplastic Nevus (an Atypical Mole), a Lipomatous Mass, a Cystic Mass, or some other process for which an excision has been recommended. We make the recommendation based on many factors including the type and location of the lesion to be removed as well as your overall health. While this procedure has a fairly high cure rate, no guarantees can be given to the surgical outcome or the lesion returning.

Because we believe “an educated patient is the best patient”™, the following information, as well as the online videos that can be found at www.coderm.com, is provided on the various diagnoses and treatment options covered in the Consent form (you only have to read the diagnosis portion of this consent that applies to your procedure and then go to the “General Information on Excisions” section). Please note that this procedure can be done in the clinic, in a hospital setting, or at another clinic. If you prefer to have this performed at a different location, or by a different provider/specialty, please let us know **BEFORE** the procedure begins.

Please ask any and all questions you have BEFORE the procedure begins. Please note that anytime the words “you” or “I” are used in this consent, they apply to the patient if they are allowed to make medical decisions for themselves OR the person who has authority or Medical Power of Attorney to make those decisions on the patient’s behalf.

CANCERS

Melanoma - This is a form of skin cancer and we recommend excising this lesion in a timely manner with wide margins.

Melanoma in situ - This is an early form of Melanoma skin cancer and we recommend excising this lesion in a timely manner with wide margins. There are excision options for these types of melanomas to include **Delayed Closure Excision**.

Delayed Closure Excision (how it differs from a regular excision) - Due to the location of your skin cancer we might recommend an excision with a delayed closure. This will involve you coming into the office on multiple days for removal of the lesion and eventual closure of the wound. On the first day you will have the lesion removed, the area will be bandaged, you will be sent home, and the specimen from the lesion will be sent for pathologic evaluation. We will see you back on consecutive days until all the margins are clear on pathologic evaluation. This is typically done in 1-2 visits. Once the margins are reported to be clear by the pathologist we, or an outside surgeon on another day, will close the wound and finish the procedure. It is your responsibility to make sure you can be at our office at the scheduled time each day as necessary for this procedure. Please also note that this type of procedure is usually done to get a more accurate assessment of how wide the lesion has spread. It does NOT usually give us more information on the depth of the Melanoma, and depth is a very important factor to consider in the diagnosis, risk of internal spread, and treatment of Melanoma. The deeper a lesion is, the more life and limb threatening it is. We think we have a reasonable assessment of the depth from the original biopsy; however, the biopsy might not be correct as to how deep the lesion is and if we do a Delayed Closure Excision, we will not get any more information on depth.

If you are not comfortable or understand the above, it is your responsibility to ask any and all questions BEFORE the treatment begins. This Consent will cover all visits/days of the Delayed Closure Excision up-to and including the reconstruction if done in our clinic.

Squamous Cell Carcinoma - This is a type of skin cancer that has the ability to become more locally destructive and spread internally.

Basal Cell Carcinoma - This is a type of skin cancer that has the ability to become more locally destructive and spread internally. This is the most common type of skin cancer reported.

ATYPICAL MOLES

Please note that an atypical mole is NOT a cancer and they likely have a very low biologic potential of becoming a cancer. The lower the grade of being atypical, the less likely these lesions could become a cancer. So, a Mildly Atypical Mole has a much lower potential of becoming a cancer than a Severely Atypical Mole. However, even Severely Atypical Moles likely have a fairly low rate of turning into a skin cancer. While we do not know what the actual rate one of these atypical moles becoming a cancer is, we do know that the more atypical moles a person has, the higher the risk is of them developing a skin cancer called a Melanoma in the future. Therefore, we need to monitor you very closely in the future.

Mild or Mild-Moderate Dysplastic Nevus (Atypical Mole) - The general consensus among Dermatologists is that we monitor these lesions. If any pigment returns we usually recommend excising the area. These lesions can be excised as primary form of treatment but this is usually not necessary.

Moderate Dysplastic Nevus (Atypical Mole) - There is debate among Dermatologist about the treatment for these atypical moles. Our recommendation, due to their unknown biologic potential to develop into skin cancer, is to excise them. However, simply monitoring these lesions is also an acceptable approach. Some Dermatologists would just monitor these lesions and while this is not usually our preferred way of addressing these lesions, it is still a very acceptable approach. If you choose this option it is very important that you look at the area every month in the mirror to see if it looks like the mole is returning (darkness or pigment appearing, change in the scar, ...). Ultimately, the choice of what you want to do with this category of Atypical Mole is up to you and we are happy to monitor the lesion or to excise. Please let us know which way you are more comfortable with.

Moderate - Severe or Severely Dysplastic Nevus (Atypical Mole) - The general consensus among Dermatologists is that we excise these lesions. Therefore, we recommend excising these lesions. These lesions can be monitored but this is against our medical advice and we highly discourage this approach as these have a fairly reasonable chance of turning into the skin cancer called Melanoma.

MASSES, OTHER, and COSMETIC

Lipomatous or Cystic Mass - We are attempting to excise the lesion to make sure that this mass in your skin is not cancerous. A definitive diagnoses cannot be made without removal and pathologic evaluation.

Other - You may also have a lesion which has concerning features. While you have not been diagnosed with a skin cancer, we feel it is prudent to have the lesion excised and sent for pathologic evaluation for further examination for abnormal features and to ensure complete removal of this lesion.

Cosmetic - You may have a lesion which has no concerning features on examination but you have expressed the desire to have this removed for cosmetic reasons. Most lesions removed are sent for pathologic evaluation regardless of whether they are clinically concerning or not. Cosmetic excisions or associated evaluation by a dermatopathologist are generally not covered by health insurance policies.

We will therefore not bill your health insurance for these procedures and you will be responsible for payment at the time services are rendered or upon receipt of a bill for pathologic services. Even though you are removing this for cosmetic reasons, you will still have a scar and absolutely **NO GUARANTEE** has been made that you will consider the surgical scar to be better cosmetically than what was present before the procedure.

GENERAL INFORMATION ON EXCISIONS

I hereby authorize Colorado Dermatology Institute's providers/associates/assistants to perform the procedure(s). The procedure, its purpose, the risks/benefits/options of the different treatment options, as well as alternative therapeutic options have been explained to me (including the option to NOT have any treatment performed at all). Although every attempt will be made to minimize the chance of complications, and while we are not able to list every possible complication that could happen, below are some of the more common complications that could occur. The severity of the below can range from mild to extreme and potentially life threatening. I understand, and accept the risks associated with the below:

1. Allergic reaction to anesthesia, antibiotics, or bandages (the supplies utilized before/during/after the procedure). These reactions could be fatal.
2. Bleeding from the surgical site, bruising, and a bigger collection of blood under the skin called a hematoma. This can stain clothing/bedding.
3. Permanent scar formation WILL occur, and on rare occasions unsightly or thickened scars (keloid, hypertrophic, or pink/red scars) can form. Skin color changes, sometimes permanent, will likely occur.
4. Wound infection that could result in a life threatening infection and/or the need to be referred to an outside wound clinic or other specialty.
5. Ulcerations, necrosis (tissue death), or dehiscence (separations of the edges of the wound which could result in a worse scar).
6. Post-operative discomfort and/or pain.
7. Recurrence (regrowth) of the lesion at the surgical location or elsewhere in the body.
8. Loss of or decreased sensation (feeling) or movement, which may be permanent.
9. When the area to be treated has hair, the hair will need to be shaved off for proper treatment. A cosmetic outcome of the hair trim is not guaranteed and will likely not be present.
10. I understand that I should not immerse the wound in water until **AT LEAST 2 days AFTER** stitches are removed. Also, I should not let running water wash over the area for a minimum of 4 days after the surgery. I should also not let sweat get into the wound for a minimum of 4 days after the surgery. Failure to follow these instructions will result in an increased risk of infection and a worse outcome.
11. I understand that I should not do any activity that puts direct pull or pressure on the surgical site for a minimum of 6 weeks after surgery. Failure to follow these instructions will result in complications to the wound.

I will receive post-surgery instructions. I agree that it is my responsibility to understand, and follow, these instructions to achieve the best outcome possible. If you do not get these instructions, please ask for them before you leave.

Prior to the appointment, I have had the opportunity to speak with the medical/pathology staff at Colorado Dermatology Institute and have been given the link to educational videos/educational content the Colorado Dermatology Institute has published. I understand that it is highly encouraged to watch the videos that pertain to my diagnosis and treatment so that I can better understand the diagnosis and proposed treatment. **All of my questions have been addressed and I understand the diagnosis and treatment options and recommendations.**

I understand it is my responsibility to make sure I take proper care of my treatment site to ensure the best healing. Post-operative instructions are provided to minimize the chance and severity of many of the potential complications. I acknowledge that no guarantee or assurance has been given by anyone as to the end result of the procedure(s). I also understand that a scar WILL be present and how visible the scar is will be highly dependent on how well I follow the pre and post-surgery instructions. I understand I will likely have stitches and it is my responsibility to make myself available in 5-21 days for suture removal. I understand if I cannot make it to the office it is my responsibility to have the sutures removed, at my own cost, at the suggested time. If I fail to do so at the suggested time, I understand that a worse surgical outcome could result.

I also consent to the taking of photographs before, during, and after the procedure. These photographs are important to document and follow your progress after surgery. These photographs will belong to Colorado Dermatology Institute and may be used for research, educational and scientific purposes. I also release Colorado Dermatology Institute and all associates//assistants from any liability in connection with the photographs use.

I understand if my insurance does not cover the costs of all of this procedure I will be responsible for any outstanding balance not covered. I also understand that this procedure might incur financial costs from an outside pathologist if deemed necessary to provide proper diagnosis.

I understand that an option for this area is to not treat at all. While we are more comfortable with, and recommend, removing the area in question, you do of course have the option to not have the area in question removed. I understand that I need to have routine full body skin exams, at least yearly, by a Dermatologist. I understand I should perform monthly self-skin exams of my skin in order to help spot concerning lesions early and I should call immediately for an appointment if I find a concerning lesion or if anything on my body is growing, changing, or not healing.

I understand there are potential risks for permanent disablement or disfigurement complications as an unintentional result of the supplies, methods, and procedures that will be used during this treatment.

I release Colorado Dermatology Institute, and all of its staff, from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and those otherwise assigned.

This consent serves for today's procedure as well as for future procedures of this kind.

I have read and understand this consent form. The nature and purpose of the procedure(s), alternative therapies, and potential risks have been explained to me to my satisfaction. I acknowledge that I have had the opportunity to ask my provider all of my questions regarding this procedure(s) and that they were answered before the procedure(s) began. I attest that I am of sound mind and not under the influence of any mind-altering substances.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____