

Freedom of Information Act Disclosure log - Reply Extract

File reference	W20FOI348
Key words	Dermatology Surgery Specific Consent Form
Date of release	11/12/2020
Attachments	Yes

You asked

Please could you liaise with your clinical consultant leads for Dermatology to let me know:

1. **Is dermatological surgery (skin surgery including e.g. punch biopsies and excisions) carried out routinely at your trust under Dermatology?**

Yes
2. **If so, is consent undertaken for these using either of:**
 - a. **Dermatology-specific consent form or procedure-specific consent forms pre-filled with a list of benefits and complications specific to either skin procedures in general, or the skin procedure being carried out?**

Yes
 - b. **Pre-filled consent labels specifying the risks/benefits attached to the Trust generic consent form?**
3. **If either a Dermatology or procedure specific consent form, or a pre-filled consent label is being used, please could you supply me with a copy? In the case of different procedure-specific consent forms used within skin surgery, please could you provide a copy of each form for each procedure?**

Please find attached consent form

Attachments included: Yes

Surname:
 First Name:
 Hospital Number:
 NHS Number:

Consent form for Skin Surgery
in Dermatology Department

Responsible Health Professional

 Job Title

**Patient Agreement to Investigation or Treatment
 (where mental capacity not impaired)**

Procedure:

What the treatment involves: skin surgery under local anaesthetic

The intended benefits: diagnosis, removal

Frequently or Serious Occurring Risks: Discomfort, Bleeding, Bruising, Scarring (keloid, hypertrophic), Infection, Nerve Damage, Further surgery, adverse cosmetic outcome.

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 concerns of those involved.

Signed..... Date.....
 Name (Print)..... Job Title.....

You will be provided with some information regarding "Post-operative Care Of Your Wound" which will be supported by an information leaflet.

I agree to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Signed..... Date.....
 Name (Print).....

Copy accepted by patient Yes / No