



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Soft Tissue Mass or Skin Lesion Removal

This information is given to you so that you can make an informed decision about having a **soft tissue mass or skin lesion removal procedure**.

Reason and Purpose of the Procedure

A soft tissue mass or skin lesion is an area of the skin that is different than the surrounding skin. It can be a lump, sore, or an area of skin that is not normal. It may also be a skin cancer.

Soft tissue mass or skin lesion removal is a procedure to remove the mass or lesion. These procedures are done in your doctor's office.

The procedure you have depends on the location, size and type of the soft tissue mass or skin lesion. You may receive numbing medicine (anesthetic) before the procedure.

Benefits of this surgery or procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- **Removal of mass or skin lesion(s)**
- **Tissue for diagnosis of mass or lesion(s)**
- **Relief of discomfort caused by mass or lesion**
- **Improved cosmetic appearance**
- **Lowering the possibility of a soft tissue mass or lesion becoming infected**

Risks of this procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

Risks of this surgery or procedure:

- **Infection.** This is rare but may require antibiotics or more surgery.
- **Pain.** This usually improves with time. This can be controlled with pain medicine.
- **Bleeding.** There may be some bleeding after the procedure. You may need more treatments. Let your provider know if blood soaks through the bandage covering your incision.
- **Symptoms or pain issues do not go away.** There is no guarantee removal of lesion will lessen your symptoms.
- **Fluid collection beneath wound.** You may need more procedures such as aspiration or incision and drainage.
- **Scar formation.** There is a possibility of a scar. This may be cosmetically unappealing and itchy. You may need surgery, medicine or other treatments.
- **Wound healing problems.** You may need medicine or other treatments.
- **Local reaction to skin preparation products (betadine/chlorhexidine).** Common reactions to skin preparation or local anesthetic include bruising, rash (hives), tenderness, itching, and swelling at the site used. More serious but rare allergic reactions can include difficulty in breathing and shock which can be life threatening. Please talk with your provider about any known allergies you may have.
- **Soft tissue mass or lesions may be cancerous.** A biopsy may be needed to determine pathology instead of removing it. This is rare.
- **Soft tissue mass or lesions may come back.** You may need surgery, medicine or other treatments.
- **Chance that tissue around the soft tissue mass or lesion may be cancerous.** This would require additional procedure(s) to take more margins.
- **On occasion patient may develop a vasovagal event during procedure (passing out).** This is typically self-limited.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- Monitoring of the lesion by a medical provider. Some lesions can be watched if not felt to be cancerous.
- Destructive methods of treatment. Some benign lesions and less aggressive cancerous lesions can be frozen or burned.
- Do nothing. You can decide not to have the procedure. If the lesion is cancerous, it could progress to a wide spread or more aggressive problem. The timeline of this progression is unpredictable.

If you choose not to have this treatment:

- If you decide not to have this procedure done your symptoms may worsen. If the lesion is a cancerous process a delay in treatment could lead to a worse outcome, larger incision or inoperable problem.
- Talk to your provider about your treatment options.

General Information:

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatments.

Patient Name: _____

Date of Birth: _____

By signing this form, I agree:

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want to have this procedure: **Soft tissue mass or skin lesion excision** _____
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- I understand that my doctor may ask a partner to do the procedure.
 - I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR____ Patient elects not to proceed: _____ Date: _____ Time: _____
(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____