



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Skin Graft Surgery (Full Thickness Skin Graft or Split Thickness Skin Graft)

Patient Name: _____ Date of Birth: _____

This information is given to you so that you can make an informed decision about having a skin graft surgery.

Reason and Purpose of the Procedure:

In a skin graft surgery, skin is taken from one area of the body and used to cover another area. Skin grafts help to heal wounds that may not heal properly on their own. Skin grafts are done when there's enough tissue and blood supply to keep the moved skin healthy.

Skin grafts vary depending on the thickness of the skin that is being moved from one part of the body to another. A "split thickness" skin graft uses only part of the layers of your skin. The place where the split-thickness graft is taken from (the donor site) can heal on its own. A "full thickness" skin graft is different. It uses all the layers of skin and sometimes deeper tissues. Full-thickness grafts are usually used only when thicker skin is needed to treat very bad wounds. Your doctor will carefully choose where the skin is to be taken from because full-thickness skin graft donor sites can't be used more than once.

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.

- **A skin graft can help close wounds that have significant skin loss.**

Risks of Surgery or 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.

General risks of surgery or procedure:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.



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- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

Information on Moderate Sedation:

You will be given medicine in an IV to relax you. This medicine will also make you more comfortable. This is called “moderate sedation”. You will feel sleepy. You may even sleep through parts of your procedure. We will monitor your heart rate and your blood pressure. We will also monitor your oxygen level.

If your heart rate, blood pressure or oxygen levels fall outside the normal range, we may give medications to reverse the sedation. We may be unable to reverse the sedation. We may need to support your breathing. Even if you have a NO CODE status:

- you may need intubation to support your breathing.
- you may need medications to support your blood pressure.

We will re-evaluate your medical treatment plan and your NO CODE status when sedation has cleared your body.

Risks of this surgery or procedure:

- Skin graft loss: Skin grafts need good blood supply to stay healthy. They may not heal properly due to infection, poor circulation to the wound or swelling due to disease or injury.
- Sensation changes: You may have permanent numbness where your graft is placed or taken from. In general, grafts do not get full sensation back in the area.
- Skin shape irregularities: You will see changes in the shape of your skin after skin graft surgery. This can include bumps or dents in your skin. You may also see or feel wrinkles. If a skin graft has been prepared using a graft meshing device, you may notice a visible pattern in the skin.
- Scars: You may see changes in skin color after your surgery. This can happen near the graft and the donor site. These changes can be permanent. Scars may cause the skin graft to tighten. This can change how the treated area functions. You may need more surgery to treat this issue and to make it look or work better.
- Skin discoloration and swelling: It’s normal to have some bruising and swelling after surgery. Both your skin graft and the place where your skin graft was taken from may change color. These areas might become lighter or darker than the rest of the skin. These changes can be permanent.
- Buried surgical staples/stitches: The stitches and staples used to hold skin grafts in place can get buried under the skin as you heal. These stitches may poke through the skin, be seen or become uncomfortable. They may need to be removed. You might need more surgery to removed buried staples and stitches.
- Lack of graft durability: Skin grafts don’t act like normal, unhurt skin. They don’t have as much padding. Skin grafts can be injured more easily than normal skin and not heal as easily.

Risks associated with smoking:



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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:

- Do nothing. You can decide not to have the procedure.
- Some wounds may heal with negative pressure therapy.

If you choose not to have this treatment:

- Some minor wounds may heal without surgery. However, you might have scars or see changes in how the injured area feels or works.

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 treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.



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Teach Back

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 _____ (patient signature)

Validated/Witness:

Date: