

## Consent for Scar Revision



### **RISKS OF SCAR REVISION SURGERY:**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. Although the majority of patients do not experience these complications, you should discuss each of them with your surgeon to ensure you understand the risks, potential complications, and consequences of the surgical revision of scars.

1. Bleeding
2. Infection
3. Scarring - All surgeries leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and the deeper tissues. Additional treatments including surgery may be needed to treat abnormal scarring.
4. Damage to deeper structures, numbness
5. Wound disruption
6. Deeper sutures
7. Patient compliance
8. Allergic reactions
9. Surgical anesthesia
10. Delayed healing

### **ADDITIONAL SURGERY NECESSARY**

In some cases, it may not be possible to achieve optimal revision of scarring with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with scar revision surgery. Other complications and risks can occur but are uncommon. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

I hereby authorize Dr. Bourget and such assistants as may be selected to perform the following procedure or treatment: Scar Revision Surgery

I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above surgeon and assistants to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my surgeon at the time the procedure has begun.

I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

I consent to the disposal of any tissue, medical devices, or body parts which may be removed.

The above information has been explained to me in a way I understand and as completely as possible, to my satisfaction.

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Patient's (or Legal Guardian's) Signature

Date:

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Witness' Signature

Date: