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## CONSENT FORM FOR SKIN OR VULVA BIOPSY OR EXCISION

Patient Name \_\_\_\_\_

The risk and complications of the procedure include, but are not limited to: infection, allergic reactions, drug reactions, bleeding, pain and discomfort, scarring of the skin with the possibility of poor cosmetic result, possible need for re-excision.

The nature of the procedure and the reason for performing it has been explained to me. The option of being referred to a dermatologist or plastic surgeon has also been discussed.

I am aware that other unexpected risks or complications not discussed may occur and that no guarantees or promises were made concerning the results of any procedure or treatment. I am also aware that during the course of the proposed procedure, unforeseen conditions may be revealed requiring the performance of additional procedures.

I have read the above risk and complications of vulva/skin biopsy/excision. I have had the opportunity to ask any questions of my doctor and have received acceptable answers to my questions.

I consent to the procedure.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

### **WOUND CARE INSTRUCTIONS:**

1. Keep wound dry for 24-48 hours. If it gets wet, pad dry gently and change dressing.
2. Remove dressing 24-48 hours. If need to clean do so gently with mild soap and water.
3. If wound is not covered by steri-strips apply a small amount of Vaseline petroleum jelly and apply Band-Aid if possible (use gauze and paper tape if sensitive to adhesives).
4. If stitches are present in the wound continue above regime daily until stitches are removed.
5. If no stitches are present in the wound continue above regime for 5 days and then keep wound covered or open to air as preferred.
6. If there are steri-strips – leave in place for 5-7 days and then gently remove in the shower.
7. Keep your follow up appointment – usually in 1-2 weeks.