Skin Lesion Surgery Consent Information

This information will help you to understand the risks and complications associated with skin lesion surgery. Although modern surgery is safe it still entails some risk. Please take time to read this information on risks and complications both general and specific to your procedure. Please contact us if you would like to discuss any area further. These risks are controlled and minimized with specialist care before, during and after your surgery by:

- Pre-operative consultation with Dr Somia and selective testing to ensure you are fit for surgery.
- Hospitals with a high safety record and stringent quality controls
- Highly trained anaesthetists (Dr Simon Koh and Dr Suzi Miles) to administer the appropriate drugs and dosage.

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2 **General Risks**
Pneumonia, deep venous thrombosis, pulmonary embolism, stroke, heart attack, allergies, awareness, death

3 **Specific Risks During Surgery**
Bleeding, Damage to deeper structures, Frozen section inaccuracy

4 **Specific Risks - Short Term**
Bleeding, Infection, Sensation Change, Haematoma and seroma, Firmness, Delayed healing and tissue death, Exposed sutures, Dog ears and additional skin folds, Dressings

6 **Specific Risks - Long Term**
Scars, Systemic spread of skin cancer, Recurrence of skin cancer, Incomplete excision Appearance of the reconstruction, Unsatisfactory result

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General Risks

All surgery carries risk due to the use of drugs, sedation or anaesthesia. Risks involved include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are under anaesthetic you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to pneumonia or lung infection. Smokers/vapers are at higher risk as the waste products clog the airways and damage the airway lining preventing cleaning of the mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this. This is one of the reasons we insist all patients abstain from smoking/vaping for 12 weeks before and after.

Deep venous thrombosis and pulmonary embolism

Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins and later dislodge and end up in your lungs. When you are asleep you generally move around enough to keep the blood moving. When you are anaesthetised your legs do not move at all. Instead compression stockings are applied to collapse the veins and sequential compression devices applied to massage the blood back to the heart. (intermittent compression also releases a natural anti-clotting agent). If you experience irregular heartbeat, shortness of breath or chest pain after your return home you should go to hospital.

Stroke and Heart Attack

These are very rare complications in otherwise fit and healthy patients. Elderly patients are at a greater risk. If we believe you are at increased risk we will discuss this with our anaesthetists prior to surgery and may arrange additional tests to ensure your safety in the operating room.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This will be repeated by your anaesthetist. During the administration of any drug there is a small risk of allergy. Reactions can be mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur it will be treated immediately and you will be notified at the end of the operation.

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General Risks - continued

Awareness

Most patients give aways signs such as increased blood pressure or heart rate that will alert anaesthetists that they are feeling pain. Modern monitoring will alert anaesthetists that patients are not asleep earlier than heart rate and blood pressure indicators.

Death

Risk of death under anaesthesia in Australia is around 1 in 4 million cases. Your level of health prior the surgery will relate to your personal risk. In general, you are more likely to have an accident travelling to and from the hospital.

Specific Risks During Surgery

Bleeding

There is always some bleeding with any surgery. We aim to minimize this by infiltrating local anaesthetic with adrenaline into the operating site before the operation. It is exceptionally rare for the bleeding to be significant enough to require a blood transfusion (with its attendant risks). However, it is prudent to ensure that your haemoglobin levels are well stocked before the operation with a diet high in iron and vitamins for about a month before surgery. Doing this will mean you are less likely to feel washed out after the operation.

Damage to deeper structures

During any operation there is always a risk of damage to surrounding structures. Most surgery is performed between planes of tissues, like layers in an onion, so the risk of going a layer too deep is quite small. Should this occur, additional treatments or surgery may be required.

Frozen Section Inaccuracy

Frozen section techniques used to determine tissue pathology and completeness of tumour removal area about 98-99% accurate. It is possible subsequent tissue analysis may identify incomplete removal of the skin lesion or presence of a different tissue pathology. Additional surgery may be necessary if it is determined removal of the skin lesion is incomplete.

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Specific Risks - Short Term

Bleeding

There will be a small amount of bleeding or red discharge from your wounds in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure)using ice packs (to shrink the blood vessels) and applying constant gentle pressure to the area. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. If an increase in bleeding is noticed at the same time as an increase in pain, you may be developing a haematoma (blood clot) and should contact the rooms or hospital. Very rarely, bleeding after surgery requires a visit back to the operating room to drain the collected blood and control any bleeding vessels.

Infection

Infection is uncommon after plastic surgery. You will be given antibiotics through the drip during the operation and if there are any abnormalities noted during the operation, you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5th to 10th post-operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the office or the hospital.

Haematoma and seroma

Any operation in which there is a large surface area that is operated on runs the risk of having blood or fluid collect in the space left behind as it heals. We place surgical drains to prevent these collections of fluid, but they will occasionally arise after the drains have been removed or collect in an area that does not flow to the surgical drain. Should a fluid collection occur it can be removed either with a needle aspiration, or occasionally another drain can be placed under ultrasound guidance.

Dressings

Dressings need to remain in place until your first post operative check with your surgeon. You should expect that they could become warm and have a small amount of pressure. Occasionally, dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness and swelling, please call the office to arrange for them to be changed.

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Specific Risks - Short Term - continued

Firmness

After any operation, as tissues heal there is some swelling/firmness. The majority will resolve within 6 weeks, but the last small amounts can take up to a year to completely resolve. At one month after your operation, some gentle tissue massage will help speed the recovery of the tissues. Occasionally, there is a need for an additional procedure to remove any tissue that has not survived.

Exposed sutures

Many sutures (both permanent and dissolving) that are used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the office.

Delayed Healing & Tissue death

The expected time frame of healing within is; skin should heal within a week and soft tissues around about 6 weeks. Diabetics, smokers/vapers and people with some other diseases will have the risk that their tissues will take longer to heal and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings but may need additional surgery. Some techniques of reconstruction are prone to areas of increased tissue death, but there are methods to reduce this risk if you decide that those techniques are more suited to your needs.

Dog ears or additional skin folds

Depending on the technique utilised, as compared to the skin excess in all dimensions, there may be some excess skin folds at the end of your operation. These generally improve with time, but if they persist for longer than 4 months a touch up procedure may be required.

Specific Risks - Long Term

Scars

Depending on the type, size and location of your skin lesion, your surgeon will suggest a technique (or pattern) they believe will provide the results you are after. This is not a hard and fast rule and there is some room for discussion depending on the importance you place on the length and position of scars. Even in techniques with longer scars, the majority of scars will fall in natural skin lines, and will heal to become not very noticeable over the course of 6-12 months.

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System spread of skin cancer

Certain varieties of skin cancer can spread to other areas of the body. Depending on the cell type and degree of invasion of the skin cancer, additional surgery or treatment may be necessary. Once we have clinical suspicions or pathological reports suggestive of cancer spread we will arrange for you to see a surgical oncologist.

Recurrence of Skin Cancer

Skin cancers in rare situations can recur after surgical excision. Additional treatment or secondary surgery may be necessary.

Incomplete excision

Should your skin cancer appear to be a type that is likely to be difficult to excise, we will arrange a frozen section pathology testing to take place during your operation. In the vast majority of cases, this is not necessary and we follow guidelines for adequate tissue excision. In the event this is inadequate you may need another operation to remove any residual tumour.

Appearance of the Reconstruction

Flap reconstruction generally uses adjacent or nearby skin and soft tissue to cover the defect. Differences in the tension in which the tissue is inset may result in puckering or small areas of widened scars. Should the defect be reconstructed with a skin graft the skin will tend to look like the skin from the area it was taken from. It will have decreased sensation and be less resistant to abrasion and trauma than normal skin. It is likely to be more pale than the surrounding skin, slightly inset compared to the surrounding contour and may have a pattern to it. All of these issues settle with time, but the graft needs protection from injury and sun damage.

Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months we can discuss further surgery.

Questions

If you would like clarification on any of the information here please contact the office.

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