

# INTEGRATED DERMATOLOGY

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## OF TIDEWATER

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### **CONSENT FOR SURGERY**

- 1.** All humans heal by permanent scar formation, thus all surgeries will result in a scar.
- 2.** Scar tissue is pink for 3-6 months, and then usually fades to white. Sun exposure may cause a scar to darken.
- 3.** The appearance of a surgical scar usually continues to improve for 6-12 months, as the scar “matures”. The surgery scar is usually strong by 4 weeks.
- 4.** Scars overlying active muscle areas tend to stretch or widen with time. This cannot always be prevented.
- 5.** Scars can heal thick (keloid or hypertrophic) or heal thin (atrophic). How they heal depends partly on their location on the body and the healing process of the patient. The final appearance of a scar depends upon many factors. While we strive in every case to achieve the best cosmetic result possible, this cannot be guaranteed.
- 6.** If a surgical site is injured before healing is complete, the scar may remain open, the wound may bleed, and the scar may become more obvious.
- 7.** A change of feeling (sensation) often occurs around a scar. It may be numb or sensitive. In some areas of the body there is a risk of nerve damage.
- 8.** Infection or bleeding can occur after surgery.
- 9.** Serious or life threatening reactions may occur to any ointment, dressing, or medication, including local anesthetics used during surgical procedures.
- 10.** Sometimes more than one surgical procedure is necessary to remove a large lesion, to remove a lesion in a difficult area, or to obtain the best possible cosmetic result.
- 11.** The lesion removed may be sent to an outside lab for further analysis.
- 12.** The lesion may recur or regrow.

I agree that pre- & post-operative clinical photographs and videos may be taken to monitor my treatment progress and for patient educational purposes. I understand that my identity will be protected. I certify that I have read and understand the contents of this consent form. I have been given the opportunity to ask the doctor/staff any questions that I have about the procedure, and all of my questions have been answered. The doctor/staff has explained the procedure and its alternatives to me, and I both understand and accept the risks involved in this procedure. I hereby authorize my doctor and his/her assistant to remove the above lesion.

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Patient Signature

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Date