

INFORMED CONSENT FOR 5FU INJECTION

5-fluorouracil is an anti-cancer drug and belongs to the category of chemotherapy called antimetabolites.

Antimetabolites are very similar to normal substances within the cell. When the cells incorporate these substances into the cellular metabolism, they are unable to divide. Antimetabolites are cell cycle specific. They attack cells at very specific phases in the cycle.

What this drug is used for:

1. Colon and rectal cancer, Breast cancer, Gastrointestinal cancers Head and neck cancer, Hepatoma (liver cancer), Ovarian cancer
2. Topical cream in basal cell cancer of the skin and actinic keratoses
3. Off label for scar reduction and prevention
4. Off label to reduce swelling and inflammation

How this drug is given:

1. As an intravenous injection for cancer, 2. As a topical ointment, a thin coating is applied to the affected skin lesions twice a day for 2-3 weeks, 3. As a local injection into a scar to reduce hypertrophic scar formation, 4. As a local injection to reduce swelling and inflammation.

Side effects:

Side effects are almost always reversible and go away after treatment. Important things to remember about the rare side effects of fluorouracil seen with intralesional, subcutaneous or topical 5-FU: Mouth sores. Poor appetite. Watery eyes, sensitivity to light (photophobia).

Skin reactions: Dry, peeling skin. Darkening of skin (hyperpigmentation). Nail changes. Serious adverse reactions to fluorouracil seen only with intravenous use. Always inform Dr. Kashyap if you experience any unusual symptoms. Precautions: Inform your healthcare professional if you are pregnant or may be pregnant prior to starting this treatment. For both men and women: Do not conceive a child (get pregnant) while using fluorouracil.

Discuss with your doctor when you may safely become pregnant or conceive a child after therapy. Do not breastfeed while using this medication. We do not guarantee results - we only guarantee that this office and Dr. Kashyap will use our best efforts and best judgments on your behalf.

5-FU INJECTION TO: _____ Eyelid

I have read the sheet entitled Fluorouracil Intralesional and subcutaneous Injection Consent, and I have discussed it with Dr. Kashyap. I understand the information provided.

I hereby grant authority to Dr. Yogita Kashyap to administer this treatment.

Patient Signature

Date

Witness Signature

Date