

## **Patient information and consent to Curettage:**

Curettage refers to the use of a sharp spoon-like instrument to scrape off skin and any abnormal areas (lesions) on the top layers of the skin.

Curettage can be used as a treatment for certain skin conditions but also to make a diagnosis. Therefore the intended benefit of curettage in your case would be to either treat the problem and cure your symptoms, or to help with the diagnosis.

**PLEASE ARRIVE 10 MINUTES BEFORE YOUR APPOINTMENT TIME**

### **Procedure :**

A local anesthetic injection will rapidly numb the area of skin involved and keep it numb during the procedure. If you had a bad reaction to local anesthetic in the past it is very important that you inform us. The doctor will then scrape off the lesion but you should not be able to feel any pain.

Having said this you will be aware of a sensation of pressure.

After curettage, the raw area is treated with hyfrecation (electric current) to stop the bleeding. Usually there are no stitches in this procedure. The wound will be a black area like a deep graze. This will scab , which may take two to three weeks to heal.

All specimens removed are sent to the laboratory for examination. The local anaesthetic last for about 2 hours. The wound may therefore start to become painful after this period or time. You might need to take some painkillers once you get home.

### **Wound Care :**

Leave the dressing that has been applied in place for 24 hours, unless you have been advised otherwise. If there is any bleeding, press on the wound firmly with a clean folded towel without removing the existing dressing or looking at it for 20 minutes. If it is still bleeding after this time, seek medical attention.

Remove the dressing and wash the area under the shower, soak it or pour warm water over it. This will help to remove any loose debris under. Pat the area dry with a separate clean towel and cover with a thin smear of Vaseline. A small amount of pinkness and tenderness to touch around the wound edges is normal but, if the wound becomes increasingly red or painful speak to your doctor. The scar will initially be red and raised but usually reduces in color and size over several months.

## **Complications :**

This is a fairly straightforward procedure with complications being not that common but the following may happen.

**Unexpected bleeding:** this may occur in people who are prone to bleed ( such as those on certain medications or a family history). If you are on aspirin , clopidogrel or any other blood thinners please mention it to your GP or nurse before the planned procedure.

**Wound infection:** there is up to 5% chance of infection in any surgical wound. In most cases this can be treated with antibiotics .

**Delayed wound healing:** this is likely if the procedure done is in lower legs or if you have certain medical conditions like diabetes.

**Scarring:** you will certainly have a scar at the site of the procedure. The surgeon will try to repair the skin so scarring is minimum. The degree of scarring will vary from person to person and cannot be predicted. If you have any concerns about scarring please discuss it with the doctor before the procedure.

**Other complications which might happen and which you can discuss with your doctor:** recurrence of lesion, keloid scar, numbness/ pain / paraesthesia at the site of surgery.

## CONSENT TO TREATMENT

Proposed procedure: \_\_\_\_\_

### Statement of doctor

I have explained the procedure to the patient including the benefits and most frequently occurring risks (see above), and answered any particular concerns of this patient.

The procedure will involve local anaesthetic Yes/ No

Signed :

Date :

Name ( print):

Job Title :

### Statement of patient

Please read this form carefully, including the benefits and risks of the proposed treatment: if you have any further questions please ask – we are here to help. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure described on this form.

Signed:

Date :

Name (print) :

### Statement of interpreter (if necessary)

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signed :

Date :

Name (print):