

## **Patient information and consent to Hyfrecation (or Electrosurgery ):**

Electrosurgery is used to stop bleeding (haemostasis) or destroy abnormal skin growths.

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

**What is hyfrecation?** : The hyfrecator is a device used to rapidly and selectively destroy tissue by the passage of an electric current through the tip of the hyfrecator as it touches the skin. This will burn off the tissue in question.

Hyfrecation is used to treat a number of skin conditions. Small skin lesions can be treated without anaesthesia but you may require a local anaesthesia to make the area numb.

You may experience slight burning or stinging during hyfrecation. The tissue sample taken may be sent to hospital for examination if needed.

### **Following hyfrecation and possible complications:**

- After the procedure, you will see a small burn mark at the site of hyfrecation.
- Following treatment the skin should be kept clean and you may be asked to apply a moisturiser to the treated area.
- You need to watch out for signs of infection such as discharge of pus or increasing redness and pain. Otherwise, the area should heal within one to two weeks.
- There will be scarring. The amount of scarring is minimal but depends on the site of hyfrecation and varies from person to person.

## 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):