

Informed Consent Form

Fusiform Excision

Patient: _____

Date: _____

1. I hereby authorize Dr. _____ to perform the procedure known as the fusiform excision biopsy.
2. I understand that this is a procedure performed under local anesthesia to remove a growth or tumor from the skin or the tissues beneath the skin. I understand that this procedure is designed to remove the abnormal tissue for examination under a microscope. It is possible that the growth will not be completely removed and that another procedure will be required. I understand that the practice of medicine is not an exact science and that no guarantee can be made regarding the outcome of my planned procedure.
3. My doctor has explained to me that this procedure is generally safe, but that certain risks accompany any surgical procedure. Risks associated with the fusiform excision procedure include the following:
 - Persistent or excessive bleeding that may require hospitalization or transfusion
 - Damage to a nerve or artery beneath the surgical site, producing temporary or permanent numbness or muscle weakness
 - Skin death in the skin of the sides of the surgical wound
 - Excessive or unsightly scar formation that may require correction at a later date
 - Allergic reaction to the numbing medication or surgical instruments
 - Damage to nearby structures, such as the eye or nose, when operating on the face
 - Infection in the local tissues or spreading to other areas
 - Rare, unusual reactions, including possible death following any surgical procedure
4. I understand that there are alternatives to this procedure, including shave excision or a partial biopsy technique such as punch biopsy. I understand that I can choose not to biopsy this growth, and I can refuse this procedure.
5. I understand that unforeseen conditions may alter the planned procedure. I give permission to my doctor to alter the procedure (such as to suture bleeding vessels at the base of the wound), if necessary, or to administer additional anesthetics or other medications if I should need them for the completion of the procedure.
6. I have read this form and other forms given to me by my doctor. I have had my questions answered to my satisfaction.

Witness: _____ Patient: _____

Date: _____

Minor: _____ Parent: _____

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Procedure Recording Form

Fusiform Excision

Patient name: _____ Date: _____ Age: _____

How long has the growth been noted? _____

Symptoms Associated with the Lesion

Pain	Yes	No	Side affected:	Right	Left
Drainage	Yes	No	Diameter of the lesion	_____	
Tenderness	Yes	No	Location of the lesion	_____	
Itching	Yes	No			
Bleeding	Yes	No			
Swelling	Yes	No			
Irritation	Yes	No			
Catches on clothing	Yes	No			

Procedure Description:

The patient gave informed consent for the procedure. Other options were discussed, and the patient elected to undergo fusiform excision technique. The fusiform excision was drawn with the long axis parallel to the lines of least skin tension. The area was prepped with povidone-iodine solution. The area was anesthetized using the solution circled below, with the solution infiltrated beneath and to the sides of the lesion. The patient tolerated the anesthetic well.

The skin was repped with povidone-iodine solution and draped with sterile drapes. The incision was made vertically into the skin using a no. 15 blade. The central fusiform island of skin was grasped in the corner with Adson forceps, and the scalpel blade was used to undermine the lesion in the level of the fat. Once the fusiform island was excised, the tissue was immediately placed in formalin and sent for histologic assessment. Bleeding from the wound was controlled by applying direct pressure with gauze and placing hemostats on bleeding vessels. The lateral skin edges were then undermined in the level of the fat using a no. 15 blade. A deep-buried, interrupted, absorbable polyglactin (Vicryl) suture was placed down to the level of the fascia to close dead space beneath the wound and provide hemostasis. The skin edge was everted with placement of interrupted nylon skin sutures.

The patient tolerated the procedure well. Direct wound pressure was applied for 10 minutes following the procedure. The wound was squeezed to remove any residual blood from beneath the wound. The skin was cleaned, antibiotic ointment was applied, and a gauze pressure dressing was applied with an elastic bandage. Extensive instructions were given to the patient.

Anesthetic solution: Lidocaine 1% 2% with/without epinephrine
Subcutaneous suture: Vicryl 3-0 4-0 5-0 6-0
Skin suture: Nylon 3-0 4-0 5-0 6-0

Complications: _____

Follow-up for wound check: _____

Follow-up for suture removal: _____

Impression:

Plan:

Physician: _____ CC: _____

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Nursing Instructions

Fusiform Excision

Nonsterile Tray for Anesthesia and Designing the Fusiform Excision

Place the following items on a nonsterile drape covering a Mayo stand:

- Nonsterile gloves and mask
- Skin marking pen
- 4 × 4 gauze
- Povidone-iodine solution
- 10-mL syringe filled with 1 or 2 percent lidocaine (Xylocaine) with or without epinephrine with a 30-gauge needle

Sterile Tray for the Procedure

Place the following items on a sterile drape covering a Mayo stand:

- Sterile gloves
- Fenestrated disposable drape
- Additional nonfenestrated disposable drape (if desired)
- 2 sterile bandages to anchor the fenestrated drape
- 3 hemostats (mosquito clamps)
- No. 15 scalpel blade and handle
- Needle holder
- Mayo or tissue scissors
- Iris scissors for cutting sutures
- Adson forceps
- 21-gauge, 1 ½-inch needle (to be bent into a skin hook)
- 2 inches of 4 × 4 gauze
- Suture materials

Postprocedure Nursing Instructions

The patient or an assistant should apply direct pressure to the surgical site with gauze for 10 minutes following the procedure. After this pressure has been applied, the skin can be cleaned with water or sterile saline. The wound can be squeezed to remove any residual blood from beneath the wound.

Antibiotic ointment, one-half inch of gauze, and elastic bandage are applied over the clean wound. Tape should be placed around the outer edges of the elastic bandage to keep the edges from curling off the skin. The pressure bandage can be worn until the morning following the procedure.

All instruments should be scrubbed, washed, rinsed, and dried. The instruments are then placed in clear sterilization pouches, individually or as a surgical tray, and sterilized in the autoclave.

Sharps (scalpel blade, needles, suture needles) are disposed of in an appropriate sharps container.

The bloody gauze is disposed of in a biohazard waste container.

The pathology specimen is appropriately labeled and sent for evaluation.

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