Patient information and consent to Incision and drainage:

This is a minor surgical procedure done to release the pus and pressure built up under the skin. The intended benefit is to alleviate pain and promote healing.

PLEASE ARRIVE 10 MINUTES BEFORE YOUR APPOINTMENT TIME Procedure:

The area is treated with an antiseptic solution. A local anesthetic might be given to make the area numb. Then an incision is made with a scalpel to puncture the skin and the abscess. This allows the fluid (pus) to escape by draining out through the incision. The cavity needs to heal upwards from its floor so the opening in the skin is left open. A gauze dressing may be left within the cavity to assist this process.

The local aneasthetic 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.

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.

Unsightly scarring

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

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: Job Title: Name (print): 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):

CONSENT TO TREATMENT