

# INFORMED CONSENT – SKIN CANCER/LESIONS

**General Information** – Excising lesions and skin cancers involves removing skin, sometimes significant amounts that may require major reconstructive procedures to repair. Cancer will not resolve on its own and is often excised as a method of treatment.

**Alternative Treatment** – This would include observation for more concerning changes or progression, the use of topical agents that can remove precancerous lesions and well as basal cell carcinomas, destruction by other techniques such as laser or cautery, and radiation therapy. All options have their own unique risks and complications.

## Specific Risks of Skin Cancer and Skin Lesion Surgery

**Systemic Spread of Skin Cancer** – Certain types of skin cancer have a greater risk of spreading, such as melanoma and squamous cell carcinomas. This usually occurs following neglect of such skin cancers where they progress untreated.

**Recurrence of Skin Cancer** – New or recurrent lesions can develop in an area that was previously excised and considered clear of disease. This would require additional procedures should it happen.

**Incomplete Removal of Skin Cancer** – When frozen sections are not utilized, margins can sometimes come back as still positive. Frozen sections are recommended when doing complex reconstructive procedures or where the patient does not accept this risk for an incomplete margin.

**Frozen Section Inaccuracy** – When utilized, there is always a small chance it can report a false negative, meaning that the final report will show positive margins when the frozen section report said “clear”. Additional interventions will have to be considered in the remote chance this happens.

**Additional Procedures** – This may be necessary should a margin be involved, the scar not acceptable or symptomatic, or if the scar creates other functional problems such as contractures or ectropion (pulling the lid downwards)

**Disclaimer:** Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including not having surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. This should not be considered all inclusive in defining other methods of care and risks encountered. This is not intended to define or serve as the standard of medical care.