

Skin Procedures Complication Checklist

Please read Ms Nugent's information leaflet on your procedure and the other information leaflets that you have received in full. Then please read through and initial beside each point in the complication checklist for your procedure below to indicate that you are aware of and understand each potential risk or complication. Once completed and any questions answered, please sign and date at the end of the last page.

IMPORTANT:

Ms Nugent must receive this completed paperwork **prior to your date of surgery**.

Early complications (within the first week of surgery)

Bleeding (haematoma)

It is common to have some mild oozing from the surgical incision for a few days following skin surgery. If there is any suggestion that excessive bleeding after surgery has occurred, you may need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

Patient initials

Infection

Rates of severe infection in skin surgery are low. Minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required.

Patient initials

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) are rare after skin surgery particularly if done under local anaesthetic. Preventative measures are taken (such as calf compression stockings) if you are having a general anaesthetic. If a DVT does develop, you will need various investigations and treatment as appropriate. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Patient initials

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from "overdoing it" straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above.

Patient initials

Wound dehiscence

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured or a scar revision performed at a later date.

Patient initials

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Persistent swelling

Some swelling to the area is normal after a skin operation and usually peaks day 2 to 3 following surgery. Most of the swelling usually resolves during the first 6 weeks after surgery. In some cases it can be more severe and persist longer than usual. When swollen, your tissue is not supple as usual and this will gradually soften during the first 4 to 6 weeks.

Patient initials

Numbness or hypersensitivity

The skin around the area of your surgery may be numb or over sensitive in the aftermath of surgery. The feeling usually normalises eventually but can take several weeks or even months in some cases. Occasionally sensation does not return fully. Nerve damage to the sensory nerves in the area is very rare.

Patient initials

Broken blood vessels

With any skin lifting surgery it is possible to cause some broken capillaries in the skin. This is more so if this condition already exists, and can be noticeable on the lower cheeks and neck area. Skin treatment may be recommended if this is obvious.

Patient initials

Alteration in skin pigmentation/discolouration

Bruising usually appears over the first few days and then resolves over the next 2 to 3 weeks. Sometimes it is more extensive than usual and/or takes longer to resolve than usual. This is more common in patients with very thin or pale skin. In darker skin types, residual brown pigment can persist if bruising takes a long time to resolve.

Patient initials

Swelling/lymphatic obstruction following previous dermal filler treatments

While unusual to occur, sometimes unexpected amounts of prolonged swelling can occur in the surrounding tissues after skin surgery when dermal fillers have been placed in the surgical area or nearby in the past. It may be worse in warm weather. Over time and repeated dermal filler treatments, there is the possibility that the dermal filler may obstruct or hinder the normal lymphatic fluid drainage of the facial tissues.

Patient initials

Loss of part or all of a skin graft or skin flap (if applicable)

While usually skin grafts and flaps heal very well, sometimes part or all of the flap or graft struggles with its blood supply in its new site. If part or all of the transferred tissue is lost, it may mean a longer time with dressings on the wound or further surgery to remedy the problem and heal the wound quicker.

Patient initials

Incomplete excision (if applicable)

Although every effort is made to remove a skin cancer or a mole completely, sometimes microscopically there are cancer cells or cells belonging to the lesion right at the edge of the sample removed. Ms Nugent will normally recommend a further procedure in this instance if a skin cancer is suspected to completely treat the skin cancer and reduce the risk of it recurring. No further procedure may be needed if a skin cancer is not suspected.

Patient initials

Late complications (more than 6 weeks from surgery)

Poor scar formation

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Although scarring on average is minimal, scar maturation varies from person to person and occurs over 6 to 12 months, with scars passing through a red, itchy

and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from skin surgery heal well and are barely perceptible but occasionally, they may tend to thicken and may require steroid injections to help them settle down. In some cases, minor surgical scar revision surgery may be needed. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Some areas of the body e.g. ears, jaw, breast bone and shoulder can be more prone to this problem too. Occasionally the scars are pulled during healing and/or are more visible than anticipated. **It is important to be aware if you are having a scar revision or a lesion removed for purely cosmetic reasons that although a scar revision is carried out to improve a scar and a mole may be removed to improve appearance, there is a risk of forming a new problematic scar or a very similar scar to that which is being revised.**

Patient initials

Recurrence (if applicable)

If fully removed, most skin lesions do not recur. In some situations, they may recur and require further treatment in the future. This is most relevant for skin cancers and some types require regular checks for up to 5 years to check for this. The type of skin cancer and how close it was to the edges of the tissue removed can sometimes give a prediction of how likely it is to recur in the future. However, recurrence is a risk for all skin cancers and skin lesions. Ms Nugent will advise you on your individual situation. If a benign mole or skin lesion is excised as a shave excision (see earlier section), the recurrence rate is higher than if it is cut out and the edges stitched together. (The shave excision is usually chosen because it leaves a less conspicuous scar.)

Patient initials

Chronic pain

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

Patient initials

The sub-optimal result

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. mild asymmetries, visible scarring or less than expected effect. An understanding of what is realistically achievable in your particular case is essential prior to undergoing surgery. Should you be left with a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be applicable for further surgery in some circumstances and this will be discussed with you.

Patient initials

COVID-19 measures

As well as the standard process to ensure you are ready for treatment and to plan treatment, there are likely to be additional requirements due to COVID-19. You will need to undertake a COVID-19 screening questionnaire and follow the safety measures and protocols that are in place in the clinic and hospitals. Other measures that may be considered in some situations are a COVID-19 test, self-isolation in advance of treatment and during the early recovery period. You must also consider the risk of contracting COVID-19 around the time of your treatment and how this might affect you. Contracting COVID-19 during or after a time you have undergone an anaesthetic or significant surgery may lead to a worse or more protracted course of illness than if you had not undergone the surgery.

Patient initials

I acknowledge that I have read and understood the nature of a skin operation. I have read the information leaflet provided to me and I understand the potential risks and complications associated with this procedure.

I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.

I agree to communicate any concerns I may have in a timely manner and to inform Ms Nugent of any changes in my health or circumstances that may affect my suitability for, or recovery from lip lift surgery.

Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Ms Nugent and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.

I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my pre-existing health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.

I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand.

I understand that I have the option of not undertaking any surgery at all.

Patient signature Date

Patient name