

INFORMATION ABOUT THE RISKS OF SURGICAL INTERVENTIONS

Dear patient!

You are scheduled for the following surgical procedure:

Punch biopsy/ curettage/ punsch excision/ excision of skin changes (e.g. mole, tumor, actinic keratoses)
on _____

Risks of the operation:

No physician can guarantee the success of a treatment and that it is risk-free.

General dangers such as (post-)bleeding and wound infections can never be completely avoided in the case of operative interventions. Due to the inevitable damage to skin nerves, sensory disturbances and pain can occasionally occur after the operation. In a few cases, muscle nerve injuries can occur. During operations, scars, and more rarely keloids (excessive scarring) can hardly be avoided. The interventions are performed under local anesthesia. You can rarely have an allergic reaction to it. Cosmetically disturbing results can also rarely occur (e.g. lighter or darker discolorations). Unnecessary movements that put tension on the wound edges or intensive sun exposure of the scars should be avoided for a few weeks after the procedure. Sometimes post-excision(s) may be required for a tumor that has not been completely removed.

Please inform the doctor of any personal risk factors such as taking **anticoagulant medication** (e.g. ASS, Xarelto, Pradaxa, Marcumar), **infections, allergies, presence of a pacemaker** and **metabolic diseases:** _____

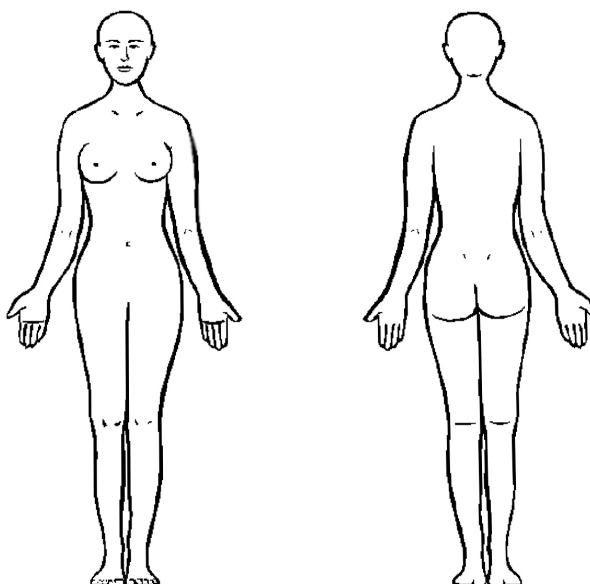
I had the opportunity to talk to the physician in detail about the planned operation.

I have been informed verbally and through this leaflet in an understandable and sufficient manner about the type, purpose and course of the procedure, as well as about its main advantages and disadvantages as well as risks, also in comparison to other methods of treatment, about the omission of the procedure and about possible complications . I had the opportunity to ask further questions.

For data protection reasons, I agree that the findings can only be discussed with me personally or with these people who I have explicitly mentioned in the data protection form.

I have been informed that due to the local anesthetic I should not drive for about 2 hours after the procedure.

I agree to the intended measure(s) and method(s). I assure you that I have named all illnesses and diseases known to me.



Geilenkirchen, (date) _____

Name, first Name _____

Signature _____

Doctor's signature _____