



MILK + HONEY
PEDIATRICS

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Minor Surgery **Patient Information and Consent**

Minor surgery includes excision, biopsy or radiocautery (burning) of skin lesions (moles, lumps and bumps, skin cancers), wedge resection of the toenail or cosmetic procedures.

The procedure is usually carried out in our operating room, takes about 30 minutes, and involves an injection of local anesthetic (lidocaine +/- adrenaline). Please let your doctor know if you are ALLERGIC to plasters, iodine, lignocaine, or adrenaline. Also, it is important to let your doctor know if you are on blood thinning agents, especially WARFARIN.

Histology specimens will be sent to the laboratory for analysis. The result will be communicated to you at your follow-up practice nurse appointment to remove sutures (which is usually 7-10 days later). If for some reason you do not receive the histology result, then please phone our nurse to confirm the result is okay.

Wound care is straight forward, and you will be given instructions. There is usually only mild discomfort following the procedure and you can take paracetamol for the pain. If the wound is extremely painful or looks infected (weeping, red and hot) then please contact the nurse as soon as possible.

Risks and complications are uncommon and there is a low risk of serious harm. The most likely problems encountered are:

- Wound infection
- Wound breakdown - this is rare, but the wound may occasionally split open requiring re-suturing. Bleeding - if there is persistent bleeding after the minor surgery then you should return immediately.
- Scarring - sometimes scarring is excessive due to the body's over healing response and this is called keloid scarring. It is more likely on the chest or back.
- Allergic reaction to local anesthetic, iodine cleaning solution or plaster.

CONSENT

I have read the above information and understand the risks involved with the procedure and with that knowledge give consent for Dr. _____ to carry out the following surgery for my child _____:

(First and Last Name, Date of Birth)

(NAME OF MINOR SURGERY / PROCEDURE)

on _____/_____/_____
(DATE MM/DD/YYYY)

Patient/Guardian Signature & Date

Doctor Signature & Date