

**Baljit Dheansa FRCS MSc FRCS(Plast)**  
**Consultant Plastic, Cosmetic & Reconstructive Surgeon**

Patient:		Procedure:	<b>Minor Surgery</b>	On Date:	
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**RISKS / COMPLICATIONS (rare or unusual complications can occur and may not be listed)**

**General**

Allergic reactions to any drugs, antiseptics or equipment used	Dehiscence – wound opening up – may require prolonged dressings
Asymmetry (this may be better or worse than pre-operatively)	Skin loss/necrosis – may require prolonged dressings or surgery including skin grafts
Bleeding – may require further procedure	Swelling, Inflammation – may take months to resolve
Bruising – may take weeks to resolve	Slow healing
Haematoma (collection of blood under skin) – may require further procedure	Poor scarring – Keloid, Hypertrophic, unsightly – may be difficult to treat or improve
Infection – may require antibiotics or surgery or may cause tissue loss	Numbness around or beyond the area treated – may increase risk of inadvertent injury in future
Pain – may be long term	Pulmonary Embolus or Deep Vein Thrombosis – clots in the lung or legs
Changes in contour of tissues – may be visually apparent	Change over time – tissues may become thinner, droop or lose the effect of surgery

**Specific to: Minor Surgery**

Stretching of the scar	Loss of hair in surrounding area of surgery
Dog ears (skin lumps at end of scar) – may require further surgery	Stitch marks may be visible
Incomplete removal	Further surgery may be required if incompletely removed
Recurrence of the original lesion	Stitch related inflammation – often when dissolving
Change in contour – may be dipped or tight	Disappointment with final appearance
Persistent discharge	

Mr Baljit Dheansa has discussed the above risks and complications with me. I understand these. I have read Mr Dheansa's Minor Surgery information leaflet  **(Please Tick)**. I also understand other risks and complications can occur but may be less common as the practice of medicine and surgery is not an exact science. I understand the risks, benefits and limitations of the proposed procedure. Certain complications may affect my ability to work, socialise or do certain activities. This may sometimes be long term.

I permit the use of my non-identifiable photographs (pre-and post-operative) to be used for teaching, publication and to be shown to other patients. I can withdraw this permission at any time.

Patient Signature:

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Patient Name:

Date:

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**ADDITIONAL NOTES OR COMMENTS:**

