

Skin Cancer Removal with Local Flap or Skin Graft Reconstruction

Procedure-Specific Information & Consent (PCC)

This document explains skin cancer removal and wound reconstruction and supports your discussion with your surgeon.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Why Surgery Is Recommended

- Remove a confirmed or suspected skin cancer
- Aim for clear surgical margins (no cancer at the cut edge)
- Lower the risk of the cancer returning in the same area
- Provide tissue for a final diagnosis and assessment of risk features.

This surgery may be recommended for:

- Basal cell carcinoma (BCC)
- Squamous cell carcinoma (SCC)
- Melanoma or another skin tumour in selected cases.

The goal is to remove the tumour while preserving function and appearance as much as possible. Clear margins and a specific cosmetic result cannot be guaranteed. Melanoma may require wider margins and a separate discussion about lymph-node staging.

2. What the Surgery Involves

Cancer Resection

- Performed with local anesthesia (freezing medicine), with sedation, or under general anesthesia, depending on the site and extent
- The visible tumour and a planned margin of surrounding tissue are removed
- The specimen is sent to pathology to confirm the diagnosis, risk features, and whether cancer reaches a cut edge.

Reconstruction

After removal, the wound may be left to heal or repaired using one of these methods:

- Primary closure: the wound edges are brought together directly
- Local flap: nearby skin is moved to cover the wound
- Skin graft: skin is taken from another body area (donor site) and placed over the wound.

The final size of the wound and the safest repair may only be clear after the tumour is removed. The surgeon may use a closely related repair method based on the defect, location, skin movement, and blood supply.

A dressing or pressure dressing may be applied. Sutures are usually removed at follow-up; timing depends on the body site and repair.

3. Expected Benefits and Limitations

Potential benefits:

- Removal of the known or suspected skin cancer
- Lower risk of local recurrence
- Preservation of nearby structures and restoration of contour and function as much as possible.

Important:

- Pathology may show cancer at or near a cut edge, requiring more surgery or another treatment
- Radiation or other cancer treatment may be recommended for selected high-risk tumours
- A scar is permanent, and the final appearance may differ from the surrounding skin
- Skin cancer can return despite treatment; follow-up remains important.

4. Risks and Side Effects

Common or Expected

- Pain, swelling, bruising, and a permanent scar
- Numbness or altered skin feeling, which may be temporary or permanent
- A contour change, pulling, or asymmetry near the repair.

Bleeding

- Minor oozing or bruising may occur
- A blood collection (hematoma) or ongoing bleeding may require drainage or another procedure.

Infection

- Infection may require antibiotics, drainage, wound care, or removal of some sutures.

Flap- or Graft-Specific Risks

- Part or all of a flap or graft may not survive and may require wound care or another procedure
- Delayed healing, wound opening, or raised/thick scar
- Colour, thickness, hair growth, or texture may not match nearby skin
- A skin graft can shrink; a second scar, pain, bleeding, or infection can occur at the donor site
- Revision surgery may be needed.

Functional Risks (Site Dependent)

Depending on tumour location:

- Temporary or permanent numbness
- Weakness of nearby facial muscles if a nerve is stretched, injured, or involved by tumour
- Eyelid, lip, ear, or nasal pulling or asymmetry
- Tightness, restricted movement, eye irritation, or difficulty closing the eye, depending on the site.

Rare but Important

- Damage to a nearby nerve, blood vessel, muscle, cartilage, or other structure
- Chronic pain or sensitivity
- Need for another operation
- Recurrence or spread of the cancer.

5. Pathology and Follow-Up — Make Sure You Receive Your Results

- Pathology timing varies. Ask when and how your results will be reviewed
- Pathology checks the diagnosis, margins, and other risk features
- More surgery, radiation, lymph-node assessment, or other treatment may be recommended
- Ongoing skin checks are important because another skin cancer can develop.

6. Recovery Expectations

- Follow the wound, dressing, bathing, and activity instructions given for your repair
- Avoid pressure, stretching, or strenuous activity that could pull on the wound
- Do not smoke or use nicotine during healing because this can reduce blood flow
- After the wound has healed, protect the scar and surrounding skin from the sun.

Seek medical attention for:

- Seek same-day medical care for increasing pain, redness, warmth, swelling, pus, fever, wound opening, or a pale, dark, cold, or foul-smelling flap or graft
- Seek urgent care for bleeding that does not stop with firm pressure, rapidly increasing swelling, trouble breathing, or sudden vision problems.

Full scar maturation may take several months.

7. Alternatives

Depending on tumour type and stage, alternatives may include:

- Mohs or another margin-controlled surgery in selected cases
- Curettage, topical medicine, or light-based treatment for selected superficial or low-risk tumours
- Radiation therapy
- Observation or supportive care in selected cases
- No treatment, with the risk of tumour growth, tissue damage, spread, or more difficult treatment later.

8. Acknowledgement

I understand the planned skin cancer removal, possible wound-repair methods, expected benefits, limits, risks, alternatives, pathology follow-up, and recovery. I understand that the final wound size and repair may change based on findings during surgery. My questions have been answered. This document supports, but does not replace, the hospital consent process.

Patient Name: _____

Signature: _____

Date: _____