



FORM OF INFORMATION AND INFORMED WRITTEN CONSENT

Order of 8 of Julio 2009 (BOJA nº 152 of date August 6) for which instructions are dictated to the Centers of the Sanitary Public System of Andalusia, in relation to the procedure of Informed Consent.

1. DOCUMENT OF INFORMATION FOR WOUND DEBRIDEMENT

This document serves so that you, or who represents it, give its consent for this intervention. That means that it authorizes us to carry out it.

You can to retire this consent when you want it. To sign it doesn't force you to be made the intervention. Of their rejection he/she won't be derived any adverse consequence regarding the quality of the rest of the received attention. Before signing, it is important that you read the following information slowly.

Tell us if you have some doubt or you need more information. We will attend you with a lot of pleasure.

1.1 WHAT YOU SHOULD KNOW: ON WHAT IT CONSISTS?. FOR WHAT REASON IT SERVES?:

The objective of this procedure is to remove devitalized tissues of a wound. The scaring of the wound is facilitated this way.

HOW IS IT CARRIED OUT?

If it is necessary you will be carried out with local anesthesia around the area, to guarantee an intervention without pain.

We will leave the area of the lesion refreshed to get a progressive closing of the wound.

In all moment, during the intervention, it will always be watched over by healthy professionals.

When concluding the intervention you will be given an informative leaf about self care and some recommendations to carry out after the surgical intervention.

WHAT EFFECTS IT WILL PRODUCE TO YOU?

Local small nuisances can take place in the area where you have been carried out the cleaning of the wound (debridement), as any other minor surgery.

IN WHAT IT WILL BENEFIT TO YOU?

It is the best procedure to solve your case. If you are not carried out the intervention, we cannot predict which will be the results and the evolution of your lesions, even being able to appear serious infections.

OTHER AVAILABLE ALTERNATIVES IN YOUR CASE?



For the characteristic of the lesion, it is the recommended procedure.

Once clean the wound of devitalized tissues, we will be able to study the therapeutic alternative that better he/she adapts to its case.

In your case:

WHAT RISKS DOES IT HAVE?

Any medical performance has risks. Most of the times the risks are not materialized, and the intervention doesn't produce damages or secondary undesirable effects. But sometimes this is not possible. For that reason it is important that you know the risks that it can appear in this process or intervention.

THE MOST FREQUENT:

There are not frequent complications. In occasions, some problems can arise:

- For the use of local anesthetics, there are people that suffer small faintings. If to you it has happened at some time, it should warn before the intervention.
- Alterations of the sensibility in the area, as pain or decrease of the sensibility.
- Infections in the wound.
- Reject of the internal sutures.
- Hemorrhage / hematomas.
- Irregular Scars.

THE MOST SERIOUS:

In a very exceptional way, serious complications take place for the use of local anesthetics. These alterations can be neurological or heart:

- Neurological alterations as: - Sicknesses. - Vomits. - Headaches. - Tremors or convulsions.
- Heart alterations as: Slope of the arterial pressure, throbs, disturbs of the heart rate and/or heart arrest.
- Exceptionally you can suffer reactions of allergies like: - Redness or inflammations in the skin that you/they provoke an intense (urticaria), pruritus. - Breathing difficulty. - Heart arrest.
- Other risks, although they are not very frequent, they could happen : - Deformities in the area where you are carried out the intervention. It could be or functionality or aesthetic alterations.

THOSE DERIVED OF YOUR PROBLEMS OF HEALTH:

Due to your own characteristics, there are the following additional risks:

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SPECIAL SITUATIONS THAT SHOULD BE KEPT IN MIND

You should communicate all the important illnesses that you have had and the medication that you are taking at the present time.

- If you present allergy to medications, if you have had some problem related with any type of anesthesia, if you suffer some infectious (Hepatitis, HIV) illness, if you have got a pacemaker or another implantable heart device, if you have problems of clotting or you take antithrombotic drugs (aspirin, triflusal, Sintrom, warfarina, clopidrogel.....). - If previously you have been intervened surgically or if you had some complication you don't forget to communicate it.

- Circumstances that increase the frequency and severity of risks and complications because of illnesses that you already suffer it can exist. To be valued, you should inform your doctor about possible drugs allergies, alterations of the clotting, illnesses, current medications or any other circumstance.

OTHER INFORMATIONS OF INTEREST (to consider for the professional)

OTHER QUESTIONS FOR THOSE THAT WE REQUEST YOUR CONSENT

- Sometimes, during the intervention, accidental discoveries take place. They can force to have to modify the form of to make the intervention and to not use variants of the same one contemplated initially.

- It is sometimes necessary to take biological samples to study their case well. They can be conserved and used later on to carry out investigations related with the illness that you suffer. They were not used directly for commercial ends. If they will be used for other different ends you would be requested the expressed consent later on for it. If he/she doesn't give their consent to be used in investigation, the samples will be destroyed once they stop to be useful to document their case, according to the norms of the center. Anyway, it will be protected the confidentiality appropriately in all moment.

- It can also be necessary to take images, as pictures or videos. They are good to document the case well. They can also be used for educational ends of diffusion of the scientific knowledge. Anyway they will be used if you give their authorization. Their identity will always be preserved in a confidential way.

1.2. EXPLANATORY IMAGES:

In this space they will be able to insert with character explanatory optional images, anatomical outlines, pictograms etc. that they facilitate and allow to explain in a simpler way the information to the patient.

2. INFORMED WRITTEN CONSENT

2.1. DATA OF THE / OF THE PATIENT AND DE THEIR REPRESENTATIVE (ONLY IN CASE OF INABILITY OF THE / OF THE PATIENT)

Patient name&lastname

Document of identity/Passport number

Deputy name&lastname

Document of identity/Passport number

2.2. PROFESSIONALS THAT INTERVENE IN THE PROCESS OF INFORMATION AND/OR CONSENT

Name&lastname	Date	Signature
_____	_____	_____
Name&lastname	Date	Signature
_____	_____	_____
Name&lastname	Date	Signature
_____	_____	_____
Name&lastname	Date	Signature
_____	_____	_____

2.3. CONSENT

I, Mr / Mrs/Miss _____ manifesto that I am according with the intervention that I have been proposed. I have read and understood the previous information. I have been able to ask and to clarify all my doubts. For that reason I have taken conscious and freely the decision of authorizing it. I also know that I can retire my consent when it estimates it opportune.

☐ Yes ☐ No I authorize to that are carried out the opportune performances, including modifications in the form of carrying out the intervention, to avoid the dangers or potential damages for the life or the health that could arise in the course of the intervention.

☐ Yes ☐ No I authorize the conservation and later use of my biological samples directly for related investigation with the illness that I suffer.

☐ Yes ☐ No I authorize that, in case my biological samples will be used in other different investigations, the investigators contact me to request me consent.

☐ Yes ☐ No I authorize the use of images with educational ends or of diffusion of the scientific knowledge.

NOTE: Mark you with a cross.

Córdoba (Spain), month/day...../Year 201__

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Physician signature

.....
Patient/deputy signature
(only if patient's inability)



2.4. REJECT OF THE INTERVENTION

I, Mr / Mrs / Miss, I don't authorize to the realization of this intervention. I assume the consequences that of they can be derived for the health or the life.

Córdoba (Spain), month/day...../Year 201__

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Physician signature

.....
Patient/deputy signature
(only if patient's inability)

2.5. CONSENT REVOCATION

I, Mr / Mrs / Miss, in a free and conscious way I have decided to retire the consent for performing this intervention. I assume the consequences that of they can be derived for the health or the life.

Córdoba (Spain), month/day...../Year 201__

Physician name

Patient/deputy name

.....
Physician signature

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Patient/deputy signature
(only if patient's inability)