

Dr. John Youthful Samples: Jr. DPM

1234 Next-Generation Street
Young City, State 21231-1234 USA
770.123.4567 [vm] 770.123.7654 [fax]
www.FootDoctor.com

SURGICAL INFORMED-CONSENT PRODUCTION AND DOCUMENTATION TOOLS



Ingrown Toenail [Onychocryptosis] Removal [Partial Side and/or Total Nail] Surgery

IDENTIFICATION OF PARTIES

Patient Name and SSN:

Facility Location, Date and Time:

Surgeon[s]:

Surgical Procedure: Ingrown toenail surgical removal; with/or without nail bed reconstruction. Will not sterilize or cauterize the matrix-root. Occasionally, cutting and suturing is needed, if severe.

Surgical Assistants:

Explaining Counselor:

Additional Information:

OPERATION INFORMATION

Diagnosis and Condition: Painful ingrown toenail that may have proud-flesh and a bacterial or fungus infection.

Allergies:

Anatomic Location: Toe[s]; Right or Left foot; usually big toes; occasionally in lesser toenails.

Purpose / Benefits: Remove painful ingrown, fungus or bacterial infected toenail or ingrown border-side. Matrix or nail root is not cauterized or sterilized; re-growth will occur.

Description of Procedure:

- Anesthetic (numb toe with 1-2cc's lidocaine/marcaine etc; epinephrine used with caution).
- Sterile prep with rubber band tourniquet, if indicated.
- Elevate nail side, cut to proximal nail fold and excision of offending border or total nail plate.
- Debridement to drain and clean and dry eponychial toenail sockets.
- Curette, lavage, bandage and hydrocortisone cream and/or oral antibiotics, as needed, etc.
- Aftercare with Epsom salt, and/or H2O2 soaks with periodic cleaning until healed.

Potential Risks / Complications: Ingrown toenail recurrence, crooked or unsightly appearing discolored toenail re-growth, bone and soft tissue infection and fungus contamination/formation. Care in diabetic patients or those with vascular compromise; toe loss; swollen fat toe and toe/limb loss; and a persistent RSD pain syndrome possible.

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Alternatives to Procedure: Trimming and cutting, soaking, debridement, plastic strips, chemicals; consult with your physician.

Recovery and Follow-up Care: Soaks, antibiotics, band aides and bandage changes, as needed.

Additional Consent Information: An ingrown toenail may also be removed using a surgical incision "cold steel" tissue and cutting technique with scalpel.

Comments: Fungus infestation, if present, is very resistant to treatment and has numerous causes. It is conservatively treated with periodic manual and/or electrical debridement.

Medically, oral ultra-micronized oral griseofulvin (0.5 gm QD) may be tried for 6 to 18 months. Other agents such as Sporonox®, Lamisil® and Diflucan® may be used. Oral ketoconazole (200 mg QD) is may also be used for candidal onychomycosis. Avulsion with topical anti-fungal agents may prove useful. Topical PenLac® may also be used; along with other oral and topical agents.

PATIENT / SURROGATE SIGNATURE AND ATTESTATIONS

By signing this consent-form and explanatory process, I or my surrogate, confirm and attest to the following:

- ✓ The procedure and its purpose has been explained to me; including benefits, risks, possible-complications, alternatives, recovery period and follow-up care; in an understandable language without technical terms.
- ✓ I have been told about options, including not having the surgery.
- ✓ All my questions have been answered and my curiosity satisfied.
- ✓ I have read this consent form prior to receiving any anesthetic or mind-altering drugs, and I understand it to my comfort level.
- ✓ I freely elect to undergo this surgery and have this surgical procedure.
- ✓ I understand my doctor may modify the above plan; intra-operatively as needs dictate.
- ✓ I have the legal decision-making capacity for all of the above.

Patient Signature:

Surrogate-Relationship Signature:

Consent Process Counselor:

Primary Witness:

Secondary Witness:

[Required if patient/surrogate signed with an "X" mark]

Comments:

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OPERATING SURGEON'S STATEMENT

By signing this consent-form and explanatory process, I confirm and attest to the following:

- ✓ Relevant issues of the surgery have been explained and the patient given the opportunity to ask question about it, including but not limited to: benefits, risks, possible-complications, alternatives, recovery period and follow-up care; in an understandable language void of medical jargon.
- ✓ No threats, inducements or misleading information was used to coerce the patient into surgery and s/he was given the opportunity to review and discuss a printed copy of this consent-form prior to surgery.
- ✓ I have identified the patient, procedure and anatomic location, and reviewed the past medical history, H&P, medications, allergies, chart and progress-notes; and have approved them.
- ✓ I am licensed and capable of performing this surgical procedure, and can document same. No outcomes guarantees were made.

Surgeon:

Surgeon:

Surgeon:

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Ingrown Toenail [Onychocryptosis] Removal with [Partial Side and/or Total Nail] Permanent Root-Matrix Sterilization and Cauterization

IDENTIFICATION OF PARTIES

Patient Name and SSN:

Facility Location, Date and Time:

Surgeon[s]:

Surgical Procedure: Ingrown Toenail Removal with Cauterization and/or Sterilization of the Nail Root, and/or with reconstruction of the nail bed; if needed. An ingrown toenail may also be removed using an incision "cold steel" technique, such as those described by Winograd, Suppan, Polokoff, Kaplan, Zadik, or Frost, and other modifications, etc. CO2 or other lasers may be used.

Surgical Assistants:

Explaining Counselor:

Additional Information: Surgically, an ingrown toenail is usually removed with out an incision; and using phenol, sodium hydroxide, or other chemicals or surgical laser beams for root matrix-sterilization with alcohol technique. Occasionally, cutting and suturing is needed, if severe.

OPERATION INFORMATION

Diagnosis and Condition: Painful ingrown toenail that may have a bacterial or fungus infection.

Allergies:

Anatomic Location: Any toes; usually the great big toes; Right, or Left foot.

Purpose / Benefits: Remove painful ingrown, fungus or bacterial infected, toenail or side. Kill or sterilize the root matrix to prevent/reduce recurrence.

Description of Procedure:

- Anesthetic block (numb toe with 1-2cc's lidocaine/marcaine; epinephrine use cautioned, etc).
- Sterile prep with rubber band tourniquet, if indicated.
- Elevation toenail side, resection to proximal nail fold and excision of offending border or nail.
- Debridement to drain and clean and dry eponychial toenail socket.
- Chemical matrixectomy with 88% phenol or 10% sodium hydroxide (chemicals, laser, scalpel, 5% acetic acid flush to neutralize the sodium hydroxide).

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- Cotton tipped applicator applied to matrix for until tissue appears destroyed and/or white.
- Curette, lavage flush, bandage, and hydrocortisone cream or oral antibiotics, as needed.
- Aftercare with Epsom salt, or H2O2 soaks or similar with periodic debridement, until healed.

Potential Risks / Complications: Recurrence, crooked or unsightly appearing toenail, infection and fungus formation. Cauterization is performed with caution in diabetic patients or those with vascular compromise; scar, bone or soft tissue infection; swollen fat or lost toe/leg with nerve or vessel damage; RSD pain syndrome; may need drain removal.

Alternatives to Procedure: Trimming, soaking, debridement plastic strips, chemicals and removal without sterilization; consult with your physician.

Recovery and Follow-up Care: Soaks, antibiotics, band aides bandage changes.

Additional Consent Information [Photographs, video-graphy, etc]

Comments: Fungus infestation, if present, is very resistant to treatment and has numerous causes. It is conservatively treated with periodic manual and/or electrical debridement.

Medically, oral ultra-micronized oral griseofulvin (0.5 gm QD) may be tried for 6 to 18 months. Other agents such as Sporonox®, Lamisil® and Diflucan® may be used. Oral ketoconazole (200 mg QD) is may also be used for candidal onychomycosis. Avulsion treatment with other topical and oral anti-fungals may prove useful. Topical PenLac® may also be used, etc.

PATIENT / SURROGATE SIGNATURE AND ATTESTATIONS

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Primary Witness:

Secondary Witness:

[Required if patient/surrogate signed with an "X" mark]

Comments:

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About Our Foot Skeletal Drawings and Illustrations

Some pundits may ask: *Why write something-out, when diagrams are clearer, faster and easier?* However, this may not be necessarily true for the increasingly sophisticated informed medical consent communications process, today!

Nevertheless, we include some basic skeletal illustrations and diagrams for your consideration, regardless of venue. And, they've been placed in a separate file for your convenience. Incorporate them into your informed-consent process and paperwork whenever you wish; or not! Use our illustrations and diagrams, or substitute your own.

Here are some additional suggested multipurpose uses of our *complimentary and value-added* illustrations, for your podiatry practice:

- **Patient Education / Screenings:** Explain a patient's condition and proposed treatment plan, as well as create a written record of what was covered.
- **Surgical Consents:** Surgical consent-forms may, or may not contain a diagram of procedures; but illustrations alone are not a substitute for informed-consent communication or documentation. Historically, the written part of the consent was done on the illustration at the bottom of the page. But, if you are using a stand-alone illustration, these diagrams alone may no longer be adequate. In true informed-consent collaborative fashion; patient information, education and customized document preparation is needed. And, *e-Podiatry Consent Forms*[™] increasingly are preferred by some physicians? However, both may be used for additional virtuous reinforcement.
- **Medical Records:** Use these illustrations and diagrams when records are size-limited.
- **Disclaimer:** These are illustrations and customizable templates. [1] They are not medical advice. [2] Not a standard-of-care. [3] Not a surgical treatment or clinical care plan. [4] Not patient specific. [5] Document production tools are for physician use only. As with all *e-Podiatry Consent Forms*[™], consult a health-law attorney and/or your malpractice insurance carrier prior to use.

Note:

1. You may place our diagrams, or your own illustrations here; *prn*.
2. Templates customizable for thirty [30] days from date of purchase.