AlloDerm

ALLODERM

Status: active Form type: default Company: Acme Inc

This consent form is intended to ensure you fully understand the AlloDerm treatment, its purpose, potential benefits, possible risks, aftercare requirements, and available alternatives. Please read it carefully before signing. If anything is unclear, your healthcare provider will be happy to explain further before you proceed. AlloDerm is a regenerative tissue used in various surgical procedures, including breast reconstruction, hernia repair, and soft tissue augmentation. It is an acellular dermal matrix (ADM) derived from donated human skin that is processed to remove the cells while preserving the structural components of the tissue. AlloDerm is used as a scaffold for tissue regeneration and is often used in conjunction with other surgical procedures to provide additional support and enhance healing. The benefits of AlloDerm include improved tissue regeneration, faster healing times, reduced complications in tissue repair, and enhanced aesthetic results. It is particularly beneficial in situations where there is insufficient natural tissue available for repair or reconstruction. AlloDerm supports the body's natural healing process and promotes collagen formation, helping to create a more natural and functional result. As with any surgical procedure, there are risks. Common side effects include temporary swelling, redness, bruising, and discomfort at the site of implantation. Less common but more serious risks include infection, allergic reaction to the graft material, rejection of the graft, scarring, seroma (fluid buildup), and graft failure. In rare cases, complications such as bleeding or nerve damage may occur, which could require additional treatment. Alternatives to AlloDerm include other types of grafting materials such as synthetic meshes, xenografts (animal-derived tissue), or autografts (using your own tissue). Your healthcare provider will have discussed which option is most suitable for your individual condition and treatment goals. Aftercare is crucial to ensure the best results and minimise the risk of complications. You should follow all post-operative instructions provided by your healthcare provider, which may include avoiding strenuous physical activity, wearing compression garments, and attending follow-up appointments. Any signs of infection, increased pain, or unexpected changes in the treated area should be reported immediately. You may also need to avoid direct sun exposure to the treated area for a specified period to promote healing. You must provide complete and accurate medical history, including any allergies, autoimmune conditions, current medications, or prior surgeries, to ensure AlloDerm is suitable for you.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

☐ I will retain this information throughout the course of my treatment and refer to it as required.