

<u>Name</u>	
<u>DOB</u>	<u>NHS Number</u>

Nail Surgery Consent Form

Name of procedure: Partial / Total Nail Avulsion (Removal of part or all of nail plate and possible resection of hypergranulation tissue)

With / without Chemical Matrixectomy (Permanent prevention of regrowth)

To toe(s).....under local anaesthetic

Intended benefits: TO CURE PAINFUL/PROBLEM TOENAIL(S)

Serious or frequently occurring risks:

- NAIL REGROWTH
- DELAYED HEALING
- PAIN FOLLOWING PROCEDURE
- CHEMICAL REACTION/BURN
- POST OPERATIVE INFECTION
- EXCESSIVE BLEEDING
- OCCASSIONAL PROLONGED NUMBNESS
- ADVERSE REACTION TO LOCAL ANAESTHETIC

Signed.....Date.....

Name (PRINT)..... Job Title.....Podiatrist.....

Statement of Patient/person with parental responsibility for patient

The information I have provided is, to the best of my knowledge accurate.	Yes	No
I consent to photographs being taken (in line with the Locala Photography Policy) of any foot problem where it is relevant and used within the podiatry department to enhance learning. Permission can be withdrawn at any time.	Yes	No
I consent to observation/treatment by a podiatry student under supervision. Permission can be withdrawn at any time.	Yes	No
I agree to the procedure described above and understand that the procedure will involve local anaesthesia	Yes	No

Signed.....Date.....

Name (PRINT).....

Relationship to Patient.....