

Electrocautery(Electrocoagulation)

Patient Name	:	sandhya rani	Emirates ID	:	784-1996-9294842-7
File No	:	7	DOB	:	2023-10-09
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya
Date	:	2023-12-07			

ELECTROCAUTERY (ELECTROCOAGUIATION), also known as Radio Frequency Diathermy, is a procedure where a fine wire probe is used to transmit radio waves to tissues near the probe. Molecules within the tissue are caused to vibrate, which leads to a rapid increase in temperature, leading to coagulation of proteins, vessels, and broken capillaries within the tissue. This process results in disappearance of unwanted skin growths. Same as for moles and skin tags, the current cause's cauterization to the root by cutting off blood supply, effectively killing and destroying the abnormal growth without damaging the surrounding tissues.

1. **DISCOMFORT** - Some discomfort may be experienced during treatment.
2. **WOUND HEALING** - Treatment can result in swelling, blistering, crusting, or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
3. **BRUISING/SWELLING/INFECTION** - Bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, whenever a skin procedure is performed.
4. **PIGMENT CHANGES (Skin Color)** - During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
5. **SCARRING** - Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the changes of scarring, it is **IMPORTANT** that you follow all posttreatment instructions carefully.
6. **BLEEDING**: Pinpoint bleeding is rare but can occur following RF treatment procedures. Should bleeding occur, additional treatment might be necessary.
7. **SKIN PATOLOGY**: Energy directed at skin lesions may potentially vaporize the lesion. Only clearly benign pigmented lesions can be treated. Check with your dermatologist for clearance for the treatment if the lesion has changed in color, size, extremely elevated or is painful to the touch.
8. **ALLERGY REACTION**: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations, have been reported. Post-Treatment Care. Until the thin scabs fall off: • keep scab as dry as possible, to keep it clean use rubber alcohol twice a day , use Polysporin if there is a redness around treated areas, do not try to remove scab before it will come off naturally . • do not apply heavy makeup for at least 24 hours as it will disturb the treatment sites. • no tanning one week **AFTER** treatment, no sauna , swimming pool or hot tub for 2 weeks. Wear sunscreen of at least SPF 25 before and after treatment to protect your skin.

After the scab falls off you can use Vitamins A&D ointment to help skin to recover faster. To speed up the cells turn over process Microdermabrasion is recommended one month later. It should be performed once a week at low intensity and go over the spot a few passes. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyper-pigmentation and hypo- pigmentation. Patient may need to return to the office in 10 days for the RF operator to observe the treatment.

AUSTRALIA MEDICAL CENTRE appreciates your patronage and interest in Skin Revision Treatment Please read and fill out this: Disclosure and Release form completely, making certain that the address and You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure. Informed Consent and Waiver of Liability I hereby authorize and direct AMC to perform the procedure of Skin Revision treatment (electrocautery) of the following areas:s

I understand that the skin treated may be red and swollen with fine, thin scabs forming and I have to keep the treated areas covered with Polysporin until the thin scabs fall off. This process should 1 to 3 weeks, but can take as long as 1 to 3 months in some rare cases. I must not scratch the scabs, as this can cause scarring and prolong the healing time.

I am not taking Accutane and did not take Accutane for at least 6 months prior to resuming treatment. I understand that I may need multiple treatments for the desired outcome and full healing process and recovery of skin color can take from 4 month to 1 year in some cases.

PLEASE INITIALS:s

I understand that this treatment is not recommended for diabetics or for people with high blood pressure. I am not diabetic nor do I have high blood pressure. If you have a pacemaker, are pregnant or have a baby within 6 month you are not a candidate for this treatment.

I certify that I have no history of shingles or cold sores (herpes virus infections). If Yes, I shall see my physician for preventative treatment before receiving Electrocoagulation treatment.



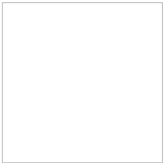
I was explained all aspects of treatment, complications, post care and understand them.

I certify that my treatment spot (skin tag, pigmented spot, millia, broken capillaries and ect.) had been evaluated by a physician or dermatologist and it is benign and I accept all responsibility for the decision to have cosmetic removal done understand that takingBefore and after pictures is a condition of such procedures. I hereby forever release and discharge AMC from any and all claims, action and demands arising out of use of said photographs I for website.

ACKNOWLEDGMENT: I shall not hold AUSTRALIA MEDICAL CENTRE, its employees, or owners liable, nor shall place responsibility on am aware that I am accepting shoul Electrocautery treatment cause me any unexpected problems. I treatment at my own risk and that **AMC** shall be released of all responsibilities and liabilities.

Sign here, only if all of your questions have been answered to your satisfaction

Patient	witness	Doctor
---------	---------	--------

		
Patient Name sandhya rani Date 2023-12-07	Witness Name s Date 2023-12-07	Doctor's Name Shilpa Sandhya Date 2023-12-07