



Electrodesiccation and Curettage (EDC) Procedure Consent

An EDC is used to destroy a skin lesion or cancer. A round dull instrument (curette) of varying sizes (1 mm to 6 mm) is used to scrape off the cancer down to the dermis. The scraping is then paused while an electrosurgical device like a [hyfrecator](#) is used next. Electrocoagulation (electrodesiccation) is performed over the raw surgical ulcer to denature a layer of the dermis and the curette is used again over the surgical ulcer to remove denatured dermis down to living tissue. In the case of skin cancers, the cautery and electrodesiccation is usually performed three times, or until the surgeon is comfortable reasonable margins have been achieved. Risks of this procedure include, but are not limited to, the following:

Pain - Some people may feel some pain with this treatment. The pain may be stinging or sharp and may continue after the procedure and throughout the healing process.

Redness – There may be surrounding redness of the area. The redness may be present for days to months.

Swelling – Swelling will be present after the procedure and should likely resolve after 1-2 days.

Scarring – There is a risk of scarring with this procedure at any time during the healing process. The scarring may be discolored and may be permanent.

Hyperpigmentation – Discoloration of the procedure site is expected and may be either hypopigmented (white) or hyperpigmented (dark). ***This discoloration may not resolve.***

Bleeding / Bruising – You may get some bleeding after the procedure. The bleeding may result in bruising of the skin. The immediate bleeding / bruising will darken to purple and purple-yellow and will disappear in one to two weeks.

Scabbing – A scab may be present after a shave removal. The scabbing will disappear during the natural wound healing process of the skin. *Scarring or discoloration may result from any scab formation.*

Infection – An infection of the wound is always possible. Any infection could last seven to ten days and could lead to scarring.

Consent

I, the undersigned, have read and understand the information contained within this consent form. My signature indicates that I have read and understand the information in the consent. I hereby release the dermatology office and my physician from all liability associated with this procedure. Furthermore, my signature below indicates my consent to the treatment described and my agreement to comply with the requirements placed on me by this consent form.

Signature

Printed Name

Date