Consent form for Vitilligo Surgery

	Name :	Aged	years, residing at
Ad	dress :		
	have been adviced	to go surgery for my skin condition, vitill	igo. I hearby give consent
aft	er being explained	about the procedure by Dr	

- I am aware that vitilligo is a disease with chronic, recurrent course.
- I am aware that surgery is only a cosmetic procedure and other concomitant medical treatment may be essential. Surgery will not alter the cource of the disease are prevent any reccurence.
- My disease has been stable for the last months/years. I have no tendency for Keloids.
- I am aware that the exact course of the disease can not be predicted and, though
 the disease is stable at present, flare-ups and recurrences may occur any time, in
 any part of the body.
- 5. I have been explained all the procedures of the operation as follows:
 - a. The procedure will be done under local anesthesia.
 - b. The donor area is from back/thigh/gluteal area/inner arm.
 - c. The donor graft will be taken by punch/grafting knife/dermatome.
 - d. Recipient area will beabraded by dermabrader and then the graft applied, sealed by dressing.
- I am aware that avoiding movements and taking care of the recipient area is essential for optimal result.
- I am aware that i am experience some pains postoperatively and may need to take analgesics.
- 8. Donor area will need dressing: the donor area may take 2-3 weeks to heal.
- I am aware that for optimal cosmetic results, it may take from six months to one year. I may need to take medical treatment during this period.
- I am also aware that the grafted area may not match in texture and appearance with the surrounding skin.
 A perfect match with the surrounding normal skin may not always be possible.

I hearby give consent to perform the transplantation and other medical procedures that may become necessary during the surgery. The consent form has been signed by me when i was not under the influence of any drugs.