



Wound Graft Procedure Consent Form

Primary Care At Home

11954 Narcoossee Rd #2-504

Orlando, FL 32832

Procedure: Wound Graft Application

Your provider has recommended the use of a **wound graft** as part of your wound care treatment. A wound graft is an advanced wound therapy designed to assist in healing by covering and protecting the wound, promoting tissue regeneration, and reducing the risk of infection.

1. Nature of the Procedure

A wound graft involves applying a **biological or synthetic graft** to the wound to aid in tissue healing. The type of graft used may include:

- **Human-derived grafts** (e.g., amniotic membrane, dermal substitutes)
- **Animal-derived grafts** (e.g., porcine or bovine collagen-based grafts)
- **Synthetic grafts** (e.g., bioengineered skin substitutes)

This graft will be placed over the wound and secured using appropriate medical techniques. Additional dressings may be applied to aid in protection and healing.

2. Risks and Possible Complications

While a wound graft is generally safe, I understand that complications may occur, including but not limited to:

- **Infection** at the wound site
- **Bleeding or drainage** from the wound
- **Allergic reaction** to the graft material or dressing
- **Failure of graft adherence** requiring additional treatments
- **Delayed wound healing or scarring**
- **Graft rejection or breakdown**, requiring additional interventions

I understand that success depends on my overall health, wound condition, and adherence to post-procedure care instructions.

3. Alternatives to Wound Graft Therapy

I understand that alternatives may include:

- **Conventional wound care** with dressings and topical treatments
- **Surgical intervention** such as skin flap closure or other reconstructive methods
- **Hyperbaric oxygen therapy or other advanced treatments**

I have discussed these alternatives with my provider and understand the risks and benefits of each option.

4. Post-Procedure Care

I understand that after the wound graft procedure:

- I must follow all wound care instructions, including **keeping the area clean and dry** as directed.
- I may need **follow-up appointments** to monitor healing and assess the graft's progress.
- I should report **any signs of infection** (e.g., increased redness, swelling, pain, drainage, or fever).
- I must avoid **excessive movement or pressure** on the wound site as directed by my provider.

Failure to follow post-procedure care instructions may lead to complications or graft failure.

5. Consent and Acknowledgment

I acknowledge that:

- I have had the opportunity to ask questions regarding this procedure.
- My provider has explained the purpose, risks, benefits, and alternatives to a wound graft.
- I understand that no guarantees or assurances have been made regarding the results.
- I consent to the use of **[specific graft type to be used]** for my wound treatment.

I voluntarily consent to undergo the wound graft procedure and understand that I may withdraw my consent at any time before the procedure.

Patient/Legal Guardian Name (Print): _____

Patient/Legal Guardian Signature: _____

Date: _____