



Jeff Donovan MD PhD FRCPC

*Dermatologist & Hair Restoration Specialist
Medical Director, Donovan Medical*

750 West Broadway Street – Suite 905. Vancouver, BC. V5Z 1K1

Phone: (778) 960-4247 Fax: (604) 648-9003

Email: vancouveroffice@donovanmedical.com Web: www.donovanmedical.com

SCALP BIOPSY

CONSENT FORM & GENERAL INFORMATION

INTRODUCTION

A scalp biopsy is a brief medical procedure that allows a sample of the hair and surrounding skin to be removed from the scalp. The procedure is performed with use of local anesthetics (freezing medications) to make the procedure more comfortable.

The procedure involves first identifying the appropriate area to be sampled. The choice of the precise site from where to take the biopsy is extremely important. Dr. Donovan will want to choose a site that has the highest chance of showing the abnormality (if one truly exists). However, Dr. Donovan will also want to choose an area on the scalp where the biopsy and eventual tiny scar will be hidden.

After the site is chosen, a small amount of numbing medication (lidocaine) is placed into the scalp with a tiny needle. After 3-4 minutes, the area is generally completely numb. The rest of the area of the scalp will feel normal.

The actual removal of the sample and placement of the stitches does not take long. It will be completed without the patient feeling any discomfort.

The entire procedure take about 20 -25 minutes from the very start to the end. The actual biopsy itself take about 5 minutes, but one should expect to be in the office about 25 minutes.

GENERAL INSTRUCTIONS FOR PATIENTS HAVING A SCALP BIOPSY

1. If you normally use topical steroids in your scalp (clobetasol, betamethasone, fluocinonide, Clobex, Luxiq, etc), please refrain from using these one week prior to your biopsy. If you are not sure, please ask us.
2. Please take the time in the days and weeks leading up to your biopsy to review our [consent form](#). You will be asked to sign this on the day of your procedure. Should you have any questions, please don't hesitate to ask us.
3. Please arrive **on time** for your biopsy. You may drive to your appointment and you may drive home. Expect to be at our centre for about 35-40 minutes in total.
4. If you normally use topical camouflaging fibers (Toppik, etc) or other camouflaging agents (DermMatch, Couvre, etc), please do NOT apply these product before coming to your biopsy. These MUST be washed out of your scalp prior to arrival at the centre. Please do not apply hairspray, gel or mousse prior to your procedure. These can be used the following morning.

*We understand these camouflaging products may be important to you but they interfere with Dr Donovan's proper evaluation of your scalp and interfere with the biopsy procedure. Dr Donovan wants to obtain the most accurate and precise evaluation of your scalp - thank you for your understanding and cooperation. We regret to inform you that your biopsy may be cancelled and rescheduled if these products are in your scalp. **Please choose to do your biopsy on a day of the week and time when this will be possible and convenient for you.***

5. You will be instructed to wash your scalp well the following day and the day after (in the region where the biopsy was taken). You can wash and shampoo your entire scalp if you wish but it is critically important to wash the stitches where the biopsy was taken)
6. You may dye and colour your hair one week after the biopsy.
7. Please keep the area dry for 12 hours. After that the area should be washed daily for 3 days. Swimming should be avoided for 5 days.
8. Product can be used on the scalp the very next day.
9. A follow up appointment via phone will be arranged 4 weeks after your appointment. The precise follow up time depends on the type of biopsy you are having and specifics to the type of hair loss condition. Dr. Donovan will advise you at the time of your appointment.
10. Although the stitches (sutures) are usually dissolvable ones - if they bother you in any way, they can be safely clipped out of the scalp after 14 days.

Question 1. How long is a scalp biopsy procedure?

A biopsy is a 20 minute procedure that involves putting freezing in the skin (local anesthetics) followed by removal of 3-4 hairs and surrounding skin followed by placing sutures (stitches)

Question 2. What are the side effects?

Side effects do not happen in everyone but include:

- A. Mild discomfort and burning when the freezing medicine is injected
- B. Some temporary bleeding during the procedure
- C. Possibly feeling faint (or actually fainting)
- D. Rare reactions to local anesthetics
- E. Mild pain and tenderness for up to 2 weeks as the area heals
- F. A feeling a tightness in the area
- G. Rare infections (1:5000 risk or less)
- H. A permanent scar, generally no larger than the size of a pencil eraser.
- I. Rare temporary headaches after the procedure.

Question 3. When can I wash my hair?

The area biopsied must be washed everyday for three consecutive days. This can be done with ordinary soap and water. You don't need to shampoo the entire scalp unless you want to. The area however, must be washed for 5 seconds with light application of soapy water. Then rinse with fresh water. A light face cloth is fine.

Question 4. Do I need to apply anything to the stitches?

No, you do not need to apply anything. If you wish, you can apply Vaseline petroleum jelly.

Question 5. Will anyone see the stitches? Will anyone see the scar?

Dr. Donovan will do his best to make the stitches as hidden as possible, but it is possible that the stitch could be seen by another person until they dissolve. Dr. Donovan will do his very best to make the biopsy site as small as possible. Everyone heals with a small scar **and there are no exceptions to this rule**. It is possible that the scar could be noticeable by someone who is examining your hair. It will be extremely small, usually about half the size of a pencil eraser.

Question 6. Who will take out my stitches? When are my results available?

Your stitches are 'dissolvable' and will dissolve in 2 months and possibly sooner. Results are available in 4-6 weeks.

CONSENT FOR BIOPSY PROCEDURE – PG 1 of 2

I, _____, hereby give consent to

Dr Jeff Donovan to perform:

one 4mm punch biopsy or two 4 mm punch biopsies

on this the _____ day of _____ in the year _____

I understand I am requesting the services of Dr. Jeff Donovan in order to gain a better understanding of the cause of my hair loss or hair condition.

I understand that the biopsy or biopsies are necessary in order to determine with greater certainty the reasons for my hair condition and to predict how the hair condition will progress in the future. I understand that without the biopsy some questions could remain as to the cause of my hair condition. I also understand that the results of the biopsy could come back **completely normal** and I agree to accept this interpretation.

I understand that 1-2 small 4 mm circular biopsy (biopsies) will be obtained under local anesthesia (local freezing) and the area will be sutured (stitched close). I understand that the sutures are non dissolving and will need to be removed in about 14 days.

I understand that the sample removed will be send to a local pathology laboratory for analysis. The pathology department will process my sample and my name and identifying details (name address health card number history) will be see by the pathology doctor and assistants who assist the pathologist.

INTIAL EACH OF THE FOLLOWING

I understand the potential side effects of the scalp biopsy including:

A) bleeding during the procedure. Any bleeding will be stopped prior to leaving

B) infection (risk is 1:5000 or less)

C) a small PERMANENT scar at the site of the biopsy

D) minor tenderness after the procedure

E) Minor headache after the procedure

F) Rarely, I may feel faint if anxious or nervous.

CONSENT FOR BIOPSY PROCEDURE – PG 2 of 2

X_____ I understand that I am to wash my biopsy area or areas with soap and water for three consecutive days in order to prevent infection. Should I develop fever, pus discharge or excessive pain, I am to contact DR DONOVAN immediately by emailing vancouveroffice@donovanmedical.com.

X_____ I understand that scalp dermatology can be challenging and the pathologist may state that the biopsy is completely normal. However, helpful information can still be obtained and together with the clinical examination this information will be used to assess the cause of my hair condition.

X_____ I understand that if I am obtaining a biopsy for legal purposes the return of a normal result could affect my ability to claim damages. I am aware of this and by initialing to the left I agree to proceed.

I have been given the opportunity by Dr Jeff Donovan to ask questions and all of my questions have been answered to my satisfaction. I impose the following limitations on my biopsy:

DATE: _____ TIME: _____ (am or pm)

Signature of Patient

Date

Signature of Doctor

Date