

Clinics

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מרפאות

חיפה - בית הרופאים, שד' בן גוריון 4

חיפה - רח' שארית הפליטה 13, דניה

נהריה - רח' סוקולוב 21

## Consent form for the removal of a skin lesion

Removal of lesions of the skin or of the subcutaneous tissue is performed for purposes of diagnosis, treatment, or for the purpose of improving the esthetic appearance or comfort. The lesions may be benign or with malignant characteristics. The choice of technique for the removal of the lesion depends on the size of the lesion, the shape of its basis, its appearance and location in the body and whether the lesion is suspected of malignancy. In any case of removal of a lesion, a scar will remain.

The accepted techniques for removal of lesions are: surgical excision and suturing. Usually the removed lesion is sent for a microscopic examination of the tissue (histology). Occasionally, in malignant tumors on certain sites on the face, that are not completely excised histological control is done, during the operation, the lesion's margins being examined at each stage in the operating room (MOHS).

Other removal techniques: peeling of the lesion and cautery with an electric needle, laser cautery, with radio waves, or freezing with liquid nitrogen. The technique for the removal of the lesion is selected according to the type of the lesion and the accepted indications. In cases of surgical excision, the extent of the excision is influenced by the aforesaid characteristics of the lesion. In these cases, the deficiency site is reconstructed by bringing closer the incision margins and their suturing (primary suturing). In case of a deficiency that is not reconstructable by side to side suturing, the excision site is reconstructed by transferring skin from a near region (flap) or by transplantation of skin that is taken from another region (transplant). The size of the remaining scar may be up to three times larger than the basis of the lesion in case of primary suturing, or even larger in the case of reconstruction by a flap or a transplant. The removal of the sutures is performed usually after up to two weeks after the excision, according to the excision site. In cases where no reconstruction (suturing) of the excision margins is performed, the surgical wound is left open for secondary healing that usually lasts several weeks. The shape of the remaining scar depends on the site of the excision, the structure of the skin, and the wound-healing response of the patient.

The excision of the lesion is usually performed under local anesthesia and very rarely under regional or general anesthesia. There are cases where a repeat excision of the lesion is indicated, according to the pathology results.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ ID no. \_\_\_\_\_

I hereby testify and confirm that I have received a detailed oral explanation by Dr. \_\_\_\_\_ on the removal of a skin lesion (hereinafter "the main operation")

I hereby testify and confirm that I have received explanations on the anticipated outcome, that is, the excision of the lesion completely or most of it, as well as the shape of the scar. I have received explanations on the potential accepted treatment techniques for the removal of the lesion, as well as the prospects and risks involved in each one of these treatment techniques, the tests and procedures connected with them, and their suitability to the specific lesion. Similarly, I have received explanations on the advantages of the selected technique for the removal of the lesion relatively to the potential alternatives. I have received explanations that by removal of the lesion with laser, it is not possible to do a pathological examination of the lesion, unless its superficial part is removed with a knife. I hereby testify and confirm that I have received explanations on the side-effects after the main treatment, including: bleeding, redness, swelling, pain and discomfort. I have received explanations that in any case, a scar will remain at the site from which the lesion was removed. I

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also have received explanations on the potential complications during the main operation and after it including: local bleeding, local infection, opening of the sutures, rejection of the flap or the transplant, prominent scars, alteration of pigmentation (loss of color or excessive color at the treatment site) and injury to peripheral nerves that may cause in certain locations of the body weakness or transient or permanent absence of sensation at the operation site and/or its proximity. Such and other complications that were not listed are not frequent. I hereby give my consent for the performing of the main treatment. I also give hereby my consent to the performance of local and regional anesthesia with or without an intravenous injection of sedative drugs after I have received explanations on the risks and complications of local anesthesia including an allergic reaction of various degrees to the anesthetic substances and potential reactions to sedative drugs that may rarely cause respiratory disturbances and disturbances of cardiac function, particularly in cardiac and respiratory system patients. Similarly, I have received explanations on the possibility of neural and/or vascular injury in regional anesthesia. If general anesthesia is indicated, I will receive a separate explanation from the anesthesiologist. Similarly I hereby testify and confirm that I have received explanations and I understand that there is the possibility that during the main operation it will be necessary to extend its scope, to alter it or conduct other or additional procedures for saving of life or preventing bodily damage, including surgical procedures that are not certainly or fully foreseeable now, but their significance was made clear to me. Thus, I also consent to that extension, alteration or performance of other or additional procedures that in the surgeon's opinion are vital or necessary during the main operation.

I consent to the taking of pictures before and after treatment for purposes of science, recording and monitoring.

I have received explanations that medicine and plastic surgery in particular, are not an exact science, and that it is not possible to prevent entirely complications and adverse outcomes. The surgeon undertakes to treat assiduously any complication or adverse outcome; however, it was made clear to me that no pecuniary indemnification of any kind will be awarded, for a post operative complication or adverse outcome. Similarly, no coverage will be awarded for any pecuniary or other damage incurred in connection with the treatment such as a loss of working days, purchasing drugs, special trips, hospitalization, and/or any direct or indirect damage incurred in direct or indirect connection with the outcome of the treatment that I will receive.

If a decision is taken after the recovery period, that usually takes a year, that corrective surgery is necessary, it will be performed with the consent of the 2 parties and at cost price or according to that determined by the funding agency.

I undertake to continue the periodic follow-up by the surgeon or the attending physician as they determine, and notify on time of any unforeseen change in the healing process.

I testify that I have had time to peruse it to and to receive another opinion of my choice.

Signature of the patient/guardian on the day of receipt of the form for the first time:

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of the patient/guardian for the second time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I testify that I have explained to the patient/ guardian all the aforesaid in the necessary detail and that the signature was put after I was satisfied that my explanations were fully understood.

Stamp and signature of the physician: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_