

Clinics

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[www.drgovrin.co.il](http://www.drgovrin.co.il)

מרפאות

חיפה - בית הרופאים, שד' בן גוריון 4  
חיפה - רח' שארית הפליטה 13, דניה  
נהריה - רח' סוקולוב 21

## Consent form: REMOVAL OF A CUTANEOUS 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 on whether the lesion is suspected of malignancy. In any case of a removal of a lesion, a scar will remain.

The accepted techniques for removal of lesions are: surgical excision with or without microscopic control in frozen sections, excision of the lesion by the MOHS technique.

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 above-mentioned properties 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 taking skin from a nearby 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 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 in which no reconstruction (suturing) of the excision margins is performed, the surgical wound is left open for secondary healing that usually lasts for 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 done under local anesthesia and very rarely under regional or general anesthesia. There are cases in which 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 received a detailed oral explanation by Dr. Jackie Govrin on removal of the lesion in the area of \_\_\_\_\_ by the method: \_\_\_\_\_ (hereinafter: the main treatment).

I hereby testify and confirm that I have received explanations on the anticipated outcome, that I, 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 methods for the removal of the lesion, as well as the prospects and risks involved in each one of these treatment methods, 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 method for the removal of the lesion relatively to the potential alternatives. 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 have also 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

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scars, a change in the pigmentation (loss of color or excessive color at the treatment site) and injury to peripheral nerves. These complications are frequent.

I hereby give my consent for the performing of the main treatment. I also give hereby my consent to the administering 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 from regional anesthesia. If general anesthesia is indicated, I will receive a separate explanation from the anesthesiologist.

I am aware of and consent that the main treatment and all the other procedures will be ;performed by whoever is charged with this task in conformity with the procedures and guidelines of this institution and I received no promise that they will be performed , all or part of them, by a certain person provided they are performed with the commitment customary in a law-abiding institution.

The person in charge of the operation will be Dr. Jackie Govrin.

Signature of the patient: \_\_\_\_\_

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

Name of the guardian (relationship): \_\_\_\_\_ Signature of the guardian: \_\_\_\_\_

I testify that I explained orally with the necessary detail to the patient all the aforesaid and that she/he signed the consent in my presence, after I was satisfied that she/he understood my explanations completely.

Name of the physician: \_\_\_\_\_ Signature of the physician: \_\_\_\_\_

License no.: \_\_\_\_\_