

מס' זהות:	שם פרטי:
שם משפחה:	תאריך לידה:
שם האב:	
כתובת:	
טלפון:	

מדבקת פרטי מטופל

טופס הסכמה : הסרת נגע בעור

CONSENT FORM: REMOVAL OF CUTANEOUS LESION

The removal of a cutaneous or subcutaneous lesion is performed for diagnosis, treatment or improvement of aesthetic appearance or comfort. Such lesion may be benign or malignant. The technique for removal of the lesion is selected according to the lesion type, the form of its base, its appearance, its location on the body and suspicion of malignancy. In any case of lesion removal, scarring of various degrees will occur.

The standard methods used for lesion removal are: surgical resection with or without rapid histopathological control, Mohs resection of lesion, and other removal techniques: scraping of the lesion and cauterization with electrical needle, laser cauterization, freezing with liquid nitrogen or radiation. The lesion removal technique is selected according to the type of lesion and the standard indications.

In cases of surgical resection, the extent of resection is affected by those properties of the lesion mentioned above. In such cases, the defect will be reconstructed by approximating the incisional margins and suturing them (primary closure). If the defect cannot be reconstructed by side to side suturing, the resected area will be reconstructed by moving skin from an adjacent location (flap) or by implanting skin removed from another site (graft). The size of the remaining scar may be up to three times as large as the base of the lesion when primary closure is used, or larger in cases of reconstruction by flap or graft. Sutures are usually removed up to two weeks following the resection, depending on the resection site. When reconstruction (suturing) of the resection margins is not performed, the surgical wound is left open for secondary healing, which usually takes several weeks. The form of scarring depends on the site of resection, the skin structure and each patient's wound healing response. Lesions are usually removed under local anesthesia, and very infrequently, under regional or general anesthesia. In certain cases, complex and/or repeat resection of the lesion site is required, in accordance with the pathological results.

Name of Patient: _____

Last Name
First Name
Father's Name
ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. _____

Last Name
First Name

 regarding the removal of a lesion from the _____ area, using the
_____ note lesion site
 _____ method (henceforth: "the primary treatment").
_____ note method

I hereby declare and confirm that I have been given an explanation concerning the expected results, namely, complete removal or removal of most of the lesion, and concerning the scar form. I have been given an explanation concerning the standard treatment methods and the options for removal of the lesion, and the benefits and risks of each of these treatment methods, the tests and procedures involved, and their suitability for the specific lesion. In addition, I have been give an explanation concerning the advantages of the method selected for removal of the lesion, compared to the possible alternatives.

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I hereby declare and confirm that I have been given an explanation concerning the side effects following the primary treatment, including: redness, swelling, pain and discomfort. It has been clarified that in any case a scar will remain in place of the lesion removed. In addition, I have been given an explanation

concerning the possible complications during the primary treatment and following it, including: local hemorrhage, local infection, opening of the sutures and non-merging of the flap or graft, prominent scarring, alterations in pigmentation and peripheral nerve damage. These complications are not common.

I hereby give my consent to perform the primary treatment.

I hereby also give my consent to the administration of local anesthesia after having been given an explanation concerning the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and the possibility of neural and/or vascular damage with the administration of regional anesthesia. If the decision is made to perform the primary treatment under general anesthesia, I will be given an explanation regarding the anesthesia by an anesthesiologist.

I know and agree that the treatment and any other procedure will be performed by any designated person, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

Date	Time	Patient Signature
Name of Guardian (Relationship)	Guardian Signature (for incompetent, minor or mentally ill patients)	

I hereby confirm that I have given the patient / the patient's guardian* a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician	Physician Signature	License No.
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* Cross out irrelevant option, and circle planned option.