

**CONSENT FORM:
REMOVAL OF CUTANEOUS LESION**

The removal of a cutaneous or subcutaneous lesion is performed for diagnosis, treatment or to improve aesthetic appearance or convenience. The lesions can be benign or can have malignant properties. The selection of the method to remove the lesion depends on the size of the lesion, its base shape, appearance and location on the body and whether the lesion is suspected of being malignant. In the event that a lesion is removed, a scar will form.

The standard methods for removing lesions involve: surgical removal with or without rapid histopathological control, removal of the lesion using the MOHS method and other removal methods: debridement of a lesion and cauterization with an electrical needle, laser cauterization, freezing with liquid nitrogen or radiation. The method for removing the lesion is selected based on the type of lesion and standard indications.

In cases of surgical removal. The scope of the excision will be affected by the abovementioned properties of the lesion. Under these circumstances, the missing area will be reconstructed by bringing together and suturing the edges of the incision (primary suture). In the event of a deficiency that cannot be reconstructed by suturing the edges, the area of the excision will be reconstructed by moving skin from an adjacent area (flap) or by transplanting skin taken from another area (graft). The size of the remaining scar might be up to three times the size of the base of the lesion in the event of a primary suture, or larger in the event of reconstruction by flap or graft. Removal of the sutures is generally performed up to two weeks after the excision, based on the area of the excision. When reconstruction (suturing) is not performed on the edges of the excision, the operation scar remains open for secondary healing, which generally lasts several weeks. The shape of the scar also depends on the area in which the excision was performed, the structure of the skin and on each individual patient's wound healing response.

The operation is usually performed under local anesthesia and, less commonly, under regional or general anesthesia. There are cases in which a repeat excision is required in the lesion area based on the pathology findings.

I hereby declare and confirm that I have been given an explanation of the alternative modes of treatment that are possible in the circumstances of the case, as well as of the side effects, prospects and complications that these treatments involve.

I hereby declare and confirm that I have been given an explanation of the results that are hoped for, i.e. removal of all or most of the lesion, as well as on the shape of the scar. I was given an explanation of the standard treatment methods and the possibilities for removing the lesion, as well as the prospects and risks involved in each treatment method, the examinations and processes related to them, and their suitability for the specific lesion. In addition, I was given an explanation of the advantages of the method selected to remove the lesion over the alternatives.

I hereby declare and confirm that I have been given an explanation of the side effects that follow the primary treatment, including: redness, swelling, pain and discomfort. It was clarified to me that in any case, a scar will remain in the region where the lesion was removed. I have also been given an explanation of the possible complications that are possible during and after the primary treatment, including: local bleeding, local infection, opening of the sutures and rejection of the flap or graft, prominent scars, changes in pigmentation and damage to peripheral nerves. These complications are not common.

I hereby give my consent to perform the primary treatment.

Patient's Signature / חתימת המטופל/ת: _____

My consent is hereby given also for performing local anesthesia, after having had the possible complications of local anesthesia explained to me, including various levels of allergic reaction to anesthetic, and the possibility of nerve and/or vascular damage under regional anesthetic. If it is decided to perform the primary treatment under general anesthesia, an explanation of the anesthesia will be given to me by an anesthesiologist.

I know and agree that the primary treatment and any other procedure will be performed by any designated physician, according to the institution's 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 standard degree of responsibility in the institution and in accordance with the law.

I, the undersigned, am aware that at the time of my discharge, the physician who operates on me might not be present in the hospital. In this case, I give my consent for any other physician to perform the discharge procedure on his behalf.

Patient's Name: _____
(שם המטופל/ת) שם משפחה / Last Name שם פרטי / First Name שם האב / Father's Name ת.ז. / ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by Dr. (מד"ר): _____
שם פרטי / First Name שם משפחה / Last Name

on the removal of the lesion in the area: _____ using the method: _____
Note the area of the lesion / ציין את אזור הנגע Note the method / ציין את השיטה

(henceforth: "the primary treatment").

Date / תאריך Time / שעה Patient Signature / חתימת המטופל/ת

Name of Guardian (Relationship)/ שם האפוטרופוס (קרבה) Guardian Signature (for incompetent, minor or mentally ill patients)/ חתימת האפוטרופוס (במקרה של פסול דין, קטין או חולה נפש)

I hereby confirm that I have given the patient (למטופל/ת) / the patient's guardian (לאפוטרופוס של) 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.

אני מאשר/ת כי הסברתי בעל פה למטופל/ת / לאפוטרופוס של המטופל/ת* את כל האמור לעיל בפירוט הדרוש וכי הוא/היא חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסברי במלואם.

Name of Physician / שם הרופא/ה Signature / חתימה License No. / מספר רישיון

* Cross out irrelevant option / מחק/י את המיותר