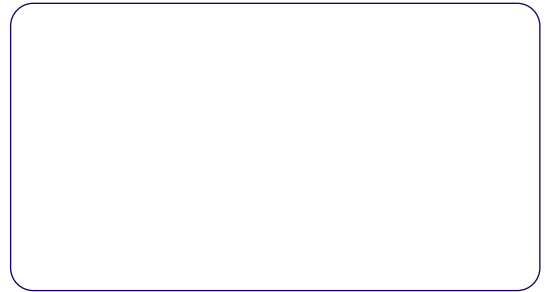


**CONSENT FORM:
MOHS MICROGRAPHIC
SURGERY**



Mohs micrographic surgery is a unique method for the treatment of skin cancer. The surgery is named after its inventor, Frederic Mohs.

This surgical technique is effective for most skin cancers, but is primarily used for basal cell carcinoma and squamous cell carcinoma. Mohs surgery is performed under local anesthesia, and very rarely, is performed under general anesthesia. During the surgery, the affected tissue is excised in thin layers around the circumference and into the depth of the tissue. The tissue that is removed undergoes mapping and processing in the laboratory that is adjacent to the operating room by the frozen section technique, and is microscopically examined by the surgeon. Additional excisions of residual cancerous tissue are performed in the same manner, until healthy tissue is microscopically identified. On completion of the surgery, restoration of the damaged area is performed. Restoration is performed by edge-to-edge suture of the skin if possible, or by moving skin from an adjacent region to the damaged region (flap), or by grafting skin that is taken from a distant region. Recovery time after the surgery until removal of sutures is usually between 7 and 14 days.

A scar remains at the surgical site. In many instances it is subtle and almost invisible, and in certain instances it is more prominent. The shape of the scar also depends on the structure of the skin and on each individual patient's wound healing response.

I hereby declare and confirm that I have been given an explanation of the outcome that is hoped for, i.e. that Mohs surgery enables extremely high cure rates, extremely low tumor recurrence rates, and enables maximal preservation of healthy tissue, reducing the potential for scarring or distortion. It has been made clear to me that prior to the operation, it is not possible to assess the dimensions of the excision and the lack of tissue that will remain after the primary operation. Sometimes, the amount of tissue lacking is much greater than the size of the tumor that is visible to the eye prior to the primary operation.

I have been given an explanation of the alternative modes of treatment that are possible in the circumstances of the case, including: excision without microscopic monitoring, freezing with liquid nitrogen, local irradiation or destruction of the tumor using laser, including the prospects and risks involved in each of these treatments, and the examinations and treatments linked to each of them.

I hereby declare and confirm that I have been given an explanation of the side effects that follow the primary operation, including: redness, swelling, pain and discomfort. I have also been given an explanation of the complications that are possible during and after the primary operation, including: local bleeding, local infection, opening of the sutures and lack of acceptance of the flap or graft resulting from the above-mentioned complications. These complications are not common.

Additional complications depending on the operation (סיבוכים נוספים בתלות בניתוח):

I hereby give my consent to perform the primary operation.

I know and agree that the operation 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.

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 anesthetics. If it is decided to perform the operation under general anesthesia, an explanation of the anesthesia will be given to me by an anesthesiologist.

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

concerning Mohs micrographic surgery in the region of:

_____ (henceforth: "the primary operation").
ציין את מקום הניתוח / Specify the location of the surgery

_____ Date / תאריך _____ Time / שעה _____ Patient's Signature / חתימת המטופל/ת

_____ Guardian's Name (Relationship)/ שם האפוטרופוס (קרבה) _____ Guardian's 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 (המטופל/ת)* 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.

_____ Physician's Name / שם הרופא/ה _____ Signature / חתימה _____ License No. / מספר רישיון

* Cross out irrelevant option / מחק/י את המיותר