



מרכז רפואי ע"ש ברוך פדה, פוריה
The BARUCH PADEH Medical Center, PORIYA

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

מדבקת פרטי מטופל

אילחוש אפידורלי בלידה CONSENT FORM: EPIDURAL ANESTHESIA

The purpose of epidural anesthesia is to reduce the pain during the stages of labor (delivery). The anesthesia is given at the request of the woman in labor and with her consent. In certain obstetric conditions, such as birth of twins, breech delivery, or in a case in which there is the likelihood of cesarean section, this form of anesthetic will be recommended to the patient even if she does not initiate the request herself.

Method of anesthesia: After the skin and soft tissues in the region of the back have been anesthetized by an injection, a needle is introduced into the epidural space (the space surrounding the spinal cord), through which a thin tube for the injection of the anesthetic substance is passed. The tube remains in place until the birth is completed or later as necessary. The substance is injected in low concentrations so as not to affect the activity of the abdominal muscles and the normal course of the labor. As a result there is a feeling that the lower part of the body is "asleep" and usually the patient does not feel significant pain. Some women feel pressure during a contraction. The advantage of the method is that the patient remains conscious, is able to cooperate with the obstetric team, and the newborn baby is not affected by the anesthetic. If a cesarean section becomes necessary, more medication can be added through the epidural tube and a degree of anesthesia required for the operation can be reached.

Name of Patient: _____
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. _____
Last Name First Name

regarding epidural anesthesia, its purpose, method of use and advantages.

I have received an explanation regarding the possible side effects including pain and discomfort during introduction of the needle, and a temporary feeling of tingling and tremor with the beginning of effect of the anesthetic substance.

I have also received an explanation regarding possible risks and complications including acute headache due to introduction of the needle into the sheath of the spinal cord. These effects may require treatment. In very rare cases there may be permanent damage to nerves, local infection (abscess) and/or meningeal infection, and bleeding in the region of the injection.

Since I understand the above explanation, I request and consent to receiving epidural anesthesia.

I agree that the anesthesia will be performed by whoever is designated to do so, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a certain person, as long as it is performed according to the institution's standard degree of responsibility and according to the law.

Date Time Patient's Signature

מחלקת הרדמה



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Name of Guardian (Relationship) Guardian's Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I provided the patient / the patient's guardian* with a detailed verbal explanation of all the abovementioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician Physician's Signature License No.

*Delete the irrelevant

מחלקת הרדמה