

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

מדבקת פרטי מטופל

טופס הסכמה : ניתוח פתיחת בטן חוקרת

CONSENT FORM: EXPLORATORY LAPAROTOMY

The purpose of an exploratory laparotomy is to diagnose and treat acute conditions and/or events mandating treatment, where the clinical presentation is unclear and does not enable accurate diagnosis and therapeutic decisions through other means.

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 need for an **exploratory laparotomy due to suspected** _____
(henceforth: "the primary operation").

I hereby declare and confirm that I have been given an explanation concerning the expected results, namely, diagnosis of the disease and/or repair of the damage and/or the pathological condition. It was made clear that the treatment may include partial or complete resection of injured organs, and that additional surgery may be required to complete the treatment.

Nonetheless, I was told that it is possible that the operation may reveal no abdominal surgical problem and that no additional surgical procedures will be performed. I was also told that the operation may not lead to complete or partial resolution of the medical problem.

I hereby declare and confirm that I have been given an explanation concerning possible side effects, including: pain and discomfort.

In addition, it was made clear that, in most cases, this type of operation necessitates an extensive surgical incision to enable exploration of the abdominal cavity, and identification and treatment of the intra-abdominal problem.

Moreover, I have been given an explanation concerning the risks and complications of the primary operation, including: infection, hemorrhage, injury to abdominal organs, bowel obstruction and hernia in region of surgical scar.

Furthermore, there is a possibility of complications related to the surgical finding, which will be discovered after opening the abdomen, and to the required procedure, and complications associated with any extensive surgical intervention. Extensive systemic injury as a result of these complications may lead to death.

I hereby give my consent to perform the primary operation.

I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary operation the need to extend or modify the operation or to perform additional or different procedures, may arise, in order to save my life or prevent physical harm, including additional surgical procedures that cannot be fully or definitely predicted at this time but whose significance has been made clear to me. I, therefore, also give my consent to such an extension, modification or performance of

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different or additional procedures, including additional surgical procedures, which the institution's physicians deem essential or necessary during the primary operation.

I have been told that the primary operation is performed under general anesthesia and will be given an explanation regarding the anesthesia from an anesthesiologist.

I know, confirm and agree that the primary operation and any other procedure will be performed by any designated surgeon, 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.

* Cross out irrelevant option.