

מסי זהות: שם משפחה: שם פרטי: שם האב: תאריך לידה: כתובת: טלפון: **מדבקת פרטי מטופל** 

## טופס הסכמה: כריתת גנגליון CONSENT FORM: EXCISION OF GANGLION

A ganglion is a cyst containing a viscous fluid, usually formed near a tendon or joint. In most cases its cause is unclear. An operation for the excision of a ganglion is performed in order to relieve the patient's pain or remove an unaesthetic mass.

The operation involves cutting an incision near the ganglion, releasing the tissues surrounding it, separating it from the joint of tendon sheath from which it emerges, and excising it.

If, during the operation, suspicion of a different type of tumor arises, the surgeon may decide to remove the entire tumor or take a biopsy for diagnosis purposes **as an initial stage.** The incision is closed with sutures that are removed after a few days.

The operation is performed under local and/or regional anesthesia, combined with a tourniquet installed on the operated arm, and at times, under general anesthesia. The tourniquet may cause a sensation of pressure on the arm.

Name of Patient:				
_	Last Name	First Name	Father's Name	ID No.
I hereby declare and Dr.	d confirm that I ha	ave been given a deta	iled oral explanation by:	
Last Name	First Nan	ne		
regarding the need t	to excise a ganglio	on from the <b>right</b> / <b>le</b>	ft * arm, in the wrist / h	and * area, on the
palmar / dorsal * s	side, in finger 1 / 2	2/3/4/5 * (hencefo	orth: "the primary operat	ion").

I have been given an explanation concerning the expected results of the primary operation and the high incidence of recurrence of the ganglion and the need for additional surgery to remove it.

I hereby declare and confirm that I have been given an explanation concerning the side effects following the primary operation, including: pain, discomfort, swelling and local hemorrhages that are spontaneously absorbed.

In addition, I have been given an explanation concerning the relatively rare risks and complications, including prolonged hemorrhage and infection that will require treatment. There is usually no need for physiotherapy following the operation.

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 hereby also give my consent to the administration of local and/or regional anesthesia combined with the use of a tourniquet, after having been given an explanation concerning the risks and complications of the local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and the possibility of neural and/or vascular damage with regional anesthesia.

If the decision is made to perform the primary operation under general anesthesia, I will receive an explanation regarding the anesthesia from an anesthesiologist.

I know and agree that the operation 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 sp standard degree of responsibility a		1 0	nstitution's
Date	Time	Patient Signature	
Name of Guardian (Relationship)	Guardian Signature (for	incompetent, minor or mentally	ill patients)
I hereby confirm that I have given above-mentioned facts and consid- presence after I was convinced that	erations as required and that I	ne/she has signed the consent for	
Name of Physician	Physician Signature	License No.	

\* Cross out irrelevant option.

