

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

**מדבקת פרטי מטופל**

## טופס הסכמה : ניתוח לקשירת חצוצרות CONSENT FORM: TUBAL LIGATION

Tubal ligation is performed to prevent pregnancy by natural fertilization. The operation is carried out by means of laparoscopy (closed method), by inserting instruments through small incisions in the abdominal wall and introducing carbon dioxide gas into the abdominal cavity. The procedure is carried out under general anesthesia. Tubal ligation can also be carried out as an additional procedure during another operation involving opening the abdomen.

Name of Woman: \_\_\_\_\_  
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 the operation of tubal ligation for purposes of sterilization (henceforth: "the primary operation").

I have received an explanation regarding the possibility that the sterilization procedure may not succeed at all or may not persist in the long run. The failure rate reported for the different methods of ligation varies from one to five per thousand women.

I have received an explanation regarding the alternatives for prevention of pregnancy possible in the circumstances of the case, the advantages and disadvantages of each one, and also the risks and complications of each one.

It has been made clear to me that the infertility resulting from the operation is usually irreversible since the chances of success of an operation to "open" the tubes vary and are uncertain.

I declare and confirm that I have received an explanation regarding the side effects to be expected after the primary operation by laparoscopy, including pain and discomfort in the region of the incisions, and pain in the region of the shoulders due to irritation of the diaphragm by the gas introduced into the abdominal cavity, which will disappear usually within a few days. I also received an explanation concerning the risks and possible complications of the laparoscopic method including: infection, damage to the internal organs or to large blood vessels, and/or technical difficulty in carrying out the procedure that may necessitate transferring to the "open method", that is, opening the abdomen in order to carry out a repair procedure or to complete the ligation.

I hereby declare that to the best of my knowledge, I/the woman am/is not pregnant.

I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I received an explanation and understand the possibility that during the primary operation the need to extend or modify the operation, or 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 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 that I will receive an explanation regarding the anesthesia from an anesthesiologist.

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I know, confirm and agree that the primary operation and any other procedure will be performed by whoever is designated to do so, according to the institutional procedures and directives, and that there is no guarantee that they will be performed, fully or in part, by a certain person, as long as they are performed according to the institution's standard degree of responsibility and according to the law.

\_\_\_\_\_

Date	Time	Patient's Signature
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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 above mentioned, 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.

\* Cross out irrelevant option.