

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

טופס הסכמה: טפול הורמונלי בבעיות פרייון  
**HORMONAL TREATMENT DUE TO INFERTILITY**

The aim of hormonal treatment given to a woman is to induce ovulation in cases in which the woman does not ovulate or to enable recruiting more ovules and thus increase the chances of pregnancy.

The types of possible treatment:

1. Clomiphene: treatment given in tablets to cause ovulation.
2. Gonadotropin preparations: treatment given by injection under the skin or into muscle, which directly influences the development of the follicles and the formation of ovules in the ovary.

The course of the treatment requires follow-up by means of blood examinations and/or ultrasound.

There are cases in which before treatment to induce hyperovulation or during it, the woman is given additional hormonal treatment for purposes of depression of the ovaries and prevention of early ovulation. This treatment is liable to cause side effects similar to those of the menopause.

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 types of hormonal treatment (hereafter the main treatment).**

**It has also been explained to me that the chances of success of the hormonal treatment vary and depend on the age of the couple, the condition of the ovaries, the tubes, associated pathology in the uterus and/or pelvis, the quality of the semen and in other factors.**

**The chances of success for pregnancy in a course of one treatment are up to 20%. The chances of success in a series of 3-6 treatments are up to 50-60%.**

The side-effects and the complications of the main treatment have been explained to me, including:

1. **Allergy to hormonal preparations** is rare, but in every case of an abnormal effect, it must be reported as early as possible to the treating physician.
2. **Ovarian hyperstimulation** expresses itself, usually by swelling of the abdomen, abdominal pain, the development of ovarian cysts, enlargement of the ovaries and also mild accumulation of fluid in the abdomen. These features disappear, usually with rest and drinking much fluid. The frequency of mild ovarian hyperstimulation is 10-25% for each course of treatment.  
Moderate or severe hyperstimulation are rarer and generally require hospitalization. Moderate cases include in addition, the appearance of nausea, diarrhea and vomiting, and its frequency is 5-15%. Hyperstimulation includes, in addition, accumulation of fluid in the abdominal cavity, the chest and the heart, which sometimes requires repeated puncture of the abdomen for drainage. Collection of the fluid in the cavities is liable also to cause embolism. Additional rare complications include heart failure, renal failure as far as death. The frequency of severe ovarian hyperstimulation is 0.1%-5% for one treatment course. The severity of these features is liable to lead to cessation of treatment.
3. **Torsion, tear or hemorrhage from the ovary** are relatively rare, but sometimes warrant surgical intervention. There are rare reports of the need to excise the ovaries.



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- Multiple fetuses** – The rate of multiple fetuses in hormonal treatment is relatively high (up to 30%, pending on the type of treatment). In the event of multiple fetuses (three or more), reduction of fetuses will be required, because of the dangers accompanying pregnancy with multiple fetuses. In the case of the necessity for fetal reduction, an explanation of the procedure, its chances and risks will be given separately.
- Miscarriages and extrauterine pregnancies.** In pregnancies achieved after induction of ovulation there is a certain increase in the frequency of miscarriages and extrauterine pregnancies. To date, no causative association has been proved between induction of ovulation and cancer of the ovaries. It is known that pregnancy is a good shield against the development of malignant tumors of the ovary.

It has been explained to me that in hormonal treatments given for fertility problems the birth of a child or children with an abnormal health or mental state is possible, including deformities or other abnormalities, and also hereditary tendencies or any other deviation from the normal. The rate of these complications is not higher than that occurring in natural pregnancy.

I/we hereby give my/our consent to the performance of the main treatment.

I know and agree that the main treatment and all the other procedures will be carried out by the fertility treatment team: physicians, nurses, laboratory staff, and their assistants and anyone designated to do so, according to the institutional procedures and directives of the institution \_\_\_\_\_

Name of institution

and it has not been promised to me/us that they will be carried out, wholly or in part by any particular person but only with the standard degree of responsibility and according to the law, and the physician responsible for the fertility treatment will be\*:

\_\_\_\_\_  
Name of physician

\_\_\_\_\_  
(hereafter: "the woman")

Signature of woman

\_\_\_\_\_  
(hereafter: "the husband or partner")

Name of husband or partner      ID number

\_\_\_\_\_  
Date

I hereby confirm that I provided the woman / the woman's husband or partner\*\* with a detailed verbal explanation of all the above mentioned, as required, and that she/they signed the consent form in my presence after I was convinced that she/they\*\* fully understood my explanations.

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
License No.

\*Fill in, in the case of private treatment \*\* Cross out irrelevant option.

