

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

טופס הסכמה: לפרוסקופיה גניקולוגית

Consent Form: Laparoscopic Procedure in Gynecology

Laparoscopic gynecologic procedures enable visualization of the abdomen, for the diagnosis and/or treatment of intra-abdominal and intra-pelvic gynecological diseases and pathological conditions. Treatment options may include excision of organs, such as the ovary, the fallopian tube and the uterus.

Visualization of the abdomen is achieved by inserting an optic device near the navel and additional surgical instruments through small incisions in the abdominal wall. The procedure is performed with or without injection of CO₂ gas into the peritoneal cavity via a special needle. The recovery and convalescence following laparoscopic procedures is shorter than that of the traditional method of opening the abdomen – “the open method”, pain is usually milder and the scars are in most cases very small.

The procedure is usually performed under general anesthesia, but can also be performed under local anesthesia with the administration of sedatives.

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 a laparoscopic procedure for the purpose of _____ (henceforth: “the primary operation”).

I hereby declare and confirm that I have been given an explanation concerning the expected side effects, including: pain in the area of the incisions, shoulder pain caused by irritation of the diaphragm due to the insertion of air into the abdominal cavity, both of which usually subside within a few days.

In addition, I have been given an explanation concerning the possible complications, including: hemorrhage, damage to the abdominal organs or large blood vessels, or technical difficulty in performing the procedure which may require switching to the “open method”, that is, opening the abdomen to repair or complete the primary operation, and in very rare cases, death.

In addition, I have been told of the possibility that the said complications will not be diagnosed during the primary operation and a repair surgery will be required at a later date.

I have been given an explanation concerning the possibility of performing the procedure using the “open method”, including the side effects, risks and complications of this method and the duration of convalescence. After considering both options, I request and consent to perform the primary operation using the laparoscopic method.

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



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שם האב :	כתובת :
טלפון :	מדבקת פרטי מטופל

I also give my consent to the administration of local anesthesia and sedatives, after having been given an explanation concerning the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and possible reactions to the sedatives which may, in rare cases, cause respiratory disturbances and disturbances in the heart's activity, especially in patients with diseases of the heart or respiratory system.

It has been clarified that the primary operation is performed under general anesthesia and I will be provided with an explanation concerning the anesthesia by an anesthesiologist.

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

Patient Signature Time Date

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.

License No. Physician Signature Name of Physician

* Cross out irrelevant option.

I have been told that the primary operation is performed under general and/or regional anesthesia and that I will receive 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 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.

Patient's Signature Time Date

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.

License No. Physician's Signature Name of Physician

* Cross out irrelevant option.

