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

מדבקת פרטי מטופל

טופס הסכמה : ניתוח קיסרי

CONSENT FORM: CESAREAN SECTION

A cesarean section is performed for the purpose of delivery of the fetus from the uterus in situations in which it is not possible to deliver the fetus through the vagina for fear of risk or because of real risk to the woman and/or the fetus.

The operation is carried out under general or epidural anesthesia.

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 need to perform a cesarean section (henceforth: "the primary operation").

I declare and confirm that I have received an explanation regarding the predicted course, expected results and side effects of the primary operation including: pain and discomfort. It has been explained to me that the morbidity rate of cesarean section is greater than a vaginal delivery and increases with the number of cesarean sections the woman undergoes.

It has also been explained to me that a cesarean section limits the possibility to give birth by vaginal delivery in the future.

I also received an explanation concerning the possible risks and complications including: increased bleeding that may necessitate receiving a blood transfusion and/or tying the blood vessels that supply blood to the uterus and/or excision of the uterus; infection of the uterus and/or tubes and/or ovaries and/or other internal organs that will require treatment; and damage to internal organs or blood vessels that will require surgical repair. Mortality due to cesarean section is greater than for a vaginal delivery, but is very rare. The possibility of complications not being diagnosed during the primary operation and the necessity for a repair operation at a later stage has been explained to me.

I hereby give my consent to perform the primary operation.

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.

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.



מרכז רפואי ע"ש ברוך פדה, פוריה
The BARUCH PADEH Medical Center, PORIYA

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מדבקת פרטי מטופל

Date

Time

Woman's Signature

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.

Name of Physician

Physician's Signature

License No.

* Cross out irrelevant option.