



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

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

טופס הסכמה: ניתוח לשחזור שד CONSENT FORM: RECONSTRUCTION OF BREAST

Reconstruction of the breast is offered to women after breast amputation. The reconstruction may begin on completion of the amputation during the same operation or at a later date. The possibilities of reconstruction include: use of a prosthesis, formation of a flap, combination of prosthesis and flap. The reconstruction can be performed in one stage or in stages. The choice of the time and technique are made in accordance with the physical characteristics of the woman, extent of the amputation, type of reconstruction, discretion of the surgeon and preferences of the patient.

Reconstruction of the nipple and areola around it is performed in a separate operation.

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 reconstruction of the **left/right* breast** by means of **prosthesis implant only*/flap from the abdomen/back* without a prosthesis implant*/flap from the abdomen/back* and a prosthesis implant. The operation will be carried out in one stage/stages*.**

Another technique, detail _____

(hereafter "the primary operation").

(Fill in details relating to the present operation)**.

I have received an explanation regarding the types of prosthesis:

A permanent prosthesis of type _____ of volume of _____ cc has been decided on.

A temporary prosthesis of type _____ that is to be filled to a volume of about _____ cc has been decided on.

I declare and confirm that I have received an explanation regarding the **expected results and side effects after the primary operation** including: pain, discomfort, and limitation of movement in the operated regions that usually disappear with time. The pain in the region of the flap (abdomen or back) may continue and become chronic and accompanied with difficulties of function. After an operation with formation of a flap, scars will remain also in the region from which the flap was taken.

I also received an explanation concerning **the possible complications of the primary operation**, including: bleeding, infection in the region(s) of the operation, which will require treatment of the infection to the extent of removing the prosthesis in cases where a prosthesis is used. It has been explained to me that when the reconstruction is done with a flap, possible complications are: nerve damage expressing itself by sensation or movement disturbances in the region from which the flap was taken, and partial or complete necrosis of the flap to the extent of loss of the reconstruction. When the flap is taken from the abdomen, there may be weakness of the abdominal wall to the extent of a hernia that may require operative repair. When the flap is taken from the back, there may be weakness of certain movements of the arm.

I have also received an explanation regarding the possibilities of **complications associated with prosthesis**, including: leakage from or tear of the cover of the prosthesis, and also expulsion or rejection of the prosthesis, which will require an operation for its removal; areas of hardening due to development of a capsule around the prosthesis that may cause discomfort and pain.

I have been informed that up to the present no association has been proved between the implanting of a prosthesis and the development of cancerous disease, and also rheumatic and nervous features accompanying diseases of the immunity system (autoimmune). I have been informed that reconstruction with a prosthesis is liable to cause difficulty in the ability to diagnose tumors on examination of the breast,

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מדבקת פרטי מטופל

and radiotherapy to the breast reconstructed with a prosthesis may cause hardening round it. Chemotherapy and radiotherapy are liable to disturb or delay the process of reconstruction.

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 and the surgeon responsible for the operation will be***

Name of physician

Date

Time

Woman's Signature

I hereby confirm that I provided the patient with a detailed verbal explanation of all the abovementioned, as required, and that she signed the consent form in my presence after I was convinced that she fully understood my explanations.

Name of Physician

Physician's Signature

License No.

*Cross out irrelevant and circle the relevant option.

**In an operation carried out in stages the woman must sign a separate consent form for every operation.

***Fill in the case of a private patient.