



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 השתלת תותב לפין

CONSENT FORM: IMPLANTATION OF PENILE PROSTHESIS

Implantation of a penile prosthesis is performed in cases of impotence for the purpose of enabling erection. During the operation, a hydraulic or mechanical device is inserted into the cavernous bodies of the penis and in keeping with the type of prosthesis, permanent erection or erection following activation of the hydraulic/mechanical device is produced.

Name of Patient: _____
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 implantation of a penile prosthesis (henceforth: "the primary operation").

I declare and confirm that I received an explanation concerning all alternative treatment options, including the prospects and risks involved in each of these procedures, including medications, injections into the penis, treatment with a vacuum device, an operation on blood vessels, and the possibility of avoiding any treatment.

I hereby declare and confirm that I received an explanation concerning the different types of prosthesis, and a decision has been made on the implantation of a _____ prosthesis. In the event of the surgeon not being able to implant the chosen prosthesis, I give my consent to the implantation of a _____ prosthesis. It has been explained to me that in rare cases the surgeon may not be able to implant any prosthesis.

It has been explained to me that the surgeon will measure the length of the cavernous bodies at the time of the operation and according to these measurements will choose the prosthesis of appropriate length, at his discretion at the time of the operation. I also declare and confirm that it has been explained to me that the prosthesis will only result in mechanical erection and will not improve or restore local or general sensations, and will not improve sexual attraction or libido. It has also been explained to me that the prosthesis will not lengthen or enlarge the dimensions of the penis, and in the majority of cases, the dimensions of the erection will be smaller (in length and circumference) in comparison with natural erection and will be less rigid than natural erection.

I declare and confirm that the possible side effects following the implantation of the prosthesis have been explained to me including pain, swelling and discomfort that may continue for a number of weeks or even more. The risks and complications associated with implantation of a prosthesis have also been explained to me, including retention of urine, infections in the operation incision and in the prosthesis that may appear soon after the operation or later, as a result of which it may be necessary to remove the prosthesis by an additional operation that may cause reduction in the dimensions of the penis, distortion in its shape and restriction of the treatment options thereafter. Infrequently, there may be reduction in sensation in the penis. There may also be mechanical faults in the prosthesis mechanism that will necessitate an operation. Rupture of the sheath of the cavernous bodies into the urethra (urine tube) or through the skin may occur during the operation, or after some time, a matter that may necessitate cessation of the operation without insertion of the prosthesis, or it may be necessary to remove the prosthesis in an additional operation.





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I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I received 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 that the institution's physicians deem essential or necessary during the primary operation.

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 any designated surgeon, 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

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

_____	_____	_____
Name of Physician	Signature	License No.

