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1997 נובמבר/OUROL/DTP/CYS/0013 ט

טופס הסכמה: בדיקה אנדוסקופית של כיס השתן CONSENT FORM: CYSTOSCOPY

A cystoscope is a firm or flexible telescopic instrument used to survey the urinary bladder and urethra through which various instruments and catheters can be passed to perform diagnostic and therapeutic procedures, such as: biopsies, excision of tumors, removal of stones and blood clots, and others. In addition, various catheters can be passed through the cystoscope for diagnostic and therapeutic procedures of the ureters and kidneys. The instrument is inserted through the urethra, usually under local anesthesia, and when the need arises, regional or general anesthesia, in men, and in most cases, without anesthesia in women.

of the ureters and kidneys. The instrumer and when the need arises, regional or ger women.				
The procedure is performed with the pati apart and bent, and supported by stirrups		ne or on his/her back	, with the legs raised,	spread
Name of Patient:				
Last Name F	irst Name	Father's Name	ID No.	
I hereby declare and confirm that I have Dr	been given a d	letailed oral explanat	ion by:	
Last Name First Name				
regarding the need for a diagnostic and/	or therapeuti	c* cystoscopy. Detail	al planned treatment of	otions:
		(hence	forth: "the primary pro	cedure").
I hereby declare and confirm that I have primary procedure, including: pain, discobloody urine. These effects are temporary I have been given an explanation and undiagnostic, the need may arise to perform cauterization of small hemorrhages or are In addition, it may be necessary to insert	omfort, burning and usually and usually and the pentherapeutic peas suspected	g sensation during usubside within 24 ho ossibility that during procedures, such as: to to be tumors, and dil	rination, frequent urina urs. the primary procedure piopsies from a tumor, ation of the urethra if	ation, and e, when narrowed.
procedures.				
Moreover, I have been given an explanat genital tract infections accompanied by for Additional complications, although rare, perforation and narrowing of the urethra,	ever, chills an may include o	d bleeding, which was damage to the lower	ill necessitate hospitali urinary tract, and even	ization.
I hereby give my consent to perform the	primary proce	edure.		
I also give my consent to perform local a possible complications of local anesthesi drugs.				





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If the decision is made to perform the primary procedure under regional and/or general anesthesia, I will be given an explanation regarding the anesthesia from an anesthesiologist.

I know and agree that the primary procedure 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 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.						
Date	Time	Patient Signature				
Name of Guardian (Relationship)	Guardian Signature (for i	ncompetent, minor or mentally ill patien	ıts			
	rations as required, and that	rdian* a detailed oral explanation of all the/she has signed the consent form in my explanations.				
Name of Physician	Physician Signature	License No.				
* Cross out irrelevant option.						



