Space for Medical Institution Name and Logo

1997 נובמבר /OUROL/URTR/5631/0079 ט

אורטרוסקופיה Consent Form: Ureteroscopy

An ureteroscope is a rigid or flexible device, equipped with a telescope, through which the upper urinary tract can be explored and various instruments can be introduced, such as forceps, balloon catheters or baskets, and various types of lithotripters, for the diagnosis and treatment of tumors, stones, stricture and more. The device is inserted through the urethra, under local, regional or general anesthesia. When the ureteroscopy is completed, an internal catheter is usually inserted into the ureter, between the kidney and the urinary bladder, to allow drainage of the kidney until the edema caused by the procedure subsides.

•			im me edema caused	by the procedure subsides.
Name of Patient	Last Name		Father's Name	ID No.
-	and confirm that I	_	detailed oral explanat	ion by:
Last Nam regarding the nee	e First Nar ed for a diagnostic	me : and/or therapeu		etail options for planned forth: "the primary treatment").
		oncerning the poss		tives in my circumstances, and
primary treatmen	nt, including pain a ion during urination	nd discomfort in the	ne waist and lower abo	ing the side effects of the domen, frequency, urgency and re temporary and usually
accompanied by ureter; late devel complications ar a few days to a f	a fever; obstructio opment of ureteral e usually resolved ew weeks. Isolated	of the ureter due stricture and in ra by the insertion of cases require open	to edema or stone fragre cases, detachment of a catheter into the uren surgery. The develop	lications, including: infection gments; perforation of the of the ureter. These eter for a period of ranging from ment of a ureteral stricture may be cases may end in removal of
The treatment is unknown.	relatively innovati	ve and therefore, the	nere may be complica	tions that are currently
I hereby give my	consent to perform	n the primary treat	ment.	

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary treatment, or immediately following it, the need to extend or modify the procedure 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



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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 hospital's physicians deem essential or necessary during the primary treatment or immediately following it.

I hereby also consent to the administration of local anesthesia, if required, at the physicians' discretion, after having been given an explanation concerning the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug.

If the decision is made to perform the primary treatment under regional or general anesthesia, I will be given an explanation concerning the anesthesia by an anesthesiologist.

I know and agree that the primary treatment 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.

Date	Time	Patient Signature
Name of Guardian (Relationship)	Guardian Signature (for	r incompetent, minor or mentally ill patients
•	derations as required, and that	uardian* a detailed oral explanation of all the the/she has signed the consent form in my y explanations.
Name of Physician	Physician Signature	License No.



