

Space for Medical Institution Name and Logo

ט' 0040/REG/GEN/ANES/ינני 1998

טופס הסכמה להרדמה CONSENT FORM: ANESTHESIA

The usual types of anesthesia are general, regional or local anesthesia, or combinations of these methods. General anesthesia is carried out by the injection of substances into the blood system and/or the introduction of substances into the respiratory system by means of a tracheal tube and/or mask. The substances cause a lowering in the level of consciousness, relaxation of muscles and reduction in the sensation of pain. The rate of waking from anesthesia depends on various factors connected with the type of operation, type of anesthetics, and the general state of the patient.

Regional anesthesia is carried out by injection of substances into or around nerves leads to anesthesia of a certain region of the body. Examples of regional anesthesia are epidural anesthesia and spinal anesthesia, in which the anesthetic substance is injected into the space surrounding the spinal cord (in the back).

Local anesthesia is carried out by injections of substances into the area adjacent to the operation site. This is usually done by the surgeon.

Combinations of the different types of anesthesia are possible, e.g. general anesthesia and regional anesthesia, regional anesthesia and local anesthesia, and combinations of types of regional anesthesia.

The risks of all kinds of anesthesia are not necessarily related to the type of operation or its complexity.

In a pregnant woman, with all types of anesthesia, some of the anesthetic substances may be transferred to the fetus, and in isolated cases, there may be rare side effects and risks to the fetus or to the continuation of pregnancy.

The patient must provide the anesthetist with full information regarding his/her diseases, sensitivity to medications, and reactions to previous anesthesia, including complications if they occurred.

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 need for anesthesia for the designated operation.

The purpose of the anesthesia and possible methods of its use has also been explained to me.

I declare and confirm that I have received an explanation regarding the different types of anesthesia and that there is a possibility of change of type of anesthesia, and/or combination of the different types of anesthesia (such as general and local, or general and regional) and/or transfer from one type of anesthesia to another, at the discretion of the anesthesiologists and the surgeons.

I have also received an explanation regarding the side effects after **general anesthesia** including: pain in the throat and discomfort on swallowing, muscle pains, nausea and vomiting and general discomfort.

I have also received an explanation regarding possible risks and complications including: damage to teeth and the trachea due to introduction of the instrument necessary for anesthesia. In rare cases there may be serious complications such as: acute allergic reaction, malignant hyperthermia syndrome (high fever), disturbance of function of the liver, and/or other essential systems. In very rare cases, death may result from these complications.



Israeli Medical Association
Israel Society of Anesthesiologists



Medical Risk Management Co.

