

## Consent form

### DML – Direct (Microscopic) Laryngoscopy with/without throat surgery

Direct laryngoscopy is a procedure in which a large tube is inserted through the mouth to the vocal cords and enables visualisation (usually through a microscope) of the vocal cords and other organs in the throat. If necessary, a biopsy of a suspicious tumor may be taken, polyps and other affectations may be removed from the vocal cords, and substances may be injected to rehabilitate the voice etc.. The surgical procedures are mainly performed with micro-surgical devices and/or laser and other advanced instruments.

Patient's name: \_\_\_\_\_  
Last name                      First name                      Father's name                      ID no.

I hereby declare and confirm having received a detailed oral explanation from Dr. \_\_\_\_\_  
Last name      First name

About the need for laryngoscopy due to \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (hereinafter: "the procedure")

I was informed that in some cases the objective of the procedure will not be achieved and a repeated procedure may have to be considered. Furthermore, in some cases, due to recurrence of the initial disease the procedure may have to be repeated.

I hereby declare and confirm I received an explanation of the side effects of the procedure, including: aches and discomfort, difficulty swallowing, temporary hoarseness, hemoptysis and temporary malfunction/modification of the sense of taste that may last several months.

Furthermore, I received an explanation of the possible risks and complications of the procedure, including: lengthy discomfort, damaged teeth, voice modification, difficulties swallowing, perforation of the pharynx, perforation of the esophagus, perforation of the trachea, perforation of the lung, bleeding. In rare cases these complications may end in death. Use of laser during the procedure may cause burns of the mouth, pharynx, lips or face.

I hereby provide my consent to performance of the procedure.

I hereby declare and confirm that I have received an explanation and am aware of the possibility that in the course of the procedure the need may arise to extend its scope, modify it or use other or additional procedures to save life or prevent physical damage, including additional surgical procedures that cannot be foreseen certainly or fully at this stage, but their significance has been explained to me. I therefore also consent to said extension, modification or other or additional procedures, including surgical actions institution physicians believe to be vital or required during the course of the procedure.

I was informed that the procedure will be performed under general anesthesia, and the anesthetist will give me a relevant explanation about it.

החברה לניהול סיכונים ברפואה בע"מ



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I am aware of and consent to the procedure and all other procedures to be carried out by the person to whom it was allocated according to the institution's procedures and instructions, and I have not received any assurance that the procedure or a part thereof will be carried out by a particular person, provided it is carried out within the responsibility accepted by the institution and subject to the law.

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Date

Hour

Patient's signature

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Guardian's name (relationship) Guardian's signature (in case of incompetency, minor or mental patient)

I hereby confirm that I provided the patient/the patient's guardian\* with an oral explanation of all of the above in required details and s/he signed the consent before me after I was convinced s/he fully comprehended my explanation.

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Physician's name

Physician's signature

License no.

\* Strike out the irrelevant item

**Israeli Medical Association**

**Medical Risk Management Company Ltd.**

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