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2001 ינואר/OBGYN/LAP/5421/0054 ט

## טופס הסכמה: לפרוסקופיה גניקולוגית Consent Form: Laparoscopic Procedure in Gynecology

Laparoscopic gynecologic procedures enable visualization of the abdomen, for the diagnosis and/or treatment of intra-abdominal and intra-pelvic gynecological diseases and pathological conditions. Treatment options may include excision of organs, such as the ovary, the fallopian tube and the uterus.

Visualization of the abdomen is achieved by inserting an optic device near the navel and additional surgical instruments through small incisions in the abdominal wall. The procedure is performed with or without injection of  $CO_2$  gas into the peritoneal cavity via a special needle. The recovery and convalescence following laparoscopic procedures is shorter than that of the traditional method of opening the abdomen – "the open method", pain is usually milder and the scars are in most cases very small.

The procedure is usually performed under general anesthesia, but can also be performed under local anesthesia with the administration of sedatives.

| Name of Patient:   | Last Name           | First Name        | Father's Name          | ID No.                |           |
|--------------------|---------------------|-------------------|------------------------|-----------------------|-----------|
| 3                  | nd confirm that I l | have been given a | detailed oral explanar | tion by:              |           |
| DrLast Name        | First Nan           |                   |                        |                       |           |
| regarding the need |                     |                   | ne purpose of          |                       |           |
|                    |                     |                   | (hencefo               | orth: "the primary op | eration") |

I hereby declare and confirm that I have been given an explanation concerning the expected side effects, including: pain in the area of the incisions, shoulder pain caused by irritation of the diaphragm due to the insertion of air into the abdominal cavity, both of which usually subside within a few days.

In addition, I have been given an explanation concerning the possible complications, including: hemorrhage, damage to the abdominal organs or large blood vessels, or technical difficulty in performing the procedure which may require switching to the "open method", that is, opening the abdomen to repair or complete the primary operation, and in very rare cases, death.

In addition, I have been told of the possibility that the said complications will not be diagnosed during the primary operation and a repair surgery will be required at a later date.

I have been given an explanation concerning the possibility of performing the procedure using the "open method", including the side effects, risks and complications of this method and the duration of convalescence. After considering both options, I request and consent to perform the primary operation using the laparoscopic method.

I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary operation the need to extend or modify the operation 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 time but whose significance has been





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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 institution's physicians deem essential or necessary during the primary operation.

I also give my consent to the administration of local anesthesia and sedatives, after having been given an explanation concerning the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and possible reactions to the sedatives which may, in rare cases, cause respiratory disturbances and disturbances in the heart's activity, especially in patients with diseases of the heart or respiratory system.

It has been clarified that the primary operation is performed under general anesthesia and I will be provided with an explanation concerning the anesthesia by an anesthesiologist.

I know and agree that the primary operation and any other procedure will be performed by any designated

|  | Time  | Patient Signature   |  |  |
|--|---|---|--|--|
| Name of Guardian (Relationship)  | Guardian Signature (for incompetent, minor or mentally ill patients)                              |   |  |  |
|  | rations as required, and that   | rdian* a detailed oral explanation of all the he/she has signed the consent form in my explanations.  |  |  |
| Name of Physician  | Physician Signature   | License No.   |  |  |
| * Cross out irrelevant option.   |   |   |  |  |
| will receive an explanation regarding I know, confirm and agree that the | ng the anesthesia from an and<br>primary operation and any of<br>ording to the institutional pro- | general and/or regional anesthesia and that<br>esthesiologist.<br>ther procedure will be performed by<br>ocedures and directives, and that there is no<br>ain person, as long as they are performed |  |  |
|  |   | nd according to the law.  |  |  |



convinced that he/she fully understood my explanations.

Medical Risk Management Co.

I hereby confirm that I provided the patient / the patient's guardian\* with a detailed verbal explanation of all the abovementioned, as required, and that he/she signed the consent form in my presence after I was

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| Name of Physician | Physician's Signature | License No. |
|-------------------|-----------------------|-------------|

\* Cross out irrelevant option.



