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טופס הסכמה: תיקון היצרות/ חסימה או מפרצת בותין הבטני CONSENT FORM: REPAIR OF ANEURYSM OR STENOSIS/OCCLUSION OF THE ABDOMINAL AORTA

Surgery to repair a dilation (aneurysm) or stenosis/occlusion of the aorta usually includes replacing the dilated or narrowed section with a synthetic graft. The operation is conducted through an abdominal incision or a combined abdominal and chest incision. In certain cases, additional incisions in the groin are necessary to connect the graft's "pants" to the main artery(ies) of the leg(s). Immediately following the operation, the patient is usually mechanically ventilated and intensively treated in a special department (intensive care or recovery).

Name of Patient	:			
011 4010	Last Name	First Name	Father's Name	ID No.
•	and confirm that I	have been given a	detailed oral explanat	ion by:
Last Name	e First Nar		(hencefo	orth: "the primary operation").
				ing alternative treatment volved in each of these
			n explanation concerneration, including pair	ing the expected results, course and discomfort.
including: hemor	rrhage, infection an	d accumulation of	bloody or serous flui	lications of the operation, d that may at times require sessitating repeat surgery.
myocardial infare intestine, the pan the blood supply men may include	ction, stroke and di acreas and the spine to the lower limbs impairment of sex	isruption of the blo e, which may even may necessitate, i kual function due t	ood supply to essential lead to paralysis of the n rare cases, amputati	erious complications, including lorgans such as the kidneys, the lower body. Obstruction of on of the limb. Complications is od supply or neural damage. 3% and 5%.
				re late complications, such as ar ditional surgery for repair.
I hereby give my	consent to perform	n the primary oper	ation.	
In addition, I her	eby declare and co	nfirm that I have b	een given an explana	tion 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 made clear to me. I, therefore, also give my consent to such an extension,





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modification or performance of different or additional procedures, including additional surgical procedures, which the hospital's physicians deem essential or necessary during the primary operation.

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

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

* Cross out irrelevant option.



