Consent form: tracheotomy

Tracheotomy is a procedure where an opening is created in the trachea through the lower neck, as an alternative to the natural entranceways (nose, mouth). A cannula is inserted into this opening in order to maintain it open. The procedure is administered when a bypass in necessary for a blocked upper respiratory tract, for prolonged artificial respiration, or in order to drain and suck secretions out of the respiratory tract.

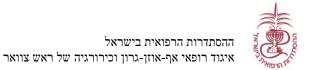
When a tracheotomy has been performed, the patient is unable to speak. In some cases the tracheotomy will remain permanent.

The procedure is per	formed under ger	neral or local ane	sthetics.			
Patient's name:						
	Last name	First name	Father's name	ID		
I hereby declare and	confirm I have be	en provided with	a detailed oral expla	anation by		
	about the need to perform a tracheotomy					
Last name	First name					
as a result of			(hereinafter "T	he Main Procedure").		
•	ility to insert the o		•	rming the tracheotomy, g it but diverting from its		
I hereby declare and pain and discomfort				en explained to me, including		
·			•	e scar's shape depends on		

Additionally, the Main Procedure's possible risks and complications have been explained to me, including: prolonged discomfort, difficulty swallowing, infection and secretions from the surgical wound that can spread to the lungs or mediastinum, granulations in the tracheotomy area and trachea requiring treatment, massive life threatening bleeding, perforation of the lung, perforation of the pharynx, perforation of the esophagus, necrosis of the trachea's cartilage, blockage of the cannula and suffocation. In rare cases, some of the complications may lead to death.



scars).



After closing of the tracheotomy opening, temporary or permanent alteration of the voice may occur, as well as a fistula between the trachea and skin.

I hereby provide my consent to performance of the Main Procedure.

I hereby declare and confirm that I have been provided with an explanation and understand that it is possible to discover in the course of the Main Procedure that its scope must be extended or altered, or that other or additional procedures need to be performed in order to save the patient's life or prevent physical damage, including additional surgical procedures that cannot at this time be foreseen with any certainty or completeness, but the significance of which has been explained to me. Therefore, I additionally agree to such alteration / extension of the procedure or to the administration of other or additional procedures, including surgical procedures that in the opinion of the institution's physicians will be essential or necessary in the course of the Main Procedure.

My consent is also hereby provided to the administration of local anesthetics with or without intravenous injection of sedatives, after having been provided with an explanation about the risks and complications of local anesthesia including varying degrees of allergic reactions to the anesthetics, and the possible complications of using sedatives that in rare cases may lead to respiratory impairments and cardiac function impairments, particularly in cardiacpatients and in patients with respiratory disorders.

It has been explained to me that if the procedure is performed under general anesthesia, an explanation about the anesthesia will be provided to me by an anesthetist.

I am aware and agree that the Main Procedure and any other main procedure will be performed by the person assigned to do so according to the institutions policies and instructions, and that there is no guarantee that all or any of the procedures will be performed by a particular person, so long as they are responsibly administered as is customary in the institution and subject to the law.

Date	Hour	Patient's sign	ature
Guardian's name (relationship)	Guardian's signa	ature (in case of incor	mpetent, minor or mental patient)
I confirm that I have explained t detail and that he/she has signe fully understands my explanation	d this consent for		fall of the above in appropriate have become satisfied that he/she
Physician's name	Physicia	n's signature	License no.





* Strike out the irrelevant item

Israeli Medical Association

Medical Risk Management Company Ltd.

