

Space for Medical Institution Name and Logo

ט 5340/0047/OOUH/OSBURG/ נובמבר 1997

טופס הסכמה: ניתוח לתיקון בקע טבורי

CONSENT FORM: REPAIR OF UMBILICAL HERNIA

An umbilical hernia is usually a congenital malformation and sometimes acquired. An operation for the repair of the hernia is intended to its side effects such as pain and inflammation, release of incarceration, or prevention of incarceration of the hernia in the future.

In some cases the repair is carried out using an implanted net. In certain cases there will be a need for excision of the umbilicus (navel) itself.

The operation is usually carried out under general anesthesia.

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 performing an operation for repair of an umbilical hernia (henceforth: "the primary operation").

I hereby declare and confirm that I received an explanation concerning the expected results, and the side effects of the primary operation, including: pain and discomfort. I received an explanation concerning the risks and possible complications of the primary operation, including: infection, bleeding, and rarely damage to internal organs that may require extension of the operation for the purpose of repair. In the cases in which a net implant is used, an inflammatory reaction in the region of the operation may appear, requiring an operation for its removal. There is also a possibility of a late recurrence of the hernia whose repair will require a repeat operation

I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I received explanation and understand the possibility that during the primary operation the need to extend or modify the operation, or 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, 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 have been told that the primary operation is performed under general anesthesia and that I will receive an explanation regarding the anesthesia from an anesthesiologist.

I know, confirm and agree that the primary operation and any other procedure will be performed by whoever is designated to do so, according to the institutional procedures and directives, and that there is no guarantee that they will be performed, fully or in part, by a certain person, as long as they are performed according to the institution's standard degree of responsibility and according to the law.

Date Time Patient's Signature



Israeli Medical Association
Israeli Association of Pediatric Surgeons
Israel Surgeons Association



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Name of Guardian (Relationship) Guardian's Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I provided the patient / the patient's guardian* with a detailed verbal explanation of all the above mentioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician Physician's Signature License No.

* Cross out irrelevant option.



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