Consent form

Neck Surgery

Procedures on soft tissues of the neck are carried out for diagnosis purposes and/or for removal of tumors, lumps or cysts, draining of abscesses and infections and other indications.
The surgery is carried out under local anesthesia.

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 surgery on the _____ side due to _____

_____

_____ (hereinafter: "the procedure")

I was informed that in some cases the mass may not be removed entirely. Decision regarding further treatment will be made subsequently, based on the circumstances.

I hereby declare and confirm I received an explanation of the side effects of the procedure, including: aches and discomfort (that could be lengthy), decrease in sensation of the neck and facial skin (usually temporary).

Furthermore, I received an explanation of the possible risks and complications of the procedure, including: infection, bleeding (that could be life threatening) perforation of the pharynx, the esophagus, the trachea or the lung, permanent leakage from the operated area (fistula), swollen face, neurological damage that could cause limited face and tongue mobility, swallowing and breathing difficulties, dysfunction or loss of voice, weakness of or restriction in shoulder mobility, severe breathing difficulties that may require intubation (tracheostomy), brain damage due to injury of the carotid artery.

I was told that in any case a scar will remain on my neck, but I may also suffer from permanent decline or loss of sensation in skin. The shape of the scar depends on my skin type and its healing properties and in some cases keloid scars may develop (thick, protruding scars).

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 also provide my consent to performance of local anesthesia with or without intravenous injection of sedatives after having received an explanation of the risks and complications of local anesthesia including various degrees of allergic reaction to anesthetics, and possible complications of the use of sedatives that could, in rare cases, cause disrupted breathing and action of the heart, particularly among cardiac patients or those suffering from respiratory system problems.

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.

_____

Date Hour Patient's signature

_____

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.

_____

Physician's name Physician's signature License no.

* Strike out the irrelevant item

Israeli Medical Association **Medical Risk Management Company Ltd.**