

Informed Consent Form: ELECTIVE CESAREAN SECTION UPON PATIENT'S REQUEST

I hereby declare and affirm that I wish to terminate my pregnancy and to undergo Cesarean Section although there is no medical reason or justification to do so. I confirm that I have chosen this procedure (Cesarean Section) although it involves medical risks and complications at a higher rate than that of vaginal birth. I confirm that the physicians attending me have recommended waiting for independent labor and/or allowing trial of vaginal birth, and I voluntarily and for my own personal reasons decided to act contrary to this recommendation. I declare that my request to undergo Cesarean Section was made after consideration and examination of the advantages and disadvantages of Cesarean Section compared to vaginal birth.

I am aware that my signature on this form does not constitute "consent" to the suggested/recommended treatment, but rather confirms that I elected to undergo Cesarean Section.

	Last name	First Name	Father's name	I.D.
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Concerning, possible complications and side effects involved in Cesarean Section (Hereinafter: "The Primary Surgery").

I hereby declare and affirm that I was given an explanation concerning the predicted process, the hoped-for results and the side effects of the Primary Surgery, including pain and discomfort. It was explained to me that the rate of morbidity and mortality of mothers in Cesarean Section are higher than those of vaginal labor and increase with the increase of number of C-sections performed in the same woman. It was also explained to me that the recovery process from C-Section is longer compared to recovery from vaginal labor and also that it may result in disorder in the initial mother-newborn bonding and difficulty nursing.

In addition, the risks and possible complications of Cesarean were also explained to me, including;

Complications During Surgery:

The need to perform general anesthesia with its possible complications.



- Rupture or expansion of the surgical incision in the uterus, which may lead to bleeding from the uterine blood vessels thereby requiring the administration of blood units and in certain cases hysterectomy.
- Damage to the bladder, the ureters or adjacent organs (intestines).

It was explained to me that complications may not be diagnosed or repaired during the Primary Surgery, and therefore corrective surgery me be needed at a later stage.

Post-Surgery Complications:

- Fever and/or infection in the uterus and the pelvis.
- Urinary Tract infections.
- Infection in the Surgical wound.
- Bowel dysfunction (Ileus)
- The generation of hematomas the uterus and the pelvis.
- The generation of blood clots in the deeper veins (thrombosis) and embolism to the lungs (Thrombo-embolism).

Parturient's Name:				
	Last name	First Name	Father's name	I.D.

Complications to the Newborn:

- Unintentional incisions made by surgical knife.
- Over assessment of oxygen or respiration treatment in newborns in Cesarean Sections.

Long Term and future pregnancy influences:

- Uterine rupture during pregnancy or labor.
- Defective implantation of the placenta (placenta accrete).
- Increased chance for repeated C-Section delivery (limited ability to deliver through vaginal birth in the future).
- More complications in repeated C-section.
- Limited number of future childbirths / C-Sections.
- Difficulty in future conception.
- Adhesions in the pelvis and abdominal organs (and as a result stomach aches and intestinal obstruction).



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I hereby declare and affirm that, it was explained to me and I understand that it is possible that during the Primary Surgery the need to expand its scope, change it or perform other or additional life-saving procedures or procedures designed to prevent physical injury, will arise, including other surgical actions that cannot be definitively or fully predicted at this time, but which meaning was clarified to me. Therefore, I consent to such expansion, change or performance of other procedures as well, including surgical actions which the hospital physicians believe to be essential or required during the Primary Surgery.

It was explained to me that the Primary Surgery will be performed under epidural. Spinal or general anesthesia requiring a higher level of anesthesia and/or respiration by intubation of the trachea. An explanation about the anesthesia will be given me by an anesthesiologist.

I know and agree that the Primary Surgery and all other procedures will be performed by those assigned with it, in accordance with the procedures and instructions of the institute, and that no promise was made to me that they will be performed, all or some of them, by a certain person, providing that they are performed in the responsible manner customary in the institute and subject to the law.

Date	Time	Parturient Signature
Name of Guardian		Signature of Guardian
(relation to patient)	(in cases of inco	ompetent, minor or mentally ill patien

I hereby confirm that I have given the Parturient/ her Guardian* verbal explanation of all the aforesaid in adequate detail and that she/he signed this consent form before me after I have been convinced that she/he understood my explanation in full.

Doctor's Name (stamp) Doctor's Signature Date and time