



Patient's sticker

Version 12/16

Consent Form For

COLON / RECTUM RESECTION

Mastectomy, partial or complete, of the colon/rectum is performed due to disease of the colon and/or rectum. The scope of the surgery, and the necessity of the resection of the colon/rectum itself shall be determined in accordance with the spread of the disease and its location in the gut. It is possible to conduct either full or partial resection of the colon.

The form of anesthesia used in this operation: **(Please circle as appropriate)**

General / regional / local

Patient Name:

Last Name

First name

ID.

Father's Name

I hereby declare and confirm that I received a detailed oral explanation from Dr.:

Last Name

First name

on the need for **planned/urgent surgery; for partial or complete colon/rectum resection** (delete as appropriate) (hereinafter: the Primary Surgery).

I was also explained about the treatment alternatives for treating my condition.

The surgery can be performed with an **open/laparoscopic/robotic** technique, with the possibility of switching to open technique.

I was informed that it will be necessary/possible to create a temporary or permanent stoma (bag).

I have been informed that the surgery is essential to attempt curing me/improving my quality of life.





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I hereby declare and confirm that I was informed of the side effects after the primary surgery, including pain and discomfort.

Also, I have been explained the possible risks and complications including: I have been informed that the operation is defined as "Major surgery" which entails a life risk among approximately 1% - 2% of the patients in scheduled surgeries and approximately 2% -8% in urgent surgeries.

I was informed that in urgent surgery the rate of complications and mortality is higher than in scheduled surgeries and that the chance for bowel fissure (stoma, "bag") is higher.

I received an explanation concerning the possible complications after surgery that include infection, bleeding and damage to adjacent organs.

I have been informed that may complications may appear which may require prolonged hospitalization, repeated hospitalizations, repeated surgeries and functional impairment. Intestine anastomosis may leak and require temporary or permanent neostomy ("bag") in the abdominal wall.

I have been informed that in rectal surgery the intestine operation controlling mechanism (rectum stool output) may be affected either temporarily or permanently. The urination mechanism might also be affected and I might need a catheter in the bladder, at least temporarily.

I was informed of the possible injury to sexual capacity (erection and ejaculation).

I hereby declare and confirm that I have been informed and that I understand that there is a possibility that during the primary surgery it will become necessary to extend its scope, change it or take other or additional procedures to save lives or to prevent physical damage, including additional surgical operations that can not be currently foreseen, yet their implication was explained to me. Therefore, I also agree to that extension, modification or to the performance of other or additional procedures, including surgical procedures that in the opinion of the surgeon will be necessary during the primary surgery or after it.

I have been informed that the primary operation is performed under general anesthesia and occasionally under regional anesthesia. A detailed explanation on the method of anesthesia shall be presented to me by an anesthesiologist.

If the examination is to be performed under local anesthesia, I also consent to performing local anesthesia with or without intravenous injection of sedatives after I have been informed of the risks and complications of local anesthesia, including an allergic reaction to varying degrees of anesthesia and possible complications of using sedatives, which might rarely cause respiratory disorders and heart arrhythmia, especially in patients with heart disease and patients with respiratory disorders.

I acknowledge that if the medical center has a university branch, student may take part in the evaluation and treatment procedures, under full supervision.

I acknowledge and agree that the primary surgery and any other procedure shall be performed by whoever is assigned to perform them, in accordance with the procedures and regulations of the institution, and that I was not promised that they shall be performed, neither in whole nor in part, by a certain specific person, provided they are performed with the responsibility acceptable in the institution subject to the law.



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It was explained to me and I understand the need for regular annual medical follow-up after surgery, and for maintaining a healthy lifestyle as recommended by the doctor.

I declare and confirm that I was given detailed answers and explanations to my questions.

I hereby grant my consent to perform the primary treatment.

Date

Time

Patient Signature

Guardian's name (relatedness to the patient)

Guardian's signature (in the case of an incompetent minor or mentally ill)

I confirm that I orally explained to the **patient/guardian/patient's translator** all the above in the required detailing, and that he/she signed a consent before me after I was convinced that he/she fully understood my explanations.

Physician's name (stamp)

Physician's signature

Date and time

Translator's name

His relatedness to the patient