

Space for Medical Institution Name and Logo

2000 נובמבר /VASUR/3840/3925/0048 ט

טופס הסכמה: תיקון היצרות/ חסימה או מפרצת בותין הבטני

CONSENT FORM: REPAIR OF ANEURYSM OR STENOSIS/OCCLUSION OF THE ABDOMINAL AORTA

Surgery to repair a dilation (aneurysm) or stenosis/occlusion of the aorta usually includes replacing the dilated or narrowed section with a synthetic graft. The operation is conducted through an abdominal incision or a combined abdominal and chest incision. In certain cases, additional incisions in the groin are necessary to connect the graft's "pants" to the main artery(ies) of the leg(s). Immediately following the operation, the patient is usually mechanically ventilated and intensively treated in a special department (intensive care or recovery).

Name of Patient: _____
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. _____
Last Name First Name

regarding the need for the operation _____ (henceforth: "the primary operation").

I hereby declare and confirm that I have been given an explanation concerning alternative treatment methods available in my circumstances, including the benefits and risks involved in each of these procedures.

I hereby declare and confirm that I have been given an explanation concerning the expected results, course of recovery and side effects following the primary operation, including pain and discomfort.

In addition, I have been given an explanation concerning the possible complications of the operation, including: hemorrhage, infection and accumulation of bloody or serous fluid that may at times require drainage; in rare cases, an infection or occlusion of the graft may occur, necessitating repeat surgery.

In addition I have been given an explanation concerning the possibility of serious complications, including: myocardial infarction, stroke and disruption of the blood supply to essential organs such as the kidneys, the intestine, the pancreas and the spine, which may even lead to paralysis of the lower body. Obstruction of the blood supply to the lower limbs may necessitate, in rare cases, amputation of the limb. Complications in men may include impairment of sexual function due to disruption in the blood supply or neural damage. The rate of serious complications and mortality caused by them is between 3% and 5%.

I have been given an explanation that the operation may entail relatively rare late complications, such as an aneurysm or stenosis in the graft connection area, which will necessitate additional surgery for repair.

I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary operation the need to extend or modify the operation or to 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,



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modification or performance of different or additional procedures, including additional surgical procedures, which the hospital's physicians deem essential or necessary during the primary operation.

It has been clarified that the primary operation is performed under general anesthesia and that an explanation concerning the anesthesia will be provided by an anesthesiologist.

I know and agree that the primary operation and any other procedure will be performed by any designated surgeon, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

Date Time Patient Signature

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

I hereby confirm that I have given the patient / the patient's guardian* a detailed oral explanation of all the above-mentioned facts and considerations as required, and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician Physician Signature License No.

* Cross out irrelevant option.



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