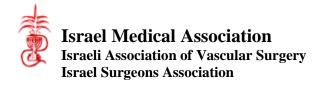
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טופס הסכמה: תיקון היצרות/ חסימה או מפרצת בותין הבטני CONSENT FORM: REPAIR OF ANEURYSM OR STENOSIS/OCCLUSION OF THE ABDOMINAL AORTA

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).

(intensive care or re	ecovery).				
Name of Patient:					
	Last Name	First Name	Father's Name	ID No.	
I hereby declare and Dr		have been given a	detailed oral explanat	ion by:	
Last Name regarding the need	First Nan		(hencefo	orth: "the primary o	peration").
			n explanation concern benefits and risks inv		
			n explanation concern eration, including pair		sults, course
including: hemorrha	age, infection an	d accumulation of	ing the possible comp bloody or serous flui e graft may occur, ned	d that may at times	require
myocardial infarction intestine, the pancre the blood supply to men may include in	on, stroke and dieas and the spine the lower limbs of sexual the sexual threat the lower limbs of sexual threat th	sruption of the blo e, which may even may necessitate, i and function due t	ng the possibility of sood supply to essential lead to paralysis of the nare cases, amputation disruption in the blood by them is between	l organs such as the ne lower body. Obsi on of the limb. Cor ood supply or neura	kidneys, the truction of nplications in
			ay entail relatively rai ich will necessitate ad		
I hereby give my co	onsent to perform	n the primary oper	ration.		
possibility that duri	ng the primary o	peration the need	been given an explana to extend or modify the o save my life or prev	he operation or to p	erform



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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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* Cross out irrelevant option.

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.

I know and agree that the primary operation and any other procedure will be performed by any designated

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.



