כללית מעל 100 שנה
הכי טובה למשפחה

ט' 0127/0802/ORTHO/SURG/נובמבר 2006

טופס הסכמה: ביצוע ארתרוסקופיה של הברך

CONSENT FORM: ARTHROSCOPY OF THE KNEE

Arthroscopy of the knee is carried out in order to diagnose and/or surgically treat damage or traumatic injury to the knee, diseases or degenerative conditions. In addition the procedure enables the sampling of material for various laboratory tests. Small optical instruments, manual or mechanical tools are inserted into the knee through small incisions. The number and position of the incisions are determined by the surgical requirements and the physician's clinical judgment in the course of the procedure. The procedure is usually carried out under regional or general anesthesia, and infrequently under local anesthesia.

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

I hereby declare and confirm that I received a detailed verbal explanation from:
Dr. _____ _____
Last Name First Name
concerning the need to undergo **diagnostic and/or therapeutic arthroscopy of the right/left knee**.*
Provide details: _____(herewith "main procedure").

The alternative treatments have been explained to me, as well as the chances of success of the main procedure, including the possibility of recurrence of the original problem.
I hereby declare and confirm that I have received an explanation regarding the possible side effects of the main procedure, which include pain, swelling, limitation of movement and discomfort that may persist for several weeks and require rest and analgesic treatment. In addition, in most cases physiotherapy treatment will be necessary after the procedure.
Similarly, the possible complications of the main procedure have been explained to me, including: infection, damage to blood vessels, motor and/or sensory nerve damage, impairment of skin sensation in the calf, reflex sympathetic dystrophy (RSD), deep vein thrombosis, damage from the arterial tourniquet and mechanical damage such as ruptures or tears of the ligaments or damage from the operative instruments. These complications are extremely rare. It has been explained to me that there is a possibility that additional procedures may be required in order to correct those complications and it is not inconceivable that there could be permanent irreparable damage. Following surgery to repair or reconstruct tear(s) – such as suturing the meniscus, suturing or reconstructing the cruciate ligaments – there could be further or recurrent tear(s) that may necessitate repeat surgical repair. It has been explained to me that the more complicated the surgical procedure, the higher the chances of complications or failure of the procedure, and the more prolonged the rehabilitation and recovery period. It has been explained to me it may be necessary to extend the procedure and to carry out an arthrotomy (opening the knee joint via a larger incision) in order to perform treatment that cannot be done via arthroscopy, or in order to deal with the abovementioned complications. It is clear to me that the need to extend the procedure or to perform other procedures cannot be foreseen or predicted.
I hereby give my consent to the main procedure.

_____

* Delete whichever is inappropriate

MRM

ההסתדרות הרפואית בישראל
האיגוד לנוירוכירורגיה בישראל
חברה הישראלית לכירורגיה של הברך ולארתרוסקופיה

החברה לניהול סיכון ברפואה

I also declare and confirm that it has been explained to me, and I understand, that there is a possibility that in the course of the main procedure it will become apparent that it is necessary to increase its extent, to alter it, or to carry out other or additional procedures to save life or prevent bodily damage, including additional surgical procedures could not have been foreseen. Hence, I hereby give my consent to such extension, change, or performance of other or additional procedures, including surgical procedures, that in the opinion of the institution's physicians are essential or required in the course of the main procedure.

I am aware that a transfusion of blood or blood products, such as concentrated red blood cells, fresh plasma, concentrated platelets or cryoprecipitate is given to patients in need of such a transfusion, via an intravenous drip, during surgery or other medical procedures – in light of illness, blood loss, or a lack of blood or one of its components. The administration of blood or blood products is intended to save the life of the patient and to improve his/her chances of recovery and recuperation.

Collection and testing of blood and/or blood products for a transfusion is performed in strict compliance with the guidelines outlined by the Ministry of Health. In addition, the compatibility of the blood units and the blood products with the recipient patient is verified. Nevertheless, there is a very small risk that there may not be full compatibility between the blood and/or blood products and the patient's body, and that, as a result, the patient may suffer an allergic reaction, which will be manifested by fever, rash or chills. These reactions can be successfully treated. In rare cases, a hemolytic reaction (destruction of red blood cells) may occur, which in extreme cases can impair kidney function and even be fatal. In addition, despite the fact that the blood units and the blood products for transfusion are prepared at the Blood Bank, using the most up-to-date methods for detection of possible contamination, there is a small chance of patient infection. This infection may not be detected for a period of months or even years. The risk of becoming infected with viral hepatitis or AIDS (the human immunodeficiency virus) exists, but is extremely rare.

However, the risk to the health of the patient as a result of not receiving the blood or blood-product transfusion during surgery or medical treatment is much greater than the risks inherent in receiving the transfusion. The risks in not receiving blood or blood products include increased length of hospitalization, failure of the medical treatment provided, medical complications, and in certain cases, even death.

I also give herewith my consent to the use of local anesthesia, after having received an explanation of the risks and complications of local anesthesia, including various degrees of allergic reactions to the anesthetic materials. Should it be decided to carry out the main procedure under general or regional anesthesia, I will be given an explanation of the anesthesia by the anesthesiologist.

I am aware, and agree that the main procedure and all the other procedures will be carried out by whomever is allocated the task, in accordance with the guidelines and requirements of the institution, and that I have not been guaranteed that all or part of the procedure will be carried by a specific person; with the understanding that it will be carried out under the generally accepted responsibility of the institution in accordance with the law, and that the person with overall responsibility for main procedure will be*

_____
Name of physician

_____ _____ _____
Date Time Patient's Signature

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

I hereby confirm that I provided the patient / the patient's guardian** with a detailed verbal explanation of all the above mentioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

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Name of Physician	Physician Signature	License No.

*Fill in, in the case of a private physician

** Delete whichever is inappropriate.