

Space for Medical Institution Name and Logo

1999 יולי /ORTHO/SURG/7840/0129 ט

הסכמה לניתוח: תיקון עיוותים בעצמות ארוכות

CONSENT FORM: CORRECTIVE OSTEOTOMY OF LONG BONES

The purpose of the operation is to repair deformities of the bone and align it at as functional a position as possible.

The corrective osteotomy is performed by internal fixation and/or external fixation.

The operation is performed under general or regional anesthesia.

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 corrective osteotomy of the right / left * arm / leg ***. Detail:
_____ (henceforth: "the primary operation").

I have been told that a full repair of the deformity is not always possible, and at times an additional surgical stage and/or external fixation are required. I have been told and understand that the rehabilitation and healing process entails limitation of motion and/or use of aiding devices.

I hereby declare and confirm that I have been given an explanation concerning the alternative surgical options, and the advantages and disadvantages of each of these. I have been given an explanation concerning the expected side effects following the primary operation, including: pain, discomfort and limitation of motion.

I hereby declare and confirm that I have been given an explanation concerning the possible risks and complications, including: infection that may even require surgical intervention; limitation of motion at adjacent joints; delayed union or non-union of the bone at the correction site, requiring prolonged fixation in a cast and/or additional surgery; shortening of the repaired limb; damage to the growth plate, which may result in deformation and/or shortening of the limb at a late stage; injury to blood vessels or nerves, which may cause damage and require surgical repair and even amputation of the limb.

I hereby give my consent to perform the primary operation.

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

I have been told that the primary operation will be conducted under general or regional anesthesia and that I will be given an explanation regarding the anesthesia by an anesthesiologist.



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I know and agree that the primary operation and any other procedure will be performed by any designated person, 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
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Name of Guardian (Relationship)	Guardian Signature (for incompetent, minor or mentally ill patients)
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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.
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* Cross out irrelevant option, and circle planned option.



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