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1999 יולי /ORTHO/SURG/7830/0128 ט

טופס הסכמה: ניתוח להארכת גוף

CONSENT FORM: LIMB LENGTHENING PROCEDURE

The limb lengthening procedure is performed using various methods, and involves cutting of the bone, releasing of the tendons and muscles, and installation of a permanent external or internal skeletal lengthening system. Using this system, the lengthening process is usually conducted at home over several months. The process is prolonged, proceeds at a slow rate, and requires perseverance.

In most cases, it is possible and necessary to put weight on the leg(s) after the operation, with the assistance of walking aids.

The lengthening system is removed after achieving the desired result and when the bone is strong enough. At times, after removal of the system, the limb(s) is/are fixated in a cast for a number of weeks.

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 limb lengthening operation for the right / left / both limbs ***, using the _____ **method**

(henceforth: "the primary operation").

I hereby declare and confirm that I have been given an explanation concerning the alternative surgical options, and the benefits and risks of each of these.

I have been told that in certain cases, additional treatments and operations are necessary to achieve the desired results.

I have been given an explanation concerning the side effects following the primary operation, including: pain and discomfort, and concerning the phenomena associated with the lengthening process, including much pain and discomfort.

I hereby declare and confirm that I have been given an explanation concerning the possible risks and complications, including: infection at the surgical site and the region of the lengthening system, which will require treatment and may even require surgical intervention. In rare cases, damage may occur to blood vessels and/or nerves during surgery, resulting in a functional disorder.

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



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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 anesthesia and that I will be given an explanation regarding the anesthesia by an anesthesiologist.

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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