



Patient's sticker

Version 11/16

Consent Form For

## Orthopedic Debridement \ Amputation Surgery

Orthopedic debridement is a surgical operation intended to remove from the body lifeless tissues and/or foreign bodies that might cause infection, and/or tissue that has already been contaminated, to reduce the risk of life-threatening systemic infection. The scope of the debridement operation may be very broad both in terms of the scope of tissue to be removed, which might adversely affect functioning in light of the lack of normal tissue.

Limb amputation is a surgical procedure necessary due to a local or systemic disease. In this operation a part of the limb is being removed, or even the entire limb in some rare cases, as per the scope of the tissue requiring removal. Amputation is usually performed in a healthy tissue area within a planned distance above the infected tissue area, in order to maintain normal and live margins. The operation creates a stump.

These operations are usually carried out under general or local anesthesia.

**Patient Name:**

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Last Name

First name

ID.

Father's Name

I hereby declare and confirm that I received a detailed oral explanation from Dr.:

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Last Name

First name

of the need for debridement in the area:

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When performing amputation of:

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Below:

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Above:

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Please circle a side: Right/Left.

Hereinafter: the "Primary surgery/operation".

I was also explained about the treatment alternatives for treating my condition.

I received an explanation concerning the side effects of the "primary surgery/operation" including pain and discomfort that would require drug treatment. Also, usually there will also be a need for physiotherapy rehabilitation after the operation for periods of weeks and/or months and sometimes for fixing the limb in a brace for an extended period of time.

I have been explained the possible risks and complications including: Local infection in the primary surgery area, damage to blood vessels, motor or sensory nerve injury, impaired sensation in the surface skin, iatrogenic fractures, Complex Regional Pain Syndrome - CRPS, or "Phantom" pain (pain in amputated limb), blood clots in the deep vein of the limb, Pulmonary embolism and chest - air. These complications are not common but may require several months of treatment.

I have been informed that the complications might require additional surgical procedures to correct these complications and that it is possible that permanent damage might remain which could not be repaired.

I have been informed and I understand that there is a possibility that during the surgery it will become necessary to extend its scope, change it or take other or additional procedures to save lives or to prevent physical damage, including additional surgical operations that can not be currently foreseen with certainty or in full, yet their implication was explained to me. Therefore I also agree to such an extension, modification or performance of different or additional procedures.

It has been explained to me that the "primary surgery/operation" is done under general/regional anesthesia, and an explanation concerning the anesthesia will be presented to me by an anesthesiologist.

If the surgery is performed under local anesthesia, I hereby consent also for performing local anesthesia with or without intravenous injection of sedatives after I have been informed of the risks and complications of local anesthesia, including allergic reaction of varying degrees to the anesthetics and possible complications of using sedatives, which may, rarely, cause respiratory disorders and heart arrhythmia, especially in patients with heart disease and patients with respiratory disorders.

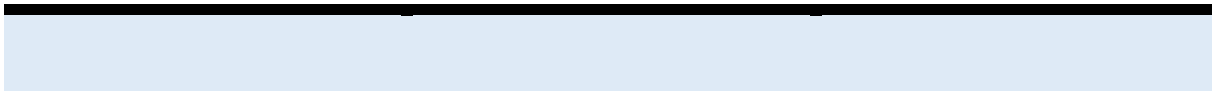
I know that if the medical center has a university branch, student may take part in the course of the primary surgery/operation, under full supervision.



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I acknowledge and agree that the primary treatment and any other procedure shall be performed by whoever is assigned to perform them, in accordance with the procedures and regulations of the hospital, and that I was not promised that they shall be performed, neither in whole nor in part, by a certain specific person, provided they are performed with the responsibility acceptable in the institution subject to the law.

I hereby grant my consent to perform the primary surgery/operation.



Date

Time

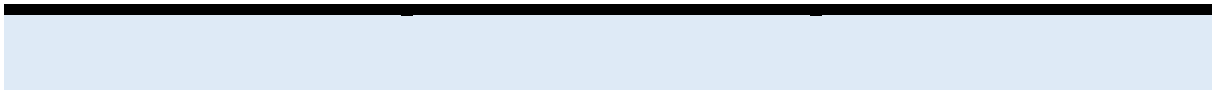
Patient Signature



Guardian's name (relatedness to the patient)

Guardian's signature (in the case of an incompetent minor or mentally ill)

I confirm that I orally explained to the **patient/guardian/patient's translator** all the above in the required detailing, and that he/she signed a consent before me after I was convinced that he/she fully understood my explanations.



Physician's name (stamp)

Physician's signature

Date and time



Translator's name

His relatedness to the patient