



Patient's sticker

Version 11/16

Consent Form For

Orthopedic Trauma Surgery (Fixation of Fractures)

Fracture reconstruction is an operation conducted to restore as much as possible the damaged bone to its anatomical shape, or to a position that will allow good bone healing and optimal performance. The reconstruction is carried out in a closed approach via various manipulations of the damaged organ/limb, or in an open approach requiring surgical incisions, including exposure, which might be very broad, and direct manipulation on the broken bone. In fracture restoration usually the fixation is internal by means of orthopedic implants such as plates, screws, nails, metal cables and the like. In some cases, the fixation is external using pins inserted into the bone and fixed between them by a rigid structure installed externally to the body. In some cases there may be a need to add a self (taken from the body of the patient) or allogeneic (taken from a foreign or synthetic source) bone plant to allow normal fracture healing.

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

Patient Name:

Last Name

First name

ID.

Father's Name



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



Last Name

First name

on performing a closed restoration and/or surgery for the purpose of internal/external fixation of a fracture/s (hereinafter: the "Primary Surgery"):

(Provide details and comments)

Side: Right/left (**circle the appropriate**)

About the need to perform the "Primary surgery/operation".

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

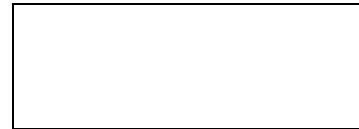
I hereby declare and confirm that I was informed of the side effects of the "primary surgery/operation" including pain and discomfort, as well as swelling in the surgery area, which will require anti-pain treatment. Secondary bleeding may appear. Usually there will be a need for physiotherapy during the weeks or months after surgery, and sometimes even fixing the organ/limb with a brace for an additional period of time.

Also, I have been explained the possible risks and complications including: Contamination, damage to blood vessels, motor or sensory nerve injury, surface skin numbness, torn ligaments, cartilage damage or damage to other tissues in involved or adjacent joints, iatrogenic fractures (Complex Regional Pain Syndrome - CRPS), blood clots in the deep veins of the limb, pulmonary embolism and pneumothorax. These complications are rare but can prolong the healing process and requires additional treatments.

A small part of the fractures that underwent fixation do not heal properly due to several causes such as the severity of the injury, infection, insufficient blood supply and systemic metabolic diseases affecting the biological healing of the bone. Lack of healing or inadequate healing may require further surgical intervention in the future.

I hereby declare and confirm that I have been informed and that 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.

I have been told that in the case of internal fixation the implants are usually expected to remain in the patient's body throughout his life. The vast majority of these measures are not pro-magnetic and do not prevent conducting MRI tests or passing through a metal detector in the future. I have been told that this might cause a sensation of a foreign body under the skin, including skin irritation or different temperature sensation, especially during the change of seasons.



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It has been explained to me that if the procedure is done under general anesthesia/regional anesthesia/neural blockage

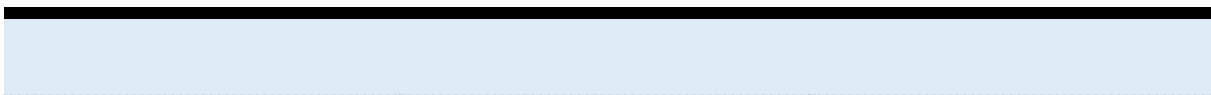
The explanation concerning the anesthesia will be presented to me by an anesthesiologist.

If the surgery is performed under local anesthesia, I also consent to performing local anesthesia with or without intravenous injection of sedatives after I have been informed of the risks and complications of local anesthesia, including an allergic reaction to varying degrees of anesthesia and possible complications of using sedatives, which might 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 operation/surgery, under full supervision.

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)



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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