

Patient's sticker

Version 08/16

Consent Form For

## Radical prostatectomy for Malignant Tumor

The surgery is performed in patients, for complete removal of the prostate and seminal vesicles after their biopsy revealed the presence of a malignant tumor in the prostate gland.

Radical prostatectomy can be performed through several approaches:

1. Radical Retropubic Prostatectomy
2. Perineal approach by incision below the scrotum and above the anus - Radical Perineal Prostatectomy
3. Laparoscopic approach in which the surgical instruments and a camera are inserted through small incisions in the skin, and the surgeon performs the surgery while viewing the surgical area on screen and holding the instruments in his hands - Radical Laparoscopic Prostatectomy -
4. Robot assisted laparoscopic approach - a laparoscopic approach in which mechanical arms are inserted through small incisions in the skin while the surgeon performs the operation remotely while viewing a screen - Robot Assisted Radical Laparoscopic Prostatectomy.

Choosing the most suitable approach for performing the surgery is at the sole discretion of the surgeon, who will rely on objective conditions related to the patient and his illness. After the surgery, a catheter shall remain in the urine pocket for a period of between a number of days and three weeks and even longer, as per the discretion of the surgeon.

The form of anesthesia used in this operation: (Please circle as appropriate)  
**Without/General/Regional/Local anesthesia**



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**Patient Name:**

Last Name

First name

ID.

Father's Name

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

Last Name

First name

of the need to perform radical prostatectomy for malignant tumor using the \_\_\_\_\_ approach (hereinafter: the Primary Surgery).

I was also provided with an explanation concerning the possible alternatives under the circumstances of the case and depending on my condition, including active follow up, eternal radiation, brachytherapy (internal radiation), drug treatment and the chances involved in each one of these treatments.

I hereby declare and confirm that I was informed of the expected results and the side effects of the primary surgery, including pain and discomfort, bleeding and burning sensation along the urethra, temporary paralysis of bowel activity (paralytic ileus) and lack of control over urination and sexual dysfunction. The duration of achieving urination control varies between operated patients, and could be required up to one year. Sexual dysfunction is expected to occur in a high percentage of the patients and rehabilitation of the function can take up to two years. Double-sided cutting of the sperm tubes is an inseparable part of the operation and will therefore lead to infertility. Fertilization for the birth of children may still be done in vitro.

I have also been informed of the possible risks and complications that may include, inter alia, complications such as bleeding that may lead to blood transfusions, infection originated in the urinary tract, respiratory tract or surgical wounds, thrombosis (in the deep veins of the legs,





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pulmonary embolism, heart rate disorders, myocardial infarction, rectal injury, constriction or leakage in the stenosis urethra - bladder line, vesicle blockage = the tube that leads urine from the kidney to the bladder. The presence of total lack of urination control one year after surgery appears in 2% of the patients and may require an operation to correct the problem. It has been made clear to me that an impairment of sexual function, at some degree, may be permanent and require medication or other type of treatment.

These complications may require further invasive intervention for their treatment.

In addition, I hereby declare and confirm that I have been informed and that I understand that there is a possibility that during the primary surgery it will become necessary to extend its scope, change it or take other or additional procedures to save lives, prevent physical damage, including additional surgical operations that cannot be foreseen, yet their implication was explained to me. Therefore, I also agree to that extension, modification or to the performance of other or additional procedures, including surgical procedures that in the opinion of the hospital physicians will be necessary or vital during the primary surgery.

I hereby grant my consent to perform the primary surgery.

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. (Please circle).

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 assessment and treatment procedures, under full supervision.

I know and agree that the primary surgery and all the primary procedures will be performed by whoever is assigned to conduct them according to the procedures and instructions of the Medical Center, and that I have not been promised that they will be done, neither in whole nor in part, by a



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certain specific person, provided they are conducted with the acceptable responsibility and subject to the law.

I hereby grant my consent to perform the primary treatment.

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Date

Time

Patient Signature

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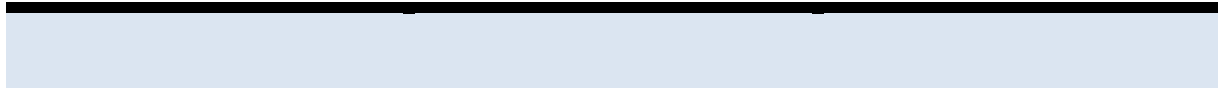
Guardian's name (relatedness to the patient)

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