



Patient's sticker

Version 08/16

Consent Form For

URODYNAMIC EVALUATION

Urodynamic evaluation is a review of the functioning of the lower urinary tract (bladder and sphincter).

The evaluation measures the pressure in the bladder and the abdominal cavity, urinary flow and if necessary also the electrical activity of the sphincter.

The test includes sterile insertion of a tube into the bladder, followed by an insertion of a similar tube to the rectum, vagina, or stoma, to measure the pressure in the abdominal cavity. In some cases stickers or tiny needles shall be attached to the skin around the rectum to measure the electrical activity of the sphincter. Sterile liquid shall be flowed through the tube in the bladder to fill the bladder and the patient will be required to report his/her sensations during filling and urination while the tubes remain in place until the end of the test. The test is performed with the patient lying, sitting or standing.

When the test is conducted in conjunction with X-ray examination the tester should be reported before the test of the possibility of you being pregnant.

The form of anesthesia used in this operation: (Please circle as appropriate)

Without/General/Regional/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

of the need for urodynamic examination of the urinary tract (hereinafter: the "Primary treatment"). I was also explained about the treatment alternatives available for treating my condition (non-invasive evaluation as to be decided by the referring physician)

I hereby declare and confirm that I received an explanation concerning the side effects following urodynamic examination of the urinary tract including, mild pain and discomfort, burning sensation and frequent urination and even possible blood in urine. These effects are temporary and usually disappear within approximately 24 hours.

It was explained to me and I understand that there is a possibility that during the diagnostic test, it turns out that there is a need to perform treatment operations to carry out the test, such as: Expanding the urethra in cases of stenosis, or leaving a catheter after the test and I give my consent to the above.

Also, I have been explained the possible risks and complications including: Urinary retention that necessitates the insertion of a catheter into the bladder, infection in the urinary tract or reproductive system accompanied by fever, chills and bleeding that may require antibiotic treatment and even hospitalization.

I hereby declare and confirm that I have been informed and that I understand that there is a possibility that during the urodynamic examination 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 can not 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 urodynamic examination of the urinary tract.

I have been informed that if the operation is performed under general anesthesia/regional anesthesia/ nerve block an explanation on the method of anesthesia shall be presented to me by an anesthesiologist.



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If the urodynamic examination is to be 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 acknowledge that if the medical center has a university branch, student may take part in the evaluation and treatment procedures, under full supervision.

I know and agree that the urodynamic examination of the urinal tract 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 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.

Date

Time

Patient Signature

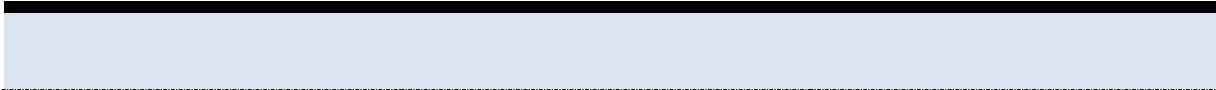
Guardian's name (relatedness to the patient)

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