

טופס הסכמה: ניתוח לתיקון הפרעה התפתחותית של מפרק הירך
**CONSENT FORM: CORRECTION OF DEVELOPMENTAL
DYSPLASIA OF THE HIP (DDH)**

Surgery for correction of developmental dysplasia of the hip is performed when the joint cannot be reconstructed by any other method.

The operation is performed to prevent shortening of the limb, limitation of motion, pain and premature degenerative changes. Following surgery, the joint must be fixated for a number of weeks.

The operation is performed under general anesthesia.

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 operation for correction of **the right / left * hip joint** (henceforth: "the primary operation").

I have been told that in certain cases the desired outcome is not achieved, or only partial repair is achieved, and additional surgery may be necessary.

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

I have been given an explanation concerning the expected side effects following the primary operation, including: pain, discomfort and limitation of motion

I hereby declare and confirm that I have been given an explanation concerning the possible risks and complications, including: infection that may even require surgical intervention; damage to the blood supply to the head of the femur, which may harm the development of the head of the femur and require surgery for repair. In rare cases, during the operation, damage may be caused to blood vessels or nerves, leading to 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 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 is performed under general anesthesia, and that I will be given an explanation regarding the anesthesia by an anesthesiologist.

