

## טופס הסכמה : הרחבת ושט

### CONSENT FORM: DILATATION OF ESOPHAGUS

Dilatation of the esophagus is performed when a narrowing impairs swallowing and the passage of food. The dilatation can be performed in several ways, some of which include the use of an endoscope. At times, following the dilatation, a stent must be inserted to maintain the patency of the passage.

The endoscope is a flexible tube containing optic fibers that enable visualization of conduits and insertion of instruments for diagnosis and treatment. There are various types of endoscopic instruments. The gastroscop is used for dilatation of the esophagus.

1. Pneumatic dilatation of the esophagus – this method includes the introduction of the gastroscop through the mouth to the narrowed region. If the narrowed region is passable, the gastroscop will be inserted into the stomach. A metallic guide is inserted through one of the instrument's channels beyond the narrowed region. The gastroscop is extracted, leaving the guide in place, and a catheter, with a balloon at one end, is inserted along the guide. The balloon is positioned in the narrowed region, using x-ray guidance or direct visualization through the gastroscop. The balloon is inflated for a fixed period of time to dilate the narrowing. During the procedure, sedatives and local anesthesia of the pharynx will be administered to the patient. It is sometimes necessary to repeat the procedure once or twice more. A typical complication of this procedure is perforation of the esophagus, occurring in 5% of patients.
2. Non-pneumatic dilatation of the esophagus – this method also includes the introduction of a gastroscop through the mouth to the narrowed region, and if possible, to the stomach. A metallic guide is inserted through the gastroscop, beyond the narrowed region, and used to insert dilating catheters of ascending diameters to gradually dilate the narrowing. During the procedure, sedatives and local anesthesia of the pharynx will be administered to the patient. It is sometimes necessary to repeat the procedure several times. A rare complication that may occur during this procedure is perforation of the esophagus.
3. Non-endoscopic dilation of the esophagus – this method includes the insertion of flexible rubber dilators, without the aid of a gastroscop, beyond the narrowing. During each dilatation, a series of dilators of ascending diameter is used until a passage of a reasonable diameter is attained. During the procedure local anesthesia of the pharynx will be administered. A rare complication that may occur during this procedure is perforation of the esophagus.

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 need to perform dilatation of the esophagus using \_\_\_\_\_  
(henceforth: "the primary treatment").

I have been given an explanation concerning the predicted course and expected outcomes, including the possibility that the dilatation procedure may need to be repeated.

I hereby declare and confirm that I have been given an explanation concerning the side effects of the primary treatment, including pain and discomfort.

In addition, I have been given an explanation concerning the possible complications, including: damage to the teeth due to insertion of the instruments, and in rare cases, perforation of the esophagus that will necessitate immediate or delayed surgical repair. I hereby give my consent to perform the primary treatment.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary treatment, or immediately following it, the need to extend or modify the procedure 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 hospital's physicians deem essential or necessary during the primary treatment or immediately following it.

I also give my consent to the administration sedatives and local anesthesia, after having been given an explanation that the sedatives may, in rare cases, cause respiratory disorders and disruption of the heart's activity, particularly in patients with cardiac or respiratory diseases, and the possible risk of various degrees of allergic reactions to the anesthetic drug.

I know and agree that the primary treatment and any other procedure will be performed by any designated physician, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

Date	Time	Patient Signature
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Name of Guardian (Relationship)	Guardian Signature (for incompetent, minor or mentally ill patients)
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I hereby confirm that I have given the patient / the patient's guardian\* a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician	Physician Signature	License No.
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\* Cross out irrelevant option.