

## טופס הסכמה : ניתוח לתיקון "פתוח" של בקע מפשעתי

### CONSENT FORM: OPEN REPAIR OF INGUINAL HERNIA

An inguinal hernia is, in most cases, a congenital defect, and in rare cases, an acquired defect and its repair necessitates surgery. The surgical repair of the hernia is aimed at treating associated symptoms, such as pain and discomfort, relieving incarceration or preventing future incarceration of the hernia.

The repair of an inguinal hernia in boys/men includes separation of the hernia sac from the spermatic cord so that it may be removed. The hernia sac may contain one of the abdominal organs (intestine, urinary bladder, etc. and in girls/women, ovaries as well). Before the organs found in the sac are returned to the abdominal cavity, they are examined. If any damage is found, it must be repaired. In some cases, the inguinal repair is performed by implantation of mesh. I have been given an explanation concerning the fact that incarceration of a hernia may cause damage to the incarcerated organ and necessitate urgent surgery, and at times, an additional incision.

The operation is performed under general, regional or local anesthesia through an incision in the groin area.

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 for an operation to **repair a left sided / right sided / bilateral inguinal hernia\*** (henceforth: "the primary operation").

I hereby declare and confirm that I have been given an explanation concerning the expected results and the possible side effects following the primary operation, including pain and discomfort. I was told that damage to an incarcerated organ may be irreversible and at times may require excision of the organ.

In addition, I have been given an explanation concerning the possible risks and complications, including: infection, hemorrhage, edema of the groin and scrotum that may damage the testicle, damage to blood vessels that may cause damage to the testicle (especially in repeated operations), damage to the spermatic cord which may impair the function of the testicle on the same side, damage to blood vessels and nerves in the region, and late recurrence of the hernia, requiring additional surgery for repair.

I hereby give my consent to perform the primary operation.

In addition, 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 hereby also give my consent to the administration of local anesthesia, after having been given an explanation concerning the possible risks of local anesthesia, including various degrees of allergic reactions to the anesthetic drug.

If the decision is made to perform the primary operation under general or regional anesthesia, I will receive an explanation regarding the anesthesia from an anesthesiologist.

I know, confirm and agree that the primary operation and any other procedure will be performed by any designated surgeon, 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.

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