

טופס הסכמה : ניתוח כריתת רחם עם/ללא כריתת טפולות
CONSENT FORM: HYSTERECTOMY WITH/WITHOUT
SALPINGO-OOPHORECTOMY

Excision of the uterus with or without excision of the adnexa (tubes and ovaries) is performed for various reasons. The indication for the present operation is _____

The operation is carried out under general anesthesia.

Name of Woman: _____
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. _____
Last Name First Name

regarding the operation of total/subtotal* hysterectomy by the abdominal/vaginal/laparoscopic* method with/ without* the adnexa (henceforth: "the primary operation").

I declare and confirm that I have received an explanation regarding the expected results and possible alternative methods of treatment in the circumstances of the case, including the chances and risks of each one of these procedures, and the examinations and treatments associated with each one.

I declare and confirm that I have received an explanation regarding the possible side effects including: pain and discomfort.

I also received an explanation concerning the possible complications including: infection, bleeding, damage to organs of the urinary system, damage to organs of the digestive system, damage to blood vessels, and damage to nerves.

The complications may be discovered during the operation or at a later stage.

It has been explained to me that these impairments may require surgical repair under general anesthetic.

It has been explained to me that if the primary operation includes also the adnexa, there may be need for substitute treatment with hormones in order to prevent menopausal symptoms.

I hereby give my consent to perform the primary operation.

I hereby declare and confirm that I received an explanation and understand the possibility that during the primary operation the need to extend or modify the operation, or 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 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 whoever is designated to do so, according to the institutional procedures and directives, and that there is no

guarantee that they will be performed, fully or in part, by a certain person, as long as they are performed according to the institution's standard degree of responsibility and according to the law.

Date	Time	Patient's Signature
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Name of Guardian (Relationship)	Guardian's Signature (for incompetent, minor or mentally ill patients)
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I hereby confirm that I provided the patient / the patient's guardian* with a detailed verbal explanation of all the abovementioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

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