

טופס הסכמה: ניתוח לניקוז המטומה תת דורלית כרונית
**CONSENT FORM: DRAINAGE OF CHRONIC SUBDURAL
HEMATOMA**

Following head injuries, particularly in adults, blood may accumulate in the subdural cavity, under the dura membrane enveloping the brain. Recurrent spontaneous bleeding leads to a gradual increase in the volume of trapped blood and to pressure on the brain. As a result, there is risk of progressive paralysis, alteration in state of consciousness, convulsions and even death. The purpose of the operation is to drain the blood from the subdural cavity using external drains (one or more) inserted into the subdural cavity through one or more holes/drills and attached to an external, sterile, collecting system.

The operation can be performed under local or general anesthesia, at the physicians' discretion. Following the operation, until the external drain is removed, the patient must remain recumbent at all times, to allow complete drainage of the blood with the aid of gravitation.

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 drainage of a chronic subdural hematoma on **the right side / the left side / both sides*** (henceforth: "the primary operation").

I have been given an explanation concerning the alternative treatment options under the circumstances, including the side effects, and the risks and complications involved in each of these procedures.

I hereby declare and confirm that I have been given an explanation concerning the expected results of the primary operation, and the expected side effects, including: headache, discomfort, nausea and/or vomiting that subside within a short period following the operation.

In addition, I have been given an explanation concerning the possible risks and complications, including: obstruction of the drain, which may at times require its irrigation or replacement; hemorrhage in the surgical area with damage to the cerebral cortex and weakness or paralysis; accumulation of air in the skull cavity, requiring drainage; and infection of the surgical area. I have also been told that in certain cases there is recurrent accumulation of the subdural fluid, following the removal of the drain, and repeated drainage is necessary through the existing drill holes or through an extended opening (craniotomy). In rare cases, these complications may result in death.

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, or immediately following it, 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 or immediately following it.

I hereby also give my consent to the administration of local anesthesia, after having been given an explanation concerning the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drugs. If the decision is made to perform the primary operation under general anesthesia, I will be given an explanation by an anesthesiologist.

I know and agree that the primary operation and any other procedure will be performed by any designated person, 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
------	------	-------------------

Name of Guardian (Relationship)	Guardian Signature (for incompetent, minor or mentally ill patients)
---------------------------------	--

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.
-------------------	---------------------	-------------

* Cross out irrelevant option.