

**טופס הסכמה: ניתוחים של יותרת המוח (היפופיזה) והסינוס הספנואידלי
בגישה טרנס ספנואידלית**

**CONSENT FORM: HYPOPHYSEAL AND SPHENOID SINUS
SURGERY USING TRANS-SPHENOIDAL APPROACH**

The purpose of the operation is to remove a sample (biopsy) or tumor from the pituitary gland or its surroundings. In addition, the operation is conducted to block the sphenoid sinus in cases of leakage of cerebrospinal fluid as a result of fractures or surgery in this area. The operation is performed through one of the nostrils, or through an incision below the upper lip, and involves the introduction of an instrument through the nasal cavity into the sphenoid sinus. In order to prevent leakage of cerebrospinal fluid from the nose following the operation, in certain cases, the sinus must be filled with adipose and/or muscle tissue, removed from the abdominal wall or thigh, along with biological glue. In addition, at times, a temporary drain is inserted into the spinal canal during surgery, or immediately after it, to drain the cerebrospinal fluid.

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 need to perform a _____ operation, using a trans-sphenoidal approach (henceforth: "the primary operation").

I hereby declare and confirm that I have been given an explanation concerning the expected results, and have been told that the need for an additional complementary operation, through the skull, may arise at a later date.

I hereby declare and confirm that I have been given an explanation concerning the alternative treatment options available in my circumstances, as well as the side effects, risks and complications involved in these treatments.

I hereby declare and confirm that I have been given an explanation concerning the side effects of the primary operation, including: pain and discomfort in the lips and nose, swelling and bleeding from the gums and nose, which usually subside within a few days, as well as a transient difficulty in breathing through the nose.

I have been given an explanation concerning the possible complications of the primary operation: leakage of cerebrospinal fluid, headaches, excessive drinking and urination due to a temporary or permanent decrease in the body's anti-diuretic hormone, infection of the surgical wound or meninges, accumulation of air in the skull cavity, and temporary or permanent deformation of the nose or nasal septum.

I have been told that these complications may necessitate additional repair surgery in the future, or medicinal treatment (temporary or permanent) to replace the deficient hormones.

