

טופס הסכמה: ניתוח לכריתת ערמונית עקב הגדלה שפירה CONSENT FORM: PROSTATECTOMY FOR BENIGN HYPERPLASIA

The operation is performed in cases of benign enlargement of the prostate gland, causing disturbances in urination or in the urinary system. Several methods can be used to remove the prostate: abdominal approach (open prostatectomy); urethral approach (closed prostatectomy or TURP [transurethral resection of prostate]), or other methods. Transurethral operations are enabled by the use of various energy sources.

The surgical method is selected at the surgeon's discretion.

Following the operathe surgical area.	ation, a catheter w	vill remain in the	urinary bladder to ena	ble flushing of blood of	clots from		
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							
regarding the need for a prostatectomy, through an abdominal approach (open prostatectomy) / through the urethra (TURP)* / other, specify (henceforth: "the primary operation").							
I have been given an explanation concerning alternative treatment options appropriate for my circumstances and condition, including the benefits and risks involved in each of these procedures and the tests and treatments involved.							
side effects of the p along the urethra. I sterility. I was also urinary bladder, incurination or even co	orimary operation, if the operation income told of the symptocluding: frequent to complete urinary re	including: pain a cludes bilateral ligons that may occurination and a buttention that will	and discomfort, hemore gation of the spermation or following the remonstrained in the spermation of the spermation during the sensation during sensation during	ing the expected result rhage and a burning se c ducts, the result will val of the catheter from g urination, difficulty is catheter for an addition y.	ensation be m the in		

I have been given an explanation concerning the possible complications of the primary operation, including: hemorrhage, which may require surgical treatment; urinary tract and/or testicular infection; various degrees of stress incontinence and even, in rare cases, complete urinary incontinence; perforation of the urinary bladder that may require surgical treatment and loss of erectile function. Possible late complications: narrowing of the bladder neck or urethra that may necessitate surgery or dilations to repair narrowing.

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, or switching from a closed to an open approach. 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 and/or regional 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 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
Name of Guardian (Relationship)	Guardian Signature (for	r incompetent, minor or mentally ill patients)
, E	erations as required and that	nn* a detailed oral explanation of all the the/she has signed the consent form in my y explanations.
Name of Physician	Physician Signature	License No.

* Cross out irrelevant option.



