

טופס הסכמה : צינתור כלי דם  
**CONSENT FORM: ANGIOGRAPHY**

Angiographies are performed to diagnose narrowing, obstruction, malformation or aneurysms of the blood vessels.

The procedure is performed under local anesthesia, and in children under general anesthesia, by the insertion of a catheter or needle, usually in the groin area or the hip, armpit or other areas, according to the requirements of the test. Contrast medium is injected through the catheter and the blood vessels are visualized using radiographs.

Therapeutic angiographies involve treatment of the blood vessel using a balloon, with or without the introduction of an accessory or stent, or the injection of thrombolytic therapy. If a problem that can be immediately treated is discovered during a diagnostic angiography, a therapeutic angiography is performed in continuation of the diagnostic angiography. **The patient must inform the attending physician or roentgenologist of any kidney disorder and/or iodine allergy before the procedure is performed.**

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 a diagnostic and/or therapeutic angiography, including treatment with a balloon and/or stent and/or thrombolytic therapy \*. Specify other treatment: \_\_\_\_\_  
\_\_\_\_\_ (henceforth: "the primary treatment").

I hereby declare and confirm that I have been given an explanation concerning the side effects of the treatment, including pain and discomfort as a result of the local anesthesia and introduction of the catheter, and a sudden sense of heat as a result of the injection of the contrast medium.

In addition, I have been given an explanation concerning the possible complications of the catheterization, including hemorrhage in the insertion area, occlusion of the artery in the catheter region or a remote region, subcutaneous hemorrhage, pseudo-aneurysm and infection. In rare cases, the catheterized organ or limb may be damaged, leading even to loss of a limb and a stroke. I have also been given an explanation concerning the potential complications of the injection of contrast medium, including various degrees of allergic reactions and in very rare cases, damage to kidney function and aggravation of heart disease, and was told that in very rare cases these complications may even end in death.

I hereby give my consent to perform the primary treatment.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary treatment, or immediately following it, the need to perform additional or different procedures may arise in order to save my life or prevent physical harm, including additional



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