



## טופס הסכמה: ניתוח לב פתוח CONSENT FORM: OPEN HEART SURGERY

Open heart surgery is performed to correct a malformation or disease of the heart in the heart itself, or in its arteries. The approach to the heart necessitates opening the chest, usually by an incision in the middle of the breastbone (sternum). During the repair to the heart, the activity of the heart is by-passed by means of an external heart-lung machine that provides an oxygenated stream of blood to the entire body. As a rule, after an open-heart operation, the patient spends time in intensive care where he is connected to monitors and receives intensive treatment including artificial respiration and intravenous therapy.

Name of Patient: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

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

Dr. \_\_\_\_\_  
Last Name First Name

regarding the need for performing an open heart  
operation \_\_\_\_\_

\_\_\_\_\_ (hereafter: "the primary  
operation").

I hereby declare and confirm that I received an explanation concerning the expected results, and the anticipated course and features associated with the different stages of convalescence including considerable discomfort, and pain in the region of the sternum. I received an explanation concerning the possible complications, including damage to the cardiac system, damage to blood vessels, brain damage, bleeding, infection and damage to a distant organ due to a disturbance in the blood flow to it. I confirm that it has been explained to me that in rare cases the need may arise for a repeat operation.

I confirm that it has been explained to me that the mortality rate for the abovementioned operation is above one percent and is related to age, type of operation and additional risk factors.

I declare that I have received an explanation regarding possible alternative methods of treatment under the circumstances of the case, including the expectations and risks associated with these procedures, and the tests and treatments involved.

I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I received an explanation and understand the possibility that during the primary operation the need may arise to extend it, or to carry out other or additional procedures in order to save life or to avoid bodily 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 other or additional procedures including operations, 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) mentally ill patients)	Guardian's Signature (for incompetent, minor or
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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.

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