

טופס הסכמה: ניתוח לכריתה שלמה/חלקית/אונתית של בלוטת התריס
Consent form: total/partial/lobectomy thyroidectomy
THYROIDECTOMY (LOBECTOMY/PARTIAL/TOTAL)

Thyroidectomy is performed in cases of an overactive thyroid that does not respond to conservative treatment, or if there is a finding in the thyroid. The operation is performed under general anesthesia and the finding, thyroid or part it is resected.

Generally, a drain will be left in the operated area. When surgery is planned for the removal of one lobe, it is possible that the second lobe will also need to be resected based on a histological result during the operation or based on a later histological result, which will require another operation.

Name of patient: _____
Last name First name Name of father ID

I hereby state and affirm that I have received a detailed explanation by Dr.

First name and last name

on the need for **total/partial/thyroidectomy/excision of the finding*** (hereon: "the primary operation").

I was given an explanation regarding the anticipated results of the operation and the possibility that taking iodine preparations would be necessary following the operation in order to complement the treatment. I was also given an explanation about a surgical scar in the front of the neck.

I hereby state and affirm that the side effects that are expected following the operation were explained to me, including pain and discomfort for several days. It is also possible that I will need to take hormonal preparations replacing the thyroid function immediately after the operation or at a later time.

I was also given an explanation on the possible risks and complications, including bleeding, which will sometimes requires surgical re-intervention, infection at the site of the operation, temporary or permanent hoarseness as a result of an injury to the recurrent laryngeal nerve and in rare cases, paralysis of the vocal cords, respiratory disorders that in rare cases will require tracheostomy; decrease in blood calcium level as a result of a parathyroid injury, requiring long-term or chronic drug treatment.

I hereby give my consent to perform the primary operation.

I hereby state and affirm that it was explained to me and that I understand that it is possible that in the course of the primary operation it will be discovered that it is necessary to broaden its scope based on a histological result, change it or take other or additional measures in order to save my life or prevent physical injury, including additional surgical procedures that cannot be foreseen now with certainty or in full, but whose significance was explained to me. Therefore, I also consent to such broadening of scope, change or the performance of other or additional procedures, including surgical procedures that will be vital or necessary during the primary operation at the discretion of the hospital doctors.

It was made clear to me that the operation would be performed under general anesthesia and that I would receive an explanation on the anesthesia by an anesthesiologist.

I know and consent that the operation, and all other procedures, will be performed by those assigned to perform them, in accordance with the hospital's procedures and directives, and that I was not guaranteed that they would be performed, all or in part, by a certain individual, providing that they would be performed with the standard degree of responsibility practiced at the hospital and subject to the law.

And _____ that the physician in charge of the operation is Dr.*
Name of operating physician

_____	_____	X
Date	Time	Signature
_____	_____	_____
Name of legal guardian	Kinship of legal guardian	Signature of legal guardian (in case of an incompetent, minor or ward)

I affirm that I provided the patient / the patient's legal guardian* with an explanation on all of the aforesaid in the required degree of detail and that they signed the consent in my presence after I was convinced that they have fully understood my explanations.

_____	_____	_____
Name of physician	Signature and stamp of physician	License no.

*Delete as necessary