

22/07/2019

טופס הסכמה לניתוח כריתת תוספתן
Consent form: Open or Laparoscopic Appendectomy
OPEN OR LAPAROSCOPIC APPENDECTOMY

Complaints and clinical findings that raise the suspicion for acute appendicitis require appendectomy surgery. The presence of an inflamed appendix in the abdomen causes a life-threatening localized or spread intra-abdominal infection. Sometimes, during surgery, a complex inflammatory condition is discovered that will not allow for the appendectomy, and then a drain will remain in the operated area and a repeated surgery will be necessary at a later time. In cases in which the appendix is found not to be inflamed, a scan of the abdomen will be performed to locate and identify the reason for the complaints and the clinical findings, and the surgical treatment will be performed accordingly. In these cases, the appendectomy will be at the discretion of the surgeon.

The surgery is performed under general anesthesia, by open or laparoscopic approach. The approach will be selected jointly with the patient undergoing the operation and at the surgeon's discretion. A switch to extensive abdominal opening is possible, especially in the laparoscopic approach, in the event of a technical difficulty or for safety reasons or for the treatment of an unintentional injury to a major blood vessel and/or abdominal organ.

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

_____ I hereby state and affirm that I have received a detailed explanation by
First name and last name Dr.

regarding the need for **appendectomy** (hereon: "the primary operation").

I hereby authorize the performance of the open/laparoscopic surgery, now that I have been given an explanation on the two options and the risks that are involved.

It was explained to me that it is possible that the appendix would not be inflamed but the decision would still be made to remove it.

It was explained to me that in some cases the operation needs to be "open" and performed by an incision in the abdominal wall.

Even when the operation is laparoscopic, it is possible that it will be necessary to switch to the "open method" during the surgery. It was explained to me that the surgeon may decide, as necessary, to switch to the open surgery while I am under anesthesia and I give my consent in advance to such possibility. It was also explained to me that when the operation is laparoscopic, it is not a "minor" surgery, and apart from the incision in the abdominal wall, the laparoscopic surgery is identical to the open surgery.

I hereby state and affirm that the side effects that are expected following the primary operation were explained to me, including pain and discomfort.

I was also given an explanation regarding the possible complications, including: bleeding and the need for a blood transfusion, infection in the operated area or the surgical wound, that would sometimes require drainage and antibiotic treatment and which might develop into sepsis and its complications, complications associated with general anesthesia and major surgery (pulmonary embolism, pneumonia, cardiac, cerebral event and so on), complications in the surgical wound, injury to a blood vessel, injury to abdominal organs, adhesions that can cause secondary infertility in women, leakage from the appendix stump, including in the event of re-surgery and in rare cases, mortality. It was explained to me that in very rare cases, an unintentional injury might not be detected the operation and might require another operation.

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, change it or perform other or additional procedures 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 and the possible complications 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 lead surgeon is Dr.

Name of operating physician

The need for an annual medical surveillance after the surgery and for maintaining a healthy life style as recommended by the physician was explained to me and I understood it.

_____ Date	_____ Time	X _____ 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.
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