

## Space for Medical Institution Name and Logo

ט 2003 יוני/OUROL/SUR/PRO/0009

### 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 operation, a catheter will remain in the urinary bladder to enable flushing of blood clots from the surgical area.

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 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.

I hereby declare and confirm that I have been given an explanation concerning the expected results and the side effects of the primary operation, including: pain and discomfort, hemorrhage and a burning sensation along the urethra. If the operation includes bilateral ligation of the spermatic ducts, the result will be sterility. I was also told of the symptoms that may occur following the removal of the catheter from the urinary bladder, including: frequent urination and a burning sensation during urination, difficulty in urination or even complete urinary retention that will require insertion of a catheter for an additional period of time. With most methods, retrograde ejaculation occurs following surgery.

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



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**Medical Risk Management Co.**

