

טופס הסכמה: ניתוח קיסרי ללא הוריה רפואית עפ"י בקשת היולדת

ELECTIVE CESAREAN SECTION UPON PATIENT'S REQUEST

I hereby declare and confirm that I wish to terminate my pregnancy and have a cesarean section performed on me, despite the fact that there is no medical reason or justification for this. I confirm that I have chosen this means (cesarean section) despite its being associated with risks and complications at a higher rate than a vaginal birth.

I confirm that my treating physicians have recommended that I wait for a spontaneous birth and/or give a vaginal birth a chance, but of my own free will and for personal reasons I have chosen not to act according to this recommendation.

I declare that my request for a cesarean section was made after due consideration and examination of the advantages and disadvantages of a cesarean section compared to a vaginal birth. I am aware that my signature on this form does not constitute an "agreement" to suggested/recommended treatment, but confirm that I have chosen a cesarean section.

Name of requesting woman: _____
 Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:
 Dr. _____
 Last Name First Name

regarding the risks, the possible complications and side effects of the performance of a cesarean section (hereafter the "main operation")

I hereby declare and confirm that I received an explanation of the expected course, the desired outcome and side effects of the main operation, including pain and discomfort. It has been explained to me that the rates of maternal mortality and morbidity of a cesarean section are greater than those of a vaginal birth and that they increase with the number of cesarean sections performed on the same woman. It has also been explained to me that the recovery process from a cesarean section is longer, compared with the recovery from a vaginal birth, and that there is liable to be a disturbance of bonding with the newborn baby and with breast feeding.

The risks and possible complications of a cesarean section have also been explained to me, including:

Complications during the operation:

- the need for a general anesthetic and its possible complications.
- tear or extension of the operation incision in the uterus, which is liable to cause hemorrhage from the blood vessels of the uterus, which requires a blood transfusion and in certain instances hysterectomy.
- damage to the urinary bladder, the ureters, or adjacent organs (intestines).

It has been explained to me that there is a possibility that the complications will not have been diagnosed or corrected during the main operation and that there may be a need for a corrective operation at a later stage.

Complications after the operation:

- fever and/or infection in the uterus and in the pelvis.

- infections in the urinary tract
- infection in the operation incision
- disturbances of intestinal movements (ileus)
- bleeding effects in the uterus or pelvis (hematomas)
- blood clots in the deep veins (thrombosis), which may spread to the lungs (embolism)

It has been explained to me that these risks are liable to cause temporary or permanent pain, suffering and discomfort and in very rare cases even death.

Complications to the newborn:

Inadvertent cuts from the surgeon's knife.
A higher rate of need for oxygen treatment or artificial respiration of the baby in cesarean sections.

Long term effects and possible effect on future pregnancies:

- tear of uterus during the course of pregnancy or labor.
- abnormal implantation of the placenta (penetrating placenta).
- increased risk of cesarean section in future births (limited possibility of vaginal delivery in the future).
- more complications in repeat cesarean sections.
- limit to number of future births/ cesarean sections.
- difficulties in becoming pregnant again.
- adhesions in the pelvis and abdominal organs (and as a result abdominal pain and intestinal obstruction).

I hereby declare and confirm that that it has been explained to me and I understand that there is a possibility that during the main operation that it may become clear that there is a need to extend it, change it, or use other or additional steps in order to save life or prevent bodily harm, including additional surgical procedures that could not be anticipated at the time with certainty or completely, but whose significance was made clear to me. Therefore, I agree also to this extension, change or performance of other or additional procedures, including surgical procedures that are essential or required in the opinion of the hospital physicians in the course of the cesarean section.

It has been made clear to me that the main operation is performed under epidural, spinal and/or general anesthesia, which requires a higher level of anesthesia and the need for respiration through a tracheal tube. An explanation of the anesthesia will be given to me by an anesthetist.

I know and agree that the main operation and all the other procedures will be carried out by whoever is designated to do so, and that it has not been promised to me that they will be done, wholly or in part, by a specific person, and only according to the institutional procedures and directives of the hospital with the standard degree of responsibility and according to the law

Date	Time	Woman's signature
------	------	-------------------

I confirm that I have provided the woman with a detailed verbal explanation of the abovementioned, as required, and that she signed a consent form in my presence after I was convinced she fully understood my explanations.

Name of Physician	Physician Signature	License No.
-------------------	---------------------	-------------