Consent Form:
PARATHYROIDECTOMY

A parathyroidectomy is an operation performed to control hyperparathyroidism that fail/s to respond to drug therapy and/or a when there is a tumor or over activity in one or more of the glands.

There are four parathyroid glands. The glands, in most cases, are located in the neck, adjacent to or inside the thyroid gland but might occasionally be located in a different, unusual site. During the surgery, the affected gland/s are removed.

The surgery is performed under general anesthesia but in special circumstances, under local anesthesia.

Patient's
Name_____
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
Of the need for a **parathyroidectomy** (Hereinafter: The Main Surgery)
I was informed that occasionally, the difficulty in locating the affected gland/s during surgery results in a need to expand the scope of surgery in the neck. On rare occasions, the affected gland might not be found, resulting in a need to remove a lobe of the thyroid gland or the need for additional surgery. Furthermore, alternative preparations might be required for glandular activity (calcium and/or Vitamin D) immediately following surgery or at a later date for an undetermined period or for the rest of your life to prevent complications related to calcium imbalance in the body.
I have been informed that a drain might be left in the surgical site. In any case, a scar will form in the neck region. The shape of the scar depends on my skin type and ability to heal. In some cases, colloidal scars (thick, discernible scars) forms.
I hereby declare and confirm that I have been informed of the expected side effects following the surgery including: pain and discomfort for several days, temporary difficulty in swallowing and temporary change in sensations in the skin of the neck.
I was also informed of the possible risks and complications including: bleeding that might occasionally require repeat surgical intervention, infection at the surgical site; temporary or permanent hoarseness attributed to injury to the recurrent laryngeal nerve and paralysis of the vocal cords; pneumothorax; respiratory disorders that on rare occasions will require a tracheotomy.
I hereby grant my consent to the performance of the Main Surgery.
I hereby declare and confirm that I have been informed and understand that there is a possibility that during the Main Surgery, the scope of the surgery might need to be expanded, amended or other or additional procedures might need to be adopted to save my life or to prevent physical injury, including other surgical procedures that could not have been anticipated with any certainty or in full but whose implications were explained to me. As such, I hereby agree to said expansion, change or performance of other or additional procedures including surgical procedures that the hospital physicians deem vital or necessary during the course of the Main Surgery.
My consent is also given to the performance of local anesthesia with or without intravenous injection of tranquilizers after having been informed of the risks and complications of local anesthesia, including varying degrees of allergic reaction to the anesthetic as well as possible complications of the use of tranquilizers that might cause, on rare occasions, respiratory disorders, cardiac disorders, particularly in heart patients and patients with respiratory tract disorders.

If the decision is made to perform surgery under general anesthesia, I will be given an explanation of the anesthesia by the anesthesiologist.
I know and do hereby agree that the surgery and all other procedures will be performed by the party assigned to perform said procedures, in accordance with the regulations and provisions of the institution and that I have not promised that all or some of the procedures will be performed by a certain individual, pursuant to the procedures be performed in accordance with the standard liability of the institution subject to the law.

Date	Time	Patient's Signature

I hereby confirm that I have provided a verbal explanation to the patient / Guardian of the patient* of the aforementioned in detail required and that he/she signed the consent before me after I was convinced that he/she had a full understanding of my explanations.

Physician's Name	Physician's Signature	License No.

*Delete the Unnecessary