

## Consent Form for Inguinal Hernia Repair Surgery on the Right (בצד ימין) / Left (צד שמאל) / Bilateral (דו צדדי) Side\* in the Laparoscopic Method

טופס הסכמה מדעת - לניתוח לתיקון בקע מפשעתי בצד ימין/שמאל/דו צדדי\* בשיטה הלפרוסקופית

מדבקה

A hernia is the penetration of an organ (usually an intestine) through an opening in the abdominal wall that encloses the organ, forming a bulge.

The common hernias are: inguinal, umbilical, epigastric, and incisional. The most common of these hernias is an inguinal hernia.

Treating a hernia is usually done through surgery.

The importance of treating a hernia: a hernia can be painful, in time it could increase in size, the hernia might undergo "incarceration"; in an incarcerated hernia, the content of a hernia is trapped in the opening of the abdominal wall, and the blood supply to it is cut off. This can lead to necrosis of the tissue that necessitates urgent surgery, sometimes in combination with Colectomy.

In the laparoscopic method, only small incisions are made without opening the abdomen.

The surgery is performed under general, regional or local anesthesia.

The advantages of the laparoscopic approach are smaller incisions, less postoperative pain, shorter recovery time.

I hereby declare and confirm I have received an explanation of the alternative treatment methods, the possibilities under the circumstances, including the chances and risks involved in each of these procedures. It has been explained to me that in some cases, the "open method" that involves an incision into the abdominal wall might be required. Even if the surgery is conducted using the laparoscopic method, there is a possibility it may be necessary to switch to the open method during the operation.

I hereby declare and confirm I have received an explanation of the side effects following the primary surgery including pain and discomfort.

Also, I have received an explanation of the possible risks and complications which includes: damage to neighboring organs such as the urinary bladder and intestines, blood vessels, infections, fever, hernia recurrence, urinary retention. Some of the complication may require additional immediate or late surgeries.

Also, I have received an explanation on the possibility that some of the complications may not be detected during the primary surgery and will need to be surgically repaired at a later stage.

I hereby give my consent to the execution of the primary surgery.

I hereby declare and confirm that I have received an explanation and I am aware of the possibility that during the course of the primary surgery, it might be decided that the scope of the treatment must be expanded, changed or different or additional procedures must be performed for the purpose of saving my life, or prevention of physical damage, including performing additional surgical procedures, which cannot be foreseen at this time either with certainty or in full, however, their meaning was explained to me. Therefore, I consent to the said expansion, change or performance of other or additional procedures, including surgical procedures that the institutional doctors may deem essential or necessary during the course of the primary surgery or immediately following it.

## Maayane Hayeshua Medical Center | Department of Surgery



It has been explained to me that the primary surgery is performed under regional or general anesthesia and that the anesthesiologist will explain to me about the anesthesia.

I hereby give my consent also to undergo local anesthesia, should it be decided that the primary treatment will be conducted under local anesthesia, after the possible risks of local anesthesia have been explained to me, including an allergic reaction in various degrees to the anesthetic drugs.

I am aware and I give my consent that the primary surgery and all other procedures will be performed by the person tasked with this assignment, in accordance with the policies and the orders of the institute, and I was not promised execution of any actions, in part or in full, by a specific person, as long as they are performed under the acknowledged responsibility of the institute, subject to the law.

I, the undersigned, am aware of the possibility that on the day of my discharge, the doctor who operated on me might not be present at the hospital, in which case, I give my consent that another doctor, on their behalf, will discharge me.

Patient's name: \_\_\_\_\_  
 Last name / שם משפחה    First name / שם פרטי    Father's name / שם האב    ID no. / מס' ת"ז

\_\_\_\_\_  
 Date / תאריך

\_\_\_\_\_  
 Patient's Signature / חתימת המטופל/ת

I hereby declare and confirm I have been given a detailed oral explanation from Dr.

\_\_\_\_\_  
 Last Name/ שם משפחה    First Name/ שם פרטי

\_\_\_\_\_  
 Legal Guardian's Name (Relation) / שם האפוטרופוס (קרבה)    Legal Guardian's Signature (for incompetent, minor or mentally ill patients) / חתימת האפוטרופוס (במקרה של פסול דין, קטין או חולה נפש)

I confirm I have provided an oral explanation to the patient/ מטופל/ת / patient's legal guardian/ המטופל/ת של האפוטרופוס של  
 all the above with the necessary details and that the patient has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

\_\_\_\_\_  
 Physician's Name / שם הרופא/ה

\_\_\_\_\_  
 Signature / חתימה

\_\_\_\_\_  
 License No. / מספר רישיון

\* Cross out irrelevant option / מחקי את המיותר