Consent Form – Hysteroscopy

(היסטרוסקופיה)

Label

A hysteroscopy is a procedure that makes it possible to see the inside of the uterus directly in order to diagnose conditions and perform surgical procedures in the uterine cavity. A diagnostic hysteroscopy can be performed without anesthesia or using one or more types of existing anesthesia. Surgical hysteroscopy is performed under regional or general anesthesia. To perform a hysteroscopy, the uterine cavity is expanded with a liquid. After the procedures, you will need to be hospitalized for several hours to rest and then will need to continue resting at home. Follow-up at the clinic will be done according to your doctor's instructions.

I hereby declare and confirm that I was provided with a detailed oral explanation by Dr.

_____ _____

Last name First name

about the need to perform a **diagnostic/surgical*** hysteroscopy (hereinafter, the primary procedure) in order to:

_____

_____

_____

I hereby declare and confirm that the side effects of the primary procedure, including abdominal pain, pain in the diaphragm and shoulders, discomfort and slight bleeding that generally passes within several days have been explained to me.

The possible risks and complications have likewise been explained to me, including infection, bleeding and/or perforation of the uterus that will require corrective surgery. In rare cases of uterine infection or perforation, a hysterectomy will be required, and in very rare cases other abdominal organs may be damaged and require corrective surgery. I have received explanations of the potential complications of insertion of the fluid into the uterine cavity, including excessive absorption of fluids into the blood system and in rare cases pulmonary edema or water intoxication.

I hereby provide my consent for performance of the primary procedure.

Furthermore, I hereby declare and confirm that it has been explained to me and I understand that there is a possibility that during the primary procedure, it may become evident that the scope of procedure needs to be expanded, changed or other or additional procedures performed to save my life or to prevent physical harm, including additional surgical procedures, which cannot be foreseen with certainty or in whole at this time, but their significance has been explained to me. Therefore, I also consent to said expansion, change or performance of other or additional procedures, which the institution's doctors believe are essential or required during the primary procedure.

I hereby also consent to local anesthesia and administration of sedatives, after the potential complications of local anesthesia, including allergic reactions of varying severity to the anesthetics and possible reactions to sedatives that may, in rare instances, lead to respiratory disorders and heart function disorders, particularly in patients with heart disease or respiratory illnesses.

If it is decided to perform the primary procedure under regional or general anesthesia, I will receive an explanation about the anesthesia by the anesthesiologist.

I am aware and consent to the fact that the primary procedure and all of the other procedures will be performed by the parties to whom they are assigned in accordance with the procedures and guidelines of the institution and that I have not been guaranteed that they will be performed, in whole or in part, by a specific individual, provided that they are performed with the standard responsibility at the institution and subject to the law.

Mayanei Hayeshua Medical Center | **Gynecology**

_____/_____/_____ _____ _____
Date Time Patient's signature

_____ _____
Name of guardian (relationship) Guardian's signature (in the event of a ward, minor, mental patient)

I confirm that I have orally explained everything set out above at the necessary level of detail to the patient/guardian of the patient* and that s/he signed the consent form before me after I was convinced that s/he understood my explanations in full.

_____ _____ _____
Physician's name Physician's signature License no.

* Delete what is unnecessary