

Consent Form for Amputation Surgery

ניתוח קטיעה

Large label

After receiving a detailed explanation from Dr. _____

Last name

First name

regarding the need to perform surgery to amputate my _____

including the desired results, reasonable risks and possible alternative methods of treatment under the given circumstances, including the risks and benefits of each of these procedures, and the tests and treatments such involve, I hereby grant my consent to having the aforementioned surgery performed at the hospital (hereinafter, "Primary Surgery").

I declare and confirm that the height of the amputation was explained to me and that it is possible that during the surgery it will be necessary to change or expand the surgery. Additionally, the complications and side effects were explained to me, including local pain, bleeding, infection, failure of the stump to heal, which may require additional surgery, and phantom pain that may continue for a significant period following surgery. Additionally, I received an explanation about the possibility of general complications from the surgery such as pneumonia, pulmonary embolism, heart attack and, in rare cases, even death due to surgical complications.

It was clarified to me that the surgery is generally performed under general or regional anesthesia and that I will receive an explanation about the anesthesia from the anesthesiologist.

I am aware and consent to having the surgery and all the other procedures be performed by the person to whom they have been assigned, in accordance with the procedures and directives of the hospital, and that I have not been guaranteed they will be performed, in whole or in part, by a specific person, provided that they are done with the standard responsibility at the hospital and subject to the law.

I request and empower hospital management:

- To bury the limb that was amputated in accordance with the existing procedures and directives of the hospital after pathological tests, if required.
- To take possession of the limb that was amputated within 21 days of performance of the surgery.

It was made clear to me and I am aware that beyond the 21 days from the date of the surgery, if the limb is not collected – it will be sent for burial as is standard in the procedures.

____/____/____
Date

____:____
Time

Patient's signature

Name of guardian

Guardian's signature (in the event of a ward, minor, mentally ill patient)

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

Physician's name

Physician's signature

License no.