

טופס הסכמה: ניתוח לכריתת ערמונית עקב הגדלה שפירה CONSENT FORM: PROSTATECTOMY FOR BENIGN HYPERPLASIA

The operation is performed in cases of benign enlargement of the prostate gland, causing disturbances in urination or in the urinary system. Several methods can be used to remove the prostate: abdominal approach (open prostatectomy); urethral approach (closed prostatectomy or TURP [transurethral resection of prostate]), or other methods. Transurethral operations are enabled by the use of various energy sources.

The surgical method is selected at the surgeon's discretion.

Following the operation, a catheter will remain in the urinary bladder to enable flushing of blood clots from the surgical area.

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

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. _____
Last Name First Name

regarding the need for a prostatectomy, through an abdominal approach (open prostatectomy) /
through the
urethra (TURP)* / other, specify _____ (henceforth: "the primary operation").

I have been given an explanation concerning alternative treatment options appropriate for my
circumstances and condition, including the benefits and risks involved in each of these procedures
and the tests and treatments involved.

I hereby declare and confirm that I have been given an explanation concerning the expected results
and the side effects of the primary operation, including: pain and discomfort, hemorrhage and a
burning sensation along the urethra. If the operation includes bilateral ligation of the spermatic
ducts, the result will be sterility. I was also told of the symptoms that may occur following the
removal of the catheter from the urinary bladder, including: frequent urination and a burning
sensation during urination, difficulty in urination or even complete urinary retention that will
require insertion of a catheter for an additional period of time. With most methods, retrograde
ejaculation occurs following surgery.

I have been given an explanation concerning the possible complications of the primary operation,
including: hemorrhage, which may require surgical treatment; urinary tract and/or testicular
infection; various degrees of stress incontinence and even, in rare cases, complete urinary
incontinence; perforation of the urinary bladder that may require surgical treatment and loss of
erectile function. Possible late complications: narrowing of the bladder neck or urethra that may
necessitate surgery or dilations to repair narrowing.

I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary operation the need to extend or modify the operation or to perform additional or different procedures may arise in order to save my life or prevent physical harm, including additional surgical procedures that cannot be fully or definitely predicted at this time but whose.

significance has been made clear to me, or switching from a closed to an open approach. I, therefore, also give my consent to such an extension, modification or performance of different or additional procedures, including additional surgical procedures, which the institution's physicians deem essential or necessary during the primary operation.

I have been told that the primary operation is performed under general and/or regional anesthesia and that I will receive an explanation regarding the anesthesia from an anesthesiologist.

I know, confirm and agree that the primary operation and any other procedure will be performed by any designated surgeon, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

_____ Date _____ Time _____ Patient Signature

_____ Name of Guardian (Relationship) _____ Guardian Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I given the patient / the patient's guardian* a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

_____ Name of Physician _____ Physician Signature _____ License No.

* Cross out irrelevant option.