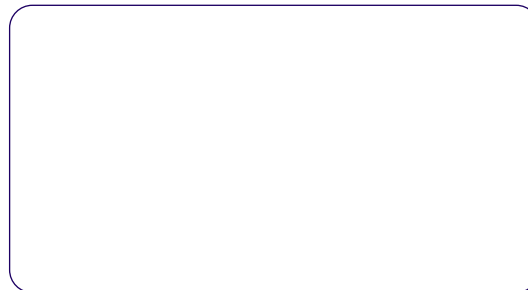


CONSENT FORM:

FOR CORNEAL TRANSPLANTATION



Corneal transplantation is performed when corneal turbidity, change in shape or puncture does not allow adequate vision and / or endanger the integrity of the eyeball, including edema of the cornea which causes a significant reduction in vision.

The aim of the transplantation is to achieve better vision and / or maintain eye integrity. It should be emphasized that for the purpose of obtaining the best vision possible, glasses or contact lenses are almost always needed and it can be affected by surgery and / or sutures used during surgery.

Rehabilitation of vision lasts for a year or more in a full thickness cornea transplantation, and many months in partial thickness corneal transplantation.

The surgery is proposed when there is no other therapeutic alternative. Choosing not to perform a transplantation will lead to the continuation of the current situation, and sometimes also to further deterioration of the eye and vision and additional pain.

The success rate for corneal transplantations varies from 50% to 90%, depending on the type of transplantation, the cause of the transplantation, previous transplantations, and the condition of the operated eye.

In order to reduce the risk of transmission of infection in transplantation, a cornea is proposed for transplant only after screening and laboratory tests for viral hepatitis, AIDS and syphilis. The tests are: HBS Ag, Anti HBC AB, Anti HCL Ab, HCV NAT, Anti HTLV I & II Ab, Anti-HIV 1 & 2 Ab, P24 Ag, VDRL, TPHA Ab, or alternative tests, according to the medical institution, and changes in procedures and laboratory methods over time.

The surgery involves transplanting the cornea in full thickness or partial thickness, as necessary. The cornea is taken from the cornea pool of medical institutions in Israel and abroad. The donor cornea is a human tissue donated by the deceased in the absence of family resistance (or according to the laws of the place of donation).

The form of anesthesia that accompanies this procedure: (circle the appropriate)

General (כללית) / **Regional** (אזורית)

The form of anesthesia may also be a combination of the types of anesthesia and will be determined together with the anesthesiologist.

I hereby declare and confirm that I have been given an explanation of the alternative treatment methods available for the treatment of my condition, including full or partial thickness transplantation.

It has been explained to me and I understand that there is a possibility that during a corneal transplantation, it will become necessary to perform therapeutic procedures for the examination, such as cataract removal or lens replacement, and choroid bleeding drainage.

I hereby declare and confirm that I have been given an explanation of the side effects following surgery: in the first days, according to the type of surgery, it will sometimes be necessary to lie in the supine position. During recovery, there may be limitations related to eye contact and moisture.

Sometimes it will be necessary to remove sutures or replace them. Injury to the eye will leave a significant risk for permanent damage, including rejection of the corneal transplant. Avoiding the recommended treatment over many years (usually with eye drops) can greatly increase the risk.

Return to activity can take two weeks or more, depending on the condition of the patient and the eye. Recovery from surgery and achieving its goal may take months and years, depending on the type of surgery, and the condition of the patient and the eye.

I have been informed of the possible risks and complications, including: complications during surgery, such as intraocular hemorrhage, damage to the natural or artificial intraocular lens, and irreversible damage to vision to the point of loss of vision.

Postoperative complications, including: inflammation, infection, high or low intraocular pressure, difficulty in healing, poor attachment of the implant or detachment of the implant and the need for additional surgery in order to return it, retinal detachment, edema in the vision center of the retina, drooping eyelid, discomfort and dryness, infection in the surgical section or sutures, scarring, rejection of the transplant, damage to the integrity of the eye from minor injury, deformity of the transplant, glaucoma, or change in eye appearance and color. The incidence of severe complications is about 2%, the mildest are more common, up to tens of percent. Background diseases and previous eye problems increase the risk of complications.

I hereby declare and confirm that I have been informed and understand that there is a possibility that during the course of the main surgery / treatment it will become necessary to expand it, modify it or perform other or unforeseeable procedures to save lives or prevent bodily harm, including additional surgical procedures that cannot be fully or precisely predicted now. Therefore, I also agree to such expansion, modification, or performance of other or additional procedures, including actions that, in the opinion of the hospital physicians, will be vital or necessary during the main treatment.

It was explained to me that if the surgery is performed under **general** anesthesia, if needed, an explanation regarding the anesthesia will be given to me by an anesthesiologist.

If performed under **local** anesthesia, my consent is also given for local anesthesia with or without intravenous injection of sedatives after I have been informed of the risks and complications of local anesthesia, including a varying degree of allergic reaction to the anesthetics and possible complications of sedatives that may rarely cause respiratory disorders and heart arrhythmias, especially in patients with heart disease and patients with respiratory disorders.

I know that in the event that the medical center has a university branch, students may take part in the evaluation and treatment under strict monitoring and supervision.

I know and agree that the main surgery (except if a surgeon has been selected and coordinated in advance) and all other procedures will be carried out by the person designated for it, in accordance with the procedures and instructions of the Institution, and that I have not been promised that they will be done, all or in part, by a specific person, provided that they are performed under the accepted responsibility of the Institution, subject to the law.

I, the undersigned, am aware that it is possible that on the date of my discharge, the physician who will operate on me, will not be present at the hospital, in which case I agree that another physician will perform my discharge procedure.

I hereby give my consent to perform the main surgery.

Patient's / Guardian's signature:
(חתימת המטופל / אפוטרופוס)

Patient's Name: _____
 (שם המטופל/ת) Last Name / שם משפחה First Name / שם פרטי Father's Name / שם האב ID No. / ת.ז.

I hereby declare and confirm that I have been given a detailed oral explanation by Dr. (מד"ר):

 Last Name / שם משפחה First Name / שם פרטי

On the need to perform a corneal transplantation surgery ("the main surgery")

On the: ☐ Right Eye (עין ימין)
☐ Left Eye (עין שמאל);

 Date / תאריך Time / שעה Patient Signature / חתימת המטופל/ת

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

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

אני מאשר/ת כי הסברתי בעל פה למטופל/ת / לאפוטרופוס של המטופל/ת / למתרגם של המטופל/ת * את כל האמור לעיל בפירוט הדרוש וכי המטופל/ת / האפוטרופוס חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסבריי במלואם.

 Name of Physician / שם הרופא/ה Signature / חתימה Date and time (תאריך ושעה)

 Name of the translator (שם המתרגם) Translator's relation to the patient (קרבה)

* Cross out irrelevant option / מחק/י את המיותר