

**CONSENT FORM:  
URETEROSCOPY**

A ureteroscope is a rigid or flexible instrument that is equipped with a telescope, with which it is possible to survey the upper urinary tract, and through which it is possible to pass various instruments such as forceps, catheters with a balloon or basket and various types of stone fragmentation devices, for the purpose of diagnosis and treatment of tumors, stones, stenosis and more.

The instrument is introduced via the urethra under local, regional or general anesthesia. On completion of the ureteroscopy, an internal catheter will usually be left in the ureter, between the kidney and the urinary bladder, in order to allow drainage of the kidney until the swelling caused by the procedure passes.

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. (ד"ר):

\_\_\_\_\_ Last Name / שם משפחה

\_\_\_\_\_ First Name / שם פרטי

concerning the need to perform diagnostic (אבחנתית) and/or therapeutic (טיפולית)\* ureteroscopy. Detail planned treatment possibilities (פרט אפשרויות הטיפול המתוכנן):

\_\_\_\_\_ (henceforth: "the primary treatment").

I hereby declare and confirm that I have been given an explanation of the diagnostic alternatives that are possible in the circumstances of the case, and of the complications and risks that each involve.

I hereby declare and confirm that I have been explained the side effects of the primary treatment, including: pain and discomfort in the loin and lower abdomen, frequency, urgency and a burning sensation when urinating and blood in urine. These effects are temporary, and in most cases they resolve within approximately 24 hours.

The possible complications have also been explained to me, including: infection accompanied by fever, blockage of the ureter caused by edema or stone fragments, perforation of the ureter, late development of narrowing of the ureter, and rarely, detachment of the ureter. These effects can mostly be solved by leaving leaving a catheter in the ureter for a period varying between a few days and a few weeks. In isolated instances, an open operation is required. The development of narrowing of a ureter could necessitate further treatment with a ureteroscope or in an open operation, and in rare instances, could end with the removal of the kidney. The treatment is relatively novel, currently unknown complications are therefore possible.

I hereby give my consent to perform the primary treatment.

I hereby declare and confirm that it has been explained to me and I have understood that there is a possibility that during or immediately after the course of the primary treatment, it will turn out that there is a need to be broaden its scope, alter it or to perform other or additional procedures for the purpose of saving life or preventing physical damage, including surgical procedures that cannot now be anticipated with certainty or completely, but their significance has been made clear to me. I therefore consent also to such broadening, change or the carrying out of other or additional procedures, including surgical procedures that the hospital's physicians will consider to be vital or needed during the course of or immediately after the primary treatment.

My consent is given also for performing local anesthesia, if necessary, in accordance with the physicians' judgment, after having had the possible complications of local anesthesia explained to me, including various levels of allergic reaction to anesthetics.

If it is decided to perform the primary treatment under regional or general anesthesia, an explanation of the anesthesia will be given to me by an anesthesiologist.

I know and agree that the primary treatment and any other procedure will be performed by any designated physician, according to the institution's 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 standard degree of responsibility in the institution and in accordance with the law.

**I, the undersigned, am aware that at the time of my discharge, the physician who operates on me might not be present in the hospital. In this case, I give my consent for any other physician to perform the discharge procedure on his behalf.**

_____ Date / תאריך	_____ Time / שעה	_____ Patient's Signature / חתימת המטופל/ת
_____ Guardian's Name (Relationship) / שם האפוטרופוס (קרבה)	_____ Guardian's 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 (למטופל/ת) / the patient's guardian (לאפוטרופוס של (המטופל/ת)\*) 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.

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

_____ Physician's Name / שם הרופא/ה	_____ Signature / חתימה	_____ License No. / מספר רישיון
--	----------------------------	------------------------------------

\* Cross out irrelevant option / מחק/י את המיותר