



טופס הסכמה  
לניתוח להקטנת שדיים

**CONSENT FORM:  
BREAST REDUCTION**



Breast reduction is a cosmetic operation, and is occasionally performed due to medical need. The operation is performed under general anesthesia.

I have been given an explanation of the alternative modes of treatment that are possible in the circumstances of the case, the advantages and disadvantages of each of them and their chance for success.

I have been given an explanation of the desired results of the primary operation, as well as its limitations, including asymmetry between the breasts.

I hereby declare and confirm that I have been given an explanation of the side effects that follow the primary operation, including pain and discomfort. It has also been explained to me that in some instances, it will not be possible to breast feed after breast reduction surgery.

It has been explained to me that in all events, scars will remain on and under the breast. It has been explained to me that the appearance of the scars that remain will depend on the type of skin that I have and its healing characteristics, and there are cases in which keloidal scars develop.

I have also been given an explanation of the possible complications, including: bleeding, infection, opening of the incision margins, impaired sensation of the nipples, and possible development of partial necrosis of the nipple and areola or of part of the breast tissue, which would rarely necessitate surgical intervention.

I hereby give my consent to perform the primary operation.

I hereby also declare and confirm that it has been explained to me and I have understood that there is a possibility that during the course of the primary operation, it will turn out that there is a need to 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 to such broadening, change or the carrying out of other or additional procedures, including surgical procedures that the institution's physicians will consider to be vital or needed during the course of the primary operation.

It has been explained to me that the operation is performed under general anesthesia, and an explanation of the anesthesia will be given to me by an anesthesiologist.

I know and agree that the primary operation 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 another physician designated by him to perform my discharge procedure.**

Patient's Signature / חתימת המטופל/ת: \_\_\_\_\_



Woman's Name: \_\_\_\_\_  
(שם האישה) 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

concerning reduction surgery of both breasts (שני השדיים) / the right breast (שד ימין) / left breast (שד שמאל) \* (henceforth: "the primary operation").

\_\_\_\_\_  
Date / תאריך Time / שעה Patient's Signature / חתימת המטופלת /

\_\_\_\_\_  
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 (למטופלת) / the patient's guardian (אפוטרופוס של) \* 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 מאשרת כי הסברתי בעל פה למטופלת / לאפוטרופוס של המטופלת \* 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 הרופאה Signature / חתימה License No. / מספר רישיון

\* Cross out irrelevant option / מחקי את המיותר