



טופס הסכמה
לניתוח מתיחת פנים

**CONSENT FORM:
FACELIFT**



The operation is cosmetic, and is intended to tighten the skin of the face and neck, and to remove excess fat in the facial region. The operation does not halt skin ageing processes.

The operation is performed under local anesthesia with addition of sedatives, or under general anesthesia.

I hereby declare and confirm that I have been given an explanation of the alternative modes of treatment that are possible in the circumstances of the case, including the prospects and risks involved in each of these procedures.

I have been given an explanation of the results that are hoped for and of the limitations of the corrective capacity of the operation, as well as of the possibility that facial asymmetry could be produced.

I hereby declare and confirm that I have been explained the side effects that follow the primary operation, including: pain and discomfort, marked swelling and excessive tightening of the skin, impaired sensation, which will resolve after a time. It has been explained to me that in all events, scars will remain in the region of the incisions. 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 instances in which keloidal scars will form.

The possible complications have also been made clear to me, which include: bleeding, infection, opening of the incision margins, tissue necrosis in the region of the incisions and lack of hair in the scar regions. There may also be neural damage, manifesting as paralysis, even to the extent of facial asymmetry and/or impaired sensation.

I hereby give my consent to perform the primary operation.

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 be broaden its scope, alter it or to perform other or additional procedures, including additional 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.

My consent is hereby given also for performing local anesthesia, with or without intravenous injection of sedatives, after having been explained the risks and complications of local anesthesia, including various levels of allergic reaction to the anesthetics, and possible reactions to sedatives, which use of sedatives, which rarely could cause disturbances to breathing and disturbances to heart function, mainly in people with heart disease and people with disorders of the respiratory system.

If it is decided to perform the operation under general anesthesia, 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 any other physician to perform the discharge procedure on his behalf.

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

concerning facelift surgery and concerning the areas for which the facelift is planned. I have been given an explanation of the standard surgical approaches, and of the surgical approach that has been chosen.

After examination, it has been decided to perform a facelift (מתיחת פנים) - neck (צוואר) / forehead (מצח) / correction of eyelids (תיקון העפעפיים) / peeling around the mouth (ביצוע קילוף סביב הפה)*.

Additional procedure - detail (פעולה נוספת – פרט): _____
(henceforth: "the primary operation").

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 / מחקי את המיותר