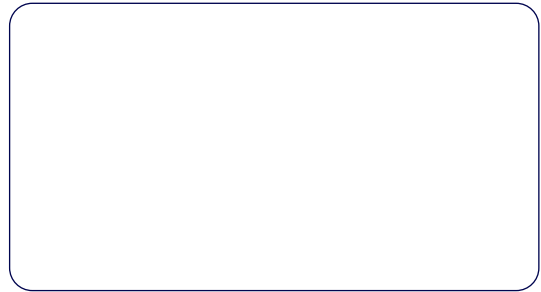




טופס הסכמה
לצינתור חצוצרות

CONSENT FORM
TRANSCERVICAL
TUBAL CATHETERIZATION



Tubal catheterization is performed for the diagnosis and treatment of infertility caused by tubal obstruction in the segment near the uterus.

The procedure does not require hospitalization and is performed by guiding gentle and thin catheters through the cervix, into the uterus and fallopian tubes, under radiography and X-rays.

The catheterization enables the diagnosis of a mechanical problem manifested in an obstruction in the uterine cavity or in the fallopian tubes, while at the same time it allows for treatment of the tubal obstructions, i.e. to open it, in order to enable the possibility for a natural pregnancy.

It was explained to me and I understood that it is possible that despite the procedure, the fallopian tubes might remain partially or fully obstructed, thus necessitating other fertility treatments.

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 also received explanations regarding the possible risks of the treatment, including: infection, bleeding, and in rare instances, tubal wall perforation, whose correction might necessitate surgical intervention or fallopian tube resection in extremely rare cases.

I declare that it was explained to me that I must abstain from sexual intercourse from the last menses and up to the examination.

It was explained to me that I have to inform the doctor before the procedure if I am aware of iodine allergy or renal problem.

I hereby give my consent to perform tubal catheterization.

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 treatment or immediately thereafter, 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 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 the treatment.

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

I know and agree that the tubal catheterization and any other procedure will be performed by any designated physician, according to the hospital'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 hospital 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.

Woman's Name: _____
(שם האשה) 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 the need to perform tubal catheterization.

Date / תאריך Time / שעה Woman's Signature / חתימת האישה

I hereby confirm that I have given the woman a detailed oral and written explanation of all the above-mentioned information, detailed as required, and that she has signed her consent in my presence after I was convinced that she fully understood my explanations.

Name of Physician / שם הרופא/ה Signature / חתימה License No. / מספר רישיון