



טופס הסכמה  
לניתוח לתיקון בקע טבורי

CONSENT FORM:  
FOR REPAIR OF UMBILICAL HERNIA



An umbilical hernia is largely a birth defect but is occasionally acquired defect. An operation to repair the hernia an is designed to treat the side effects such as pain and inflammation, trapped hernia, or prevention of the hernia from being trapped in the future. There are cases in which the repair will be performed using a mesh implant. In certain cases, the navel itself will need to be removed.

The operation is usually performed under general anesthesia.

I hereby declare and confirm that I have been given an explanation of the desired results and side effects that follow the primary operation, including pain and discomfort.

I have also been explained the possible risks and complications, including infection, bleeding and, on rare occasions, damage to internal organs that requires the operation to be expanded to perform repair. If a mesh implant is used, there is the possibility of onset of an inflammatory reaction in the area of the repair that will require an operation to remove it. In addition, there is the possibility of a later recurrence of the hernia whose repair requires repeat operation.

I hereby give my consent to perform the primary operation.

I hereby 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 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, 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 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): \_\_\_\_\_

concerning the need to carry out surgery to repair an umbilical hernia (Henceforth: "the primary operation").  
Last Name / שם משפחה First Name / שם פרטי

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

\_\_\_\_\_  
Name of Guardian (Relationship)/ 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 (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.

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

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