



**CONSENT FORM:
FOR FULL ABDOMINOPLASTY SURGERY**

The purpose of the surgery is to remove excess of skin and fat tissue from the lower abdomen. The surgery does not remove stretch marks in the skin of the abdomen but may improve the way they look. At times this surgery may include also liposuction from the various areas of the abdomen and its surrounding areas. The surgery is usually performed under general anesthesia.

I hereby declare and confirm that I received explanation about alternative manners of treatment possible in the circumstances of this case, as well as explanation about possible adverse effects, and the risks and complications involved in these treatments.

I hereby declare and confirm that I received explanation about possible adverse effects following the surgery, including: pain, discomfort, swelling, hematomas and accumulation of fluids, as well as nausea and vomiting.

I know that this surgery necessitates a scar in the lower abdomen, a scar around the naval and an additional a scar (specify) (בנוסף צלקת (פרט): _____

It is known to me that these scars do not disappear, they are not straight, and they are visible. At times, either wide and ugly looking scars may develop, or keloid scars (red, uneven and itchy).

It is known to me that abdominoplasty requires pulling upwards of the genitals and pulling downwards of the naval.

After the surgery drains are left behind in the surgery area for a few days, and these drains are removed as per the decision of the surgeon, and according to the amount of drained fluid.

In addition, the possible complications of the main surgery were explained to me, including the following: infection, opening of the sutures, appearance of cysts in the areas of the sutures, prominent scars, chronic pain in the surgery area, no sensation, asymmetry between the two sides of the abdomen, accumulation of fluids which may necessitate draining, necrosis of the abdomen's skin and / or the naval which may require additional surgery and may be accompanied with more scars. In rare cases, hemorrhage which may require emergency surgery. Clots and emboli of fat tissue parts which may reach the lungs and brain, may require respiratory ventilation and may even cause death.

It was explained to me that after the surgery there will be a limitation in straightening the abdomen for a number of weeks.

I hereby give my consent for the performance of the main surgery.

It was explained to me that the surgery is performed under general anesthesia, combined, at times with local anesthesia. The explanation about the general anesthesia will be provided by an anesthesiologist.

I hereby declare and confirm that I received an explanation and I understand that there is a possibility that during the course of the main surgery it is found that the scope of the surgery must be expanded, changed or different or additional procedures must be performed for the purpose of saving my life or prevention of physical damage, including performing additional surgical procedures which cannot be foreseen at this time either with certainty or in full, however, their meaning was explained to me.

Patient's Signature / חתימת המטופל/ת: _____

Therefore I consent also to the said expansion, change or performance of other or additional procedures, including surgical procedures that the institutional doctors may deem essential or necessary during the course of the main surgery.

I agree that the treatments provided in the hospital will be performed by the person tasked with this assignment, in accordance with the policies and the orders existing in the hospital, and I state that I was not promised that the necessary actions, in part or in full, will be executed by a specific person.

I, the undersigned, am aware that it is possible that at the time of my discharge, the doctor performing the treatment may not be present at the hospital. If such a case occurs, I hereby give my consent that another doctor, acting on his behalf, will perform my discharge procedure.

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

About the surgery Full abdominoplasty (hereinafter: "the main surgery").

_____ 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 confirm that I have explained orally to the patient / the patient's legal guardian / the patient's translator* all the information detailed above in the necessary details, and that the patient / legal guardian has signed the consent in my presence after I was satisfied that my explanations were understood in their entirety.

_____ Doctor's name (שם הרופא/ה) Signature (חתימה) License no. (מספר רישיון)

_____ Translator's name (שם המתרגם/ת) Translator's relation to the patient (קשריו למטופל/ת)

* Cross out irrelevant option / מחק'י את המיותר