



**CONSENT FORM
FOR OPEN REPAIR
of the right side/left side/bilateral inguinal hernia**

An inguinal hernia is largely a birth defect and on rare occasions, an acquired defect whose repair requires an operation. An operation to repair a hernia is designed to treat the effects that accompany a hernia such as pain and discomfort, to free the trapped hernia, or to prevent the hernia from becoming trapped in the future.

Repair of an inguinal hernia in boys / men includes separating the hernial sac from the vas deferens in order to remove it. The hernial sac can contain one of the abdominal organs (intestines, bladder, etc. and in girls / women the ovary as well). Before the organs found in the sac are returned to the abdominal cavity, they are examined for any injury. Any injury detected must be repaired. There are cases in which the repair will be performed using a mesh implant. I was given an explanation that a hernial trapping might damage the trapped organ that requires emergency surgical repair, occasionally involving another incision.

The operation is performed under general, regional or local anesthesia through an incision in the groin area.

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 hereby declare and confirm that I have been given an explanation of the desired outcome and anticipated side effects that follow the primary operation, including pain and discomfort. I was given an explanation that damage to a trapped organ might be irreversible and that the organ might need to be removed.

In addition, I was given an explanation of the possible risks and complications, including: infection, bleeding, edema in the groin and in the testicular sac that might cause damage to the testicle, vascular damage that might result in injury to the testicle, primarily in repeated operations, damage to the vas deferens that might affect testicular function on that side to sterility, damage to blood vessels and nerves that pass in the area and later recurrence of the hernia whose repair requires additional operation.

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 be 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.

Patient's/ Guardian's signature: _____
(חתימת המטופל/ אפוטרופוס)

If it is decided to perform the primary operation under general or regional anesthesia, an explanation of the anesthesia will be given to me by an anesthesiologist.

It is known to me that in the event that the medical center is affiliated with a university, students, under full supervision and observation may be taking part in the course of the evaluation and the treatment.

I agree that the treatments provided at the hospital will be performed by the person tasked with this mission, in accordance with the policies and the orders existing at the hospital, and I state that there is no guarantee that it will be performed, fully or in part, by a specific person.

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 the need for operation to repair the inguinal hernia on the
 right side (ימין) /
 left side (שמאל) /
 both sides (דו צדדי) * (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 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.

אני מאשר/ת כי הסברתי בעל פה למטופל/ת / לאפוטרופוס של המטופל/ת / למתרגם של המטופל* את כל האמור לעיל בפירוט הדרוש וכי המטופל / האפוטרופוס חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסבריי במלואם.

_____	_____	_____
Physician'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