

## Space for Medical Institution Name and Logo

ט 2000 /OSURG/0000/4700/0055 דצמבר

### טופס הסכמה : ניתוח לכריתת התוספתן

### CONSENT FORM: APPENDECTOMY

Complaints and clinical findings that raise the suspicion of an acute inflammation of the appendix require its surgical removal. The presence of an inflamed appendix in the abdomen causes a life threatening focused or diffuse intra-abdominal infection. At times, during the operation, a complicated inflammatory condition is discovered, preventing the removal of the appendix. In such cases a drain is inserted and a second operation is required at a later date. If the appendix is found not to be inflamed, the abdomen is surveyed to locate and identify a reason for the complaints and clinical findings, and the surgical treatment is determined accordingly. In these cases, the removal of the appendix is at the surgeon's discretion.

The operation is performed under general anesthesia.

Name of Patient: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the need for an appendectomy (henceforth: "the primary operation").

I have been given an explanation concerning the possibility that the appendix will be found not to be inflamed but will nonetheless be removed.

I hereby declare and confirm that I have been given an explanation concerning the expected side effects following the primary operation, including pain and discomfort

In addition, I have been given an explanation concerning the possible complications, including: infection, hemorrhage, damage to abdominal organs, adhesions that may cause mechanical sterility in women.

I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary operation the need to extend or modify the operation or to perform additional or different procedures may arise in order to save my life or prevent physical harm, including additional surgical procedures that cannot be fully or definitely predicted at this time but whose significance has been made clear to me. I, therefore, also give my consent to such an extension, modification or performance of different or additional procedures, including additional surgical procedures, which the institution's physicians deem essential or necessary during the primary operation.

I have been told that the primary operation is performed under general anesthesia and that I will receive an explanation regarding the anesthesia from an anesthesiologist.



**Israel Medical Association**  
Israeli Association of Pediatric Surgery  
Israel Surgeons Association



**Medical Risk Management Co.**

