Consent Form: Rigid Bronchoscopy (trachea and bronchi visualization)/ Rigid Esophagoscopy (esophagus visualization)

The actions are carried out in order to view the pharynx, esophagus, trachea and bronchi, diagnose and treat conditions, e.g.: extraction of foreign objects, biopsy of suspicious tumor, tumor removal, sample collection, stent insertion.

The procedure is performed by inserting a dedicated tube through the mouth into the pharynx or esophagus. It is carried out under general anesthesia.

Patient's name: ____
Last name First name Father's name ID no.

I hereby declare and confirm having received a detailed oral explanation from Dr. __________________
Last name First name

About the need for bronchoscopy/esophagoscopy due to ______________________________________

____ (hereinafter: "the procedure")

I was informed that there is a possibility of failure to insert the tube, failure to remove the foreign body, inability to remove the entire tumor or recurrence of the initial disease, and that the procedure may have to be repeated or the objective attained by open surgery.

I hereby declare and confirm I received an explanation of the side effects of the procedure, including: aches and discomfort, difficulty swallowing, temporary hoarseness, hemoptysis.

Furthermore, I received an explanation of the possible risks and complications of the procedure, including: lengthy discomfort, damaged teeth, voice modification, difficulties swallowing, perforation of the pharynx, perforation of the esophagus, perforation of the trachea, perforation of the lung, life threatening bleeding. Use of laser during the procedure may cause burns of the mouth, pharynx, lips or face.

In rare cases, some complications may lead to death.

I hereby provide my consent to performance of the procedure.

I hereby declare and confirm that I have received an explanation and am aware of the possibility that in the course of the procedure the need may arise to extend its scope, modify it or use other or additional procedures to save life or prevent physical damage, including additional surgical procedures that cannot be foreseen certainly or fully at this stage, but their significance has been explained to me. I therefore also consent to said extension, modification or other or additional procedures, including surgical actions institution physicians believe to be vital or required during the course of the procedure.

I was informed that the procedure will be performed under general anesthesia, and the anesthetist will give me a relevant explanation about it.

I am aware that and consent to the procedure and all other procedures to be carried out by the person to whom it was allocated according to the institution's procedures and instructions, and I have not received any assurance that the procedure or a part thereof will be carried out by a particular person, provided it is carried out within the responsibility accepted by the institution and subject to the law.

____
Date Hour Patient's signature

____
Guardian's name (relationship) Guardian's signature (in case of incompetency, minor or mental patient)

I hereby confirm that I provided the patient/the patient's guardian* with an oral explanation of all of the above in required details and s/he signed the consent before me after I was convinced s/he fully comprehended my explanation.

____
Physician's name Physician's signature License no.

* Strike out the irrelevant item

Israeli Medical Association **Medical Risk Management Company Ltd.**

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החברה לניהול סיכונים ברפואה בע"מ

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