

## Space for Medical Institution Name and Logo

ט 2004 / VASUR/3840/3891/0059 ינואר

טופס הסכמה: תיקון תוך נהורי (אנדווסקולרי) של מפרצת הוורטין באמצעות תומך

### CONSENT FORM: ENDOVASCULAR REPAIR OF AORTIC ANEURYSM BY STENT

Endovascular repair of an aortic aneurysm is a relatively new technique involving the introduction of a stent into the lumen of the dilated artery under imaging guidance, and fastening of its edges to healthy sections of the artery. During the procedure, the arteries in the groin area are exposed and the parts of the stent are inserted through them. Based on data from previous imaging procedures (catheterization, CT or MRI), the decision is made whether it is necessary to occlude blood vessels that may supply the lumen of the aneurysm. The occlusion is performed by embolization of the blood vessel.

During the procedure, it may be necessary to perform balloon dilation of certain arteries to enable access for insertion of the primary stent.

The procedure is performed under local anesthesia with the administration of sedatives or under general anesthesia, as required.

Immediately following the procedure, patients usually require intensive treatment in a special department (intensive care or recovery).

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 to perform **endovascular repair of aortic aneurysm** \_\_\_\_\_ **by stent.**  
(detail area)

**Detail additional planned procedures** \_\_\_\_\_  
(henceforth: "the primary treatment").

I hereby declare and confirm that I have been given an explanation concerning alternative treatment methods available in my circumstances, including the benefits and risks involved in each of these procedures.

In addition, I have been given an explanation concerning the expected results and the possibility that in 10% of the cases the procedure is unsuccessful.

I hereby declare and confirm that I have been given an explanation concerning the side effects of the primary treatment, including: pain and discomfort.

In addition, I have been given an explanation concerning the possible complications of the operation, including: infection, faulty positioning of the stent, hemorrhage, tear or occlusion of arteries that may require surgery.

In addition, I have been given an explanation concerning the possibility of serious complications, including: myocardial infarction, stroke and disruption of the blood supply to essential organs such as the kidneys, the intestine, the pancreas and the spine, which may even lead to paralysis of the lower body.



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Obstruction of the blood supply to the lower limbs may necessitate, in rare cases, amputation of the limb. Complications in men may include impairment of sexual function due to disruption of the blood supply or neural damage. The rate of serious complications and mortality caused by them is approximately 5%.

I have been told of the possibility that during the primary treatment the need to switch to an open operation to repair the aneurysm may arise.

I have been given an explanation that the operation may entail late complications, such as continued enlargement of the aneurysm due to an internal leak that will necessitate additional treatment under imaging guidance or surgery.

I hereby give my consent to perform the primary treatment.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary treatment 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 hospital's physicians deem essential or necessary during the primary treatment.

I hereby also give my consent to the administration of local anesthesia, with or without intravenous injection of sedatives, after having been given an explanation concerning the risks and complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug, and possible reactions to the sedatives, which may, in rare cases, cause respiratory disturbances and disturbances in the heart's activity, particularly in patients with respiratory or heart diseases.

If the decision is made to perform the operation under general anesthesia, I will be given an explanation concerning the anesthesia by an anesthesiologist.

I know and agree that the primary treatment and any other procedure will be performed by any designated surgeon, according to the institutional 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 institution's standard degree of responsibility and in accordance with the law.

\_\_\_\_\_  
Date Time Patient Signature

\_\_\_\_\_  
Name of Guardian (Relationship) Guardian Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I have given the patient / the patient's guardian\* 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.

\_\_\_\_\_  
Name of Physician Physician Signature License No.

\* Cross out irrelevant option.



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