

Informed Consent Form: CESAREAN SECTION

A Cesarean Section is performed for the purpose of extracting a fetus from the womb in cases where the fetus cannot be extracted through the vagina for fear of a risk or due to real risk to the parturient and/or the fetus.

The operation is performed under general anesthesia and/or epidural.

Parturient Name: _____

Last name First Name Father's name I.D.

I hereby declare and affirm that I received a detailed verbal explanation from Dr.:

Last Name First Name

Concerning the need for Cesarean Section (Hereinafter: "the Primary Surgery").

I hereby declare and affirm that I was given an explanation concerning the predicted process, the hoped-for results and the side effects of the Primary Surgery, including pain and discomfort. It was explained to me that the rate of morbidity in Cesarean Section are higher than those of vaginal labor and increase with the increase of number of C-sections performed in the same woman.

It was also explained to me that a Cesarean Section limits the possibility of future vaginal delivery.

Furthermore, possible risks and complications were explained to me, including increased bleeding that may require blood transfusion and/or tying the blood vessels supplying blood to the uterus and/or performing hysterectomy: infection of the uterus and/or the fallopian tubes and/or the ovaries and/or other abdominal organs which may require treatment: and injury to abdominal organs or of blood vessels that may require corrective surgical action.

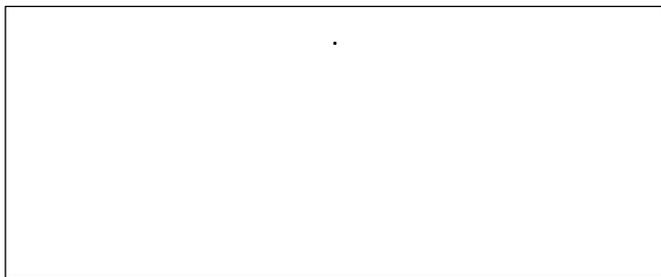
Mortality as a result of Cesarean Section is higher than in vaginal labor, but is very rare.

It was explained to me that complications may not be diagnosed during the Primary Surgery and corrective surgery will be needed at a later stage.

I hereby give my consent for the Primary Surgery.

I hereby declare and affirm that, it was explained to me and I understand that it is possible that during the Primary Surgery the need to expand its scope, change it or take other or additional life-saving procedures or procedures designed to prevent physical injury, will arise, including other surgical actions that cannot be definitively or fully predicted at this time, but which meaning was clarified to me.

Therefore, I consent to such expansion, change or performance of other procedures as well, including surgical actions which the hospital physicians believe to be essential or required during the Primary Surgery.



It was explained to me that the Primary Surgery will be performed under general anesthesia and/or epidural and that an explanation about the anesthesia will be given me by an anesthesiologist.

I know and agree that the Primary Surgery and all other procedures will be performed by those assigned with it, in accordance with the procedures and instructions of the institute, and that no promise was made to me that they will be performed, all or some of them, by a certain person, providing that they are performed in the responsible manner customary in the institute and subject to the law.

Date	Time	Parturient Signature
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Name of Guardian (relation to patient)	Signature of Guardian (in cases of incompetent, minor or mentally ill patient)
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I hereby confirm that I have given the Parturient/ her Guardian* verbal explanation of all the aforesaid in adequate detail and that she/he signed this consent form before me after I have been convinced that she/he understood my explanation in full.

Doctor's Name (stamp)	Doctor's Signature	Date and time
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