

- Rupture or expansion of the surgical incision in the uterus, which may lead to bleeding from the uterine blood vessels thereby requiring the administration of blood units and in certain cases hysterectomy.
- Damage to the bladder, the ureters or adjacent organs (intestines).

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

**Post-Surgery Complications:**

- Fever and/or infection in the uterus and the pelvis.
- Urinary Tract infections.
- Infection in the Surgical wound.
- Bowel dysfunction (Ileus)
- The generation of hematomas the uterus and the pelvis.
- The generation of blood clots in the deeper veins (thrombosis) and embolism to the lungs (Thrombo-embolism).

Parturient's Name: \_\_\_\_\_

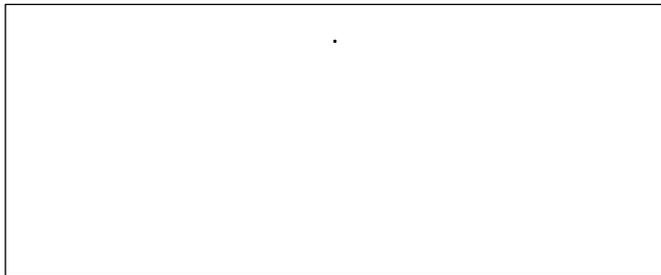
**Last name      First Name      Father's name      I.D.**

**Complications to the Newborn:**

- Unintentional incisions made by surgical knife.
- Over assessment of oxygen or respiration treatment in newborns in Cesarean Sections.

**Long Term and future pregnancy influences:**

- Uterine rupture during pregnancy or labor.
- Defective implantation of the placenta (placenta accrete).
- Increased chance for repeated C-Section delivery (limited ability to deliver through vaginal birth in the future).
- More complications in repeated C-section.
- Limited number of future childbirths / C-Sections.
- Difficulty in future conception.
- Adhesions in the pelvis and abdominal organs (and as a result stomach aches and intestinal obstruction).



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 perform 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 epidural. Spinal or general anesthesia requiring a higher level of anesthesia and/or respiration by intubation of the trachea. 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
<b>Name of Guardian (relation to patient)</b>	<b>Signature of Guardian (in cases of incompetent, minor or mentally ill patient)</b>	

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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