TLV MEDICAL

טופס הסכמה
להפסקת הריון בשליש הראשון של ההריון

CONSENT FORM FOR\
VACUUM/CURETTAGE
OF UTERUS FOR TERMINTION
OF PREGNANCY (D& C) UN FIRST TRIMESTER

Termination of pregnancy is performed by expanding the cervix and disconnecting the fetus and placenta from the uterine wall through vacuum aspiration and curettage. The procedure is performed under general anesthesia.

I hereby declare and confirm that I have been given an explanation of the alternative modes of treatment that are possible in the circumstances of the case, including the prospects and risks involved in each of these procedures.

I hereby declare and confirm that I have been explained the side effects after the primary procedure, including abdominal pain, discomfort and mild bleeding that will resolve on their own within several days.

I have also been explained the possible risks and complications, including the possibility of perforation of the uterus and need for immediate operation, as well as the possibility of immediate or later infection.

I was given an explanation of the possible later complications including menstrual disorders, ectoptic pregnancy, cervix failure, resulting in repeated miscarriage and/or premature delivery, which might require a cervical cerclage during a future pregnancy. In addition, there is a possibility of disorders in placenta implantation and/or inflammations that might damage the ability to become pregnant in the future.

I was given an explanation of the importance of weekly check-ups following the primary procedure to ensure that the pregnancy was terminated as desired.

I was given an explanation that a check-up might reveal remains of pregnancy tissue that requires additional cleaning of the uterus.

I hereby give my consent to perform the primary procedure.

I hereby declare and confirm that it has been explained to me and I have understood that there is a possibility that during the course of the primary procedure, it will turn out that there is a need to be broaden its scope, alter it or to perform other or additional procedures for the purpose of saving life or preventing physical damage, including additional surgical procedures that cannot now be anticipated with certainty or completely, but their significance has been explained to me. I therefore consent also to such broadening, change or the carrying out of other or additional procedures, including surgical procedures that the institution's physicians will consider to be vital or needed during the course of the primary procedure.

It has been made clear to me that the primary procedure is performed under general anesthesia, and an explanation of the anesthesia will be given to me by an anesthesiologist.

My consent is hereby given also for local anesthesia, after having had the possible complications of local anesthesia explained to me, including various levels of allergic reaction to anesthetics.

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

Patients signature: _____ חתימת המטופלת:

רחוב הברזל 15 תל-אביב, טל: 077-9807500 פקס: 077-9807534

I, the undersigned, am aware that at the time of my discharge, the physician who operates on me might not be present in the hospital. In this case, I give my consent for any other physician to perform the discharge procedure on his behalf.

Woman's Name: _____ _____ _____ _____

(שם האישה) Last Name / שם משפחה First Name / שם פרטי Father's Name / שם האב ID No. / ת.ז.

I hereby declare and confirm that I have been given a detailed oral explanation by Dr. (מד"ר): _____ _____

Last Name / שם משפחה First Name / שם פרטי

on **termination of pregnancy** (henceforth: "the primary procedure").

_____ _____ _____

Date / תאריך Time / שעה Woman's Signature / חתימת האישה

_____ _____

Name of Guardian (Relationship)/ שם האפוטרופוס (קרבה)

Guardian's Signature (for incompetent, minor or mentally ill patients)/ חתימת האפוטרופוס (במקרה של פסול דין, קטין או חולה נפש)

I hereby confirm that I have given the patient (לאישה) / the patient's guardian (לאפוטרופוס של האישה)* 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.

אני מאשר/ת כי הסברתי בעל פה לאישה / לאפוטרופוס של האישה* את כל האמור לעיל בפירוט הדרוש וכי הוא/היא חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסברי במלואם.

_____ _____ _____

Name of Physician / שם הרופא/ה Signature / חתימה License No. / מספר רישיון

* Cross out irrelevant option / מחק/י את המיותר