



**טופס הסכמה  
לניתוח אף**

**CONSENT FORM:  
RHINOPLASTY**

The surgery is performed for asthetic purposes and/or in order to improve air passage.

The operation is performed under local anesthesia with addition of sedatives or under general anesthesia.

Patient's Name (שם המטופל/ת): \_\_\_\_\_  
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. (ד"ר):

\_\_\_\_\_ שם משפחה / Last Name

\_\_\_\_\_ שם פרטי / First Name

on rhinplsty for cosmetic correction (תיקון קוסמטי) and/or (ו/או) in order tio improve air passage ( לצורך )  
(שיפור מעבר האוויר)\*.

After a test, it was agreed to perform: septum straightening (יישור מחיצה) / turbinate removal (הרחקת )  
(פרט פעולות מתוכננות) \*. Specify the planned procedures (תיקון אסתטי) / asthetic correction (טורבינות):

\_\_\_\_\_ (henceforth: "the primary operation")

I hereby declare and confirm that I have been explained the desired results and the limitations of surgical correction, related to, inter alia, the structure of my nose, the type of the skin covering the nose, and my age, and unexpected findings that will be discovered during the primary operation.

I hereby declare and confirm that side effects following the primary operation have been explained to me, including: pain, discomfort, external and internal swelling, to the point of breathign difficulty, and subcutaneous hematomas. It has been explained to me that in any event of nostril surgery, scars will remain at the base of the nostrils. It has been explained to that the appearance of the scars depends of the type of skin that I have and its healing characteristics, and there are cases in which keloidal scars will develop.

I have also been explained the possble complications, including: bleeding, infection, nasal septum puncture, sense of smell impairments, rhinits and breathing difficulty for a long period. Damage to deep tissues such as muscles and the tear duct, and assymetry in the nose's strucure are also possible.

I hereby give my consent to perform the primary operation.

I hereby also 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 operation, it will turn out that there is a need to 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 made clear to me. I therefore consent to such broadening, change or the carrying out of other or additional procedures, including additional surgical procedures that the institution's physicians will consider to be vital or needed during the course of the primary operation.



My consent is hereby given also for performing local anesthesia, with or without intravenous injection of sedatives, after having been explained the risks and complications of local anesthesia, including various levels of allergic reaction to the anesthetics, and possible reactions to sedatives, which might, rarely, cause disturbances to breathing and disturbances to heart function, mainly in people with heart disease and people with disorders of the respiratory system.

If it is decided to perform the operation under general anesthesia, an explanation of the anesthesia will be given to me by the anesthesiologist.

I know and agree that the primary operation 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.

**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.**

\_\_\_\_\_  
Date / תאריך

\_\_\_\_\_  
Time / שעה

\_\_\_\_\_  
Patient's Signature / חתימת המטופל/ת

\_\_\_\_\_  
Guardian's Name (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 (למטופל/ת) / the patient's guardian (לאפוטרופוס של (המטופל/ת)\*) 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 למטופל/ת / לאפוטרופוס של המטופל/ת\* את כל האמור לעיל בפירוט הדרוש וכי הוא/היא חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסברי במלואם.

\_\_\_\_\_  
Physician's Name / שם הרופא/ה

\_\_\_\_\_  
Signature / חתימה

\_\_\_\_\_  
License No. / מספר רישיון

\* Cross out irrelevant option / מחקי את המיותר