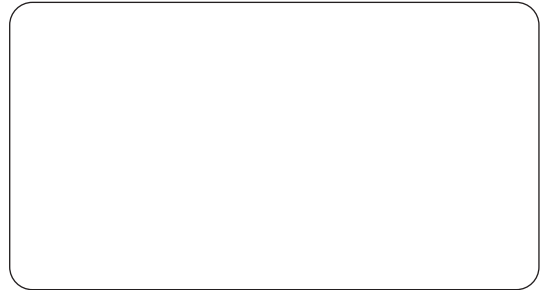




**טופס הסכמה
לניתוח הגדלת שדיים**

**CONSENT FORM:
BREAST AUGMENTATION
WITH BREAST IMPLANT**



Breast augmentation is a cosmetic operation. Breast augmentation is performed by means of inserting an implant.

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

I have been given an explanation of the results that are hoped for and of the limitations of the ability to effect breast augmentation. It has been explained to me that there are no exact data as to implant lifespan and the percentage of spontaneous ruptures of the enveloping. In instances of rupture or wearing out, a need may arise for an additional operation to replace the implant.

I hereby declare and confirm that I have been given an explanation of the side effects that follow the primary operation, including pain, discomfort, permanently protruding nipples and altered sensation of the nipples. It has been explained to me that in all events, scars will remain in the region of the incisions. The appearance of the scars depends on the type of skin that I have and its healing characteristics. There are cases in which keloidal scars develop.

I have also received an explanation of the possible complications, including: bleeding, infection and asymmetry between the breasts.. I have also been explained the possibility of complications connected to the implant, including: leakage or rupture of the implant enveloping, as well as extrusion or rejection of the implant, which would necessitate an operation to remove it; hardening and contraction of the implant capsule and resultant discomfort, pain and distortion of the shape of the nipple, even to the extent of necessitating removal of the implant; it has been clarified to me that implant insertion has not thus far been unequivocally proved to be linked with the development of malignant disease, nor with the appearance of rheumatic and neural manifestations that accompany autoimmune disease.

It has also been clarified to me that implant insertion impairs the ability to diagnose and identify tumors in breast examinations. I have been explained the need for regular periodical monitoring, at least once per year.

I hereby give my consent to perform the primary operation.

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 be broaden its scope, alter it or to perform other or additional procedures, 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 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 anesthetics, and the possible complications of the use of sedatives, which could, in rare instances, cause disturbances to breathing and disturbances to heart function, mainly in people with heart disease and people with disorders of the respiratory system.

Patient's Signature / חתימת המטופל/ת: _____



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

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. (מד"ר): _____
Last Name / שם משפחה First Name / שם פרטי

concerning augmentation surgery of the right breast (שד ימין) / left breast (שד שמאל) / both breasts (שני השדיים)*, by means of the insertion of (תותבים מסוג) _____
type implant/s, (בנפח) _____ in volume, via an incision under the breast (דרך חתך תת) (אחר) * (בבית השחי) in the armpit (סביב העטרה) / around the areola (שדי) _____ (henceforth: "the primary operation").

_____ _____ _____
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 / מחק/י את המיותר