



**טופס הסכמה
לניתוח להרמת שדיים**

**CONSENT FORM:
MASTOPEXY**

The operation is cosmetic. The operation can be combined with the insertion of implants to increase the volume of the breasts.

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 corrective capacity of the operation.

I hereby declare and confirm that I have been given an explanation of the side effects that follow the primary operation, including pain and discomfort.

It has been explained to me that in all events, scars will remain in the region of the incision/s. The appearance of the scars that will remain depends on the type of skin that I have and its healing characteristics, and there are cases in which keloidal scars develop.

I have also received an explanation of the main risks and complications, including: bleeding, infection, altered sensation of the nipples and skin, which may be temporary or permanent, opening of the margins of the incision/s, necrosis of the skin and/or areola and/or nipple and/or deep tissues, and asymmetry of the chest. These complications could necessitate additional treatments and operations. I have received an explanation of the risks and complications possible in case of insertion of an implant, including: leakage or rupture of the implant enveloping, as well as extrusion or rejection, which would necessitate an operation to remove it; hardening and contraction of the implant capsule and resultant discomfort and pain and/or distortion of the shape of the breast.

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 the implant could make it more difficult to diagnose tumors in breast examinations. I have been explained that in the event that an implant is utilized, regular periodical monitoring will be needed, 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 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 anesthetics, and the possible complications of the use of sedatives, which rarely could 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 an anesthesiologist.

Patient's Signature / חתימת המטופל/ת: _____



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 another physician designated by him to perform my discharge procedure.

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 mastopexy performed via an incision under the breast (דרך חתך תת שדי) / around the areola (סביב העטרה) / in the armpit (בבית השחי) * other (אחר) _____

with (עם) / without (בלי) * insertion of a (החדרת תותב/ים מסוג) _____ type implant, (בנפח) _____ in volume (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