

טופס הסכמה להרדמה

## CONSENT FORM: ANESTHESIA

The usual types of anesthesia are general, regional or local anesthesia, or combinations of these methods. General anesthesia is carried out by injection of substances into the blood system and/or the introduction of substances into the respiratory system by means of a tracheal tube and/or mask. The substances causes a lowering in the level of consciousness, relaxation of muscles and reduction in the sensation of pain. The rate of wakening from anesthesia depends on various factors connected with the type of operation, type of anesthetics, and the general state of the patient.

Regional anesthesia is carried out by injection of substances into or around nerves leads to anesthesia of a certain region of the body, Examples of regional anesthesia are epidural anesthesia and spinal anesthesia, in which the anesthetic substance is injected into the space surrounding the spinal cord (in the back). Local anesthesia is carried out by injections of substances into the area adjacent to the operation site. This is usually done by the surgeon. Combinations of the different types of anesthesia are possible, e.g. general anesthesia and regional anesthesia, regional anesthesia and local anesthesia, and combinations of types of regional anesthesia.

**The risks of all kinds of anesthesia are not necessarily related to the type of operation or its complexity.**

In a pregnant woman, with all types of anesthesia, some of the anesthetic substances may be transferred to the fetus, and in isolated cases, there may be rare side effects and risks to the fetus or to the continuation of pregnancy. The patient must provide the anesthetist with full information regarding his/her diseases, sensitivity to medications, and reactions to previous anesthesia, including complications if they occurred.

Patient's Name: (שם המטופל) \_\_\_\_\_

Father's Name / שם האב \_\_\_\_\_

First Name / שם פרטי \_\_\_\_\_

Last Name / שם משפחה \_\_\_\_\_

ID. No. / ת.ז. \_\_\_\_\_

I hereby declare and confirm that I have been given a detailed verbal explanation by Prof./ Dr: (פרופ' / ד"ר) \_\_\_\_\_

First Name / שם פרטי \_\_\_\_\_

Last Name / שם משפחה \_\_\_\_\_

regarding the need for anesthesia for the designated operation. The purpose of the anesthesia and possible methods of its use has also been explained to me. I declare and confirm that i have received an explanation regarding the different types of anesthesia and that there is a possibility of change of type of anesthesia, and/or combination of the different types of anesthesia(such as general and local, or general and regional) and/or transfer from one type of anesthesia to another, at the discretion of the anesthesiologists and the surgeons.

I have also received an explanation regarding the side effects after general anesthesia including: pain in the throat and discomfort on swallowing, muscle pains, nausea and vomiting and general discomfort. I have also received an explanation regarding possible risks and complications including: damage to teeth and the trachea due to introduction of the instrument necessary for anesthesia. In rare cases there may be serious complications such as: acute allergic reaction, malignant hyperthermia syndrome (high fever), disturbance of function of the liver, and/or other essential systems. In very rare cases, death may result from these complications. I have also received an explanation regarding the side effects during regional anesthesia including: a sensation of discomfort and pressure at the site of the injection. After completion of the anesthesia, loss of sensation and limitation of movement up to reversible paralysis may continue. The possible risks and complications have also been explained to me, including: local infection and/or the development of an abscess and local bleeding (hematoma) In addition, spinal and/or regional anesthesia is sometimes accompanied by back pain, and there is a possibility of leakage of the spinal fluid and/or penetration of the needle into the sheath of the spinal cord that are liable to cause acute and/or prolonged headaches. These effects require treatment. In very rare cases there may be permanent damage to nerves of the legs and urinary bladder.



**I hereby give my consent to perform the primary procedure, except:** \_\_\_\_\_

I have received an explanation that failure of the anesthetic may occur due to limitations in my anatomical structure that in part could not be anticipated at the outset. Failure in performing anesthesia is liable to necessitate, at times, giving treatments to ensure the function of essential systems, up to carrying out procedures to save life. It has been made clear to me that in such a case the planned operation may not be performed.

I know and agree that the anesthesia in all its forms will be performed by whoever is designated to do so, according to the institutional procedures and directives, and that there is no guarantee that they will be performed, fully or in part, by a certain person, as long as they are performed according to the institution's standard degree of responsibility and according to the law.

\_\_\_\_\_  
Date / תאריך

\_\_\_\_\_  
Time / שעה

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

\_\_\_\_\_  
Guardian's Name (Relationship)/Guardian's Signature (for incompetent, minor or mentally ill patient's / 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 מטופל/ת) a detailed verbal explanation of all the abovementioned, as required and that he/she 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 / לאפוטרופוס של המטופל את כל האמור לעיל בפירוש 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. / רישיון מספר