

## טופס הסכמה להרדמה ANESTHESIA

Nature of the medical issue - anesthesia before surgery/procedure\*:

(\*Name of the surgery / procedure appears as a general definition only. The exact name, and the exact implications of the operation, will be provided by the surgeon performing the operation, including providing an explanation for the purpose of obtaining informed consent).

The accepted types of anesthesia are general anesthesia, sedation ("blurring"), regional anesthesia and local anesthesia. A combination of the methods may be used. Local anesthesia can also be administered by the physician performing the operation, while it is being performed. The method of anesthesia is determined according to the type of procedure performed, in agreement between the patient and the anesthesiologist.

**General anesthesia or sedation** ("blurring") is a reversible change in the state of consciousness caused by medications for the purpose of performing a medical operation, to avoid discomfort and pain during the procedure. During general anesthesia or sedation, medications will be administered in different ways to obtain a change in the state of consciousness, pain relief and/or relaxation. During **sedation**, the patient maintains a partial level of consciousness and/or may be drowsy, while general anesthesia is a state of full induced unconsciousness. The operation is carried out by giving preparations that reach the blood system. Possible ways of administration are intravenous injection, subcutaneous or intramuscular injection, ingestion, inhalation into the respiratory system, and even in some cases by suppository means. General anesthesia requires respiratory care, which includes administration of oxygen in a face mask and independent breathing, breathing in the mask, placement of pharyngeal mask, insertion of an intratracheal tube into the trachea, or breathing using a ventilator. The rate of awakening from anesthesia depends on various factors related to the type and duration of the operation, the type of anesthesia and the patient's general condition.

**Regional anesthesia** is performed by injecting preparations near the nerves, causing numbness of a certain area of the body. **In epidural anesthesia and spinal anesthesia**, the preparations are injected in the back, into the cavity around the spinal cord. **In peripheral nerve blocking**, the preparations are injected around nerves in different parts of the body. The effect of the regional anesthesia usually goes away a few hours after the injection of the numbing substance.

**Local anesthesia** is performed by introducing preparations near the operated area, and is usually performed by the doctor performing the procedure itself. The effect of local anesthesia usually goes away a few hours after the introduction of the numbing substance is stopped. A combination of different types of anesthesia may be used, as described above, as well as a combination of different regional anesthesia methods.

I hereby declare and confirm that I have received a detailed explanation of the administration of anesthesia of the following type (the anesthesiologist should circle the planned type of anesthesia; more than one type may be chosen):

**General anesthesia / regional anesthesia / local anesthesia / sedation ("blurring") / monitoring**

Signature of patient / guardian: \_\_\_\_\_



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**ANESTHESIA**

מדבקה

That I understood it and was given the opportunity to ask questions and discuss the procedure, the therapeutic alternatives, the risks and the benefits.

I hereby declare and confirm that I have received a detailed explanation of the various types of anesthesia, including the risks and complications inherent in each of them, their possible combination, and the possibility that it will be necessary to switch from one type of anesthesia to another in the event of difficulty in carrying out the planned anesthesia, or at the discretion of the anesthesiologists and the physicians performing the operation.

**It was explained to me and I understood that the type of anesthesia that will be used in practice can change at the time of the operation, at the discretion of the anesthesiologists and the physicians performing the operation.**

For each type of anesthesia, my consent includes the accompanying procedures, including the insertion of catheters as mentioned. My consent is given to all of the above, except:

It was explained to me, and I understood, that during the anesthesia catheters will be inserted as needed, according to the type of operation and the patient's state of health, into various blood vessels in the body (veins or arteries: arms and/or legs and/or neck and/or chest), a bladder catheter, a stomach drainage tube (zonda), or other means for monitoring and testing such as an intraesophageal ultrasound transducer (transducer) to monitor the state of the heart and other means for monitoring the activity of various body systems. The insertion of these catheters involves various risks, including bleeding, infection, damage to nearby and other structures, risks that are usually minor and temporary, but can, in extreme situations, even endanger the patient's life.

**In pregnant women**, in all types of anesthesia, it is possible for some of the anesthetics to transfer to the fetus, and in rare cases there may be side effects and complications for the fetus or for the continuation of the pregnancy.

It was explained to me and I understood the great importance of providing complete information about my medical condition and all my illnesses and about all the medicines, drugs and natural preparations that I consume. Also, about known sensitivity to medications and/or anesthetics, and about reactions and complications following previous anesthesia of any kind, in me or in my family members.

**It was explained to me and I understood the importance of fasting before anesthesia, as failure to observe it could cause complications or even death.**

It was explained to me and I understood that on the day of the anesthesia and at least until the next day, I must be under the supervision of a responsible adult, and that I must be careful when standing and walking due to risk of falling. Also, I should avoid driving or making important decisions on the day of the anesthesia at least, and possibly for a longer period, depending on my condition.

**Signature of patient / guardian:** \_\_\_\_\_



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מדבקה

It was explained to me and I understood the common side effects following **anesthesia**, including: sore throat and discomfort in swallowing, muscle pain, nausea and/or vomiting and weakness, which will gradually go away, delayed recovery, respiratory depression, drop in blood pressure and/or change in heart rate.

Also, it was explained to me and I understood the possible risks and complications, including: damage to the teeth and/or mouth and tongue, damage to the lungs, temporary or permanent damage to the trachea, damage to the eyes (vision), damage to the ears (hearing), minor or severe damage to the central or peripheral nervous system, temporary or permanent, and rare complications such as an allergic reaction to the anesthetics, malignant hyperthermia syndrome, disturbances in liver functions, and/or in the functioning of other vital systems. It was explained to me that during the anesthesia and surgery, damage may occur to various nerves, the eyes, the skin and other tissues, as a result of various factors such as the position of the body during the surgery.

It was explained to me and I understood that in extremely rare cases, a complication from anesthesia may be fatal.

Also, it was explained to me and I understood that there may be difficulties in inserting a tube into the trachea, due to limitations in the anatomical structure or for other reasons, some of which cannot be predicted in advance. A failure in the administration of anesthesia may require vital treatment, to the point of performing life-saving resuscitation operations, including tracheostomy. It was made clear to me that in such cases the planned procedure may not be carried out.

**All types of risks inherent in anesthesia are not necessarily related to the type and complexity of the surgery.**

It was explained to me and I understood the possible side effects and complications following **sedation**, which are similar to those of general anesthesia as described above. It was explained to me that there is a possibility of failure in performing sedation, which could lead to the need to deepen the treatment to general anesthesia, or alternatively to the cancellation of the planned operation. It was explained to me and I understood the existing therapeutic alternatives to sedation, which include general anesthesia or alternatively performing the operation without sedation, which may be accompanied by discomfort and/or pain during the operation, or may not even allow the operation to be performed.

The side effects during **regional anesthesia** were explained to me and I understood, including: pain and discomfort, pain and pressure at the needle insertion site, a temporary feeling of numbness and tremors when the effect of the anesthetic begins, and even failure to relieve pain after the operation. It was explained to me that after the end of the anesthesia, it will take time for the sensation and movement in the anesthetized body part to return to normal; It was explained to me that there is a possibility of increased pain returning when the effect of the medications wears off. Also, possible risks and complications were explained to me, including: infection and/or

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מדבקה

abscess in the injection area; local bleeding; shortness of breath (which will go away in a short time); When performing spinal or epidural anesthesia, back pain may occur, and there is a possibility of the needle penetrating the spinal cord sheaths, and a continuous leakage of spinal fluid, which may cause sharp and/or prolonged headaches. These effects may require invasive treatment, in the form of performing a repeated epidural operation for the injection of autologous blood (Blood Patch).

I was also informed of and understood the other risks and complications of regional anesthesia, including: allergic reaction of varying degrees of severity, nerve damage and/or unintentional damage to nerves or the spinal cord (according to the type of operation), pneumothorax, and an excess dose of local anesthetics that can lead to arrhythmia or an epileptic attack. It was explained to me that infection in the injection area can sometimes require antibiotic treatment and in rare cases even surgical drainage; and that hemorrhage at the injection area can infrequently require surgical drainage. Rarely, severe and even irreversible damage to nerve function may occur. The incidence of each of these complications is relatively low. In rare cases, these complications may be fatal.

It was also explained to me that there may be difficulties in performing the regional anesthesia due to limitations in the anatomical structure or for other reasons, some of which cannot be foreseen in advance. Failure in the performance of regional anesthesia may require switching to general anesthesia in order to finish the surgical procedure, and in a small number of cases the provision of essential treatments, including life-saving resuscitation operations. It was made clear to me that in such a case the planned surgery may not be performed.

Side effects of **local anesthesia** were explained to me, including pain and discomfort in the injection area, which will gradually pass. The risks and possible complications were explained to me, such as bleeding or infection at the injection site, and rarely, temporary or permanent, mild or severe injury to a nerve near the injection site.

I am aware that in the event that the Medical Center has a university branch, students may take part in the evaluation and treatment, under full control and supervision.

I know and agree that the primary surgery (unless a surgeon is pre-selected and scheduled for the operation) and any other procedure will be performed by any designated physician, according to the Institution's procedures and directives, and I hereby declare that I did not receive any guarantee that it will be performed, fully or in part, by a specific person.

**Signature of patient / guardian:** \_\_\_\_\_



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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 the undersigned physician on all of the above, including everything related to anesthesia for the purpose of the planned surgery / procedure. The purpose of anesthesia and possible methods of performance were also explained to me.

אני מצהירה/ומאשרת בזאת כי ניתן לי הסבר מפורט בעל פה מהרופא החתום מטה על כל האמור לעיל, ובכלל זה כל הקשור בהרדמה לשם ביצוע ניתוח / פעולה מתוכננת. כמו כן, הוסבר לי מטרת ההרדמה ודרכי ביצוע אפשריות.

\_\_\_\_\_ 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)

\_\_\_\_\_ Name of interpreter / שם המתרגם/ת \_\_\_\_\_ Relation to patient / קשריו למטופל/ת \_\_\_\_\_ Interpreter's signature / חתימת המתרגם/ת

I hereby confirm that I have given the patient / the patient's guardian / the patient's interpreter \* a detailed oral explanation of all the above as required and that the patient / guardian has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

אני מאשרת כי הסברתי בעל פה למטופל/ת / לאפוטרופוס של המטופל/ת / למתרגם של המטופל/ת\* את כל האמור לעיל בפירוט הדרוש וכי המטופל/ת / האפוטרופוס חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסבריי במלואם.

\_\_\_\_\_ Physician's Name / שם הרופא/ה \_\_\_\_\_ Signature / חתימה \_\_\_\_\_ License No. / מספר רישיון

\_\_\_\_\_ Name of interpreter / שם המתרגם/ת \_\_\_\_\_ Relation to patient / קשריו למטופל/ת

\* Cross out irrelevant option / מחקי את המיותר