

Clinics
Haifa - Beit Harofim 4 Ben Gurion st.
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Nahariya 21 Sokolov st.

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www.drgovrin.co.il

מרפאות
חיפה - בית הרופאים, שד' בן גוריון 4
חיפה - רח' שארית הפליטה 13, דניה
נהריה - רח' סוקולוב 21

Consent to an operation for a complete 'tummy tuck' – Abdominoplasty.

The purpose of the operation is to remove surplus skin tissue and fat tissue from the lower abdomen. The operation does not eliminate stretching marks of the abdominal skin, but it can improve their appearance. The operation is usually performed under general anesthesia. Sometimes this operation is also combined with liposuction from various sites of the abdomen and its surroundings.

Name of the patient: _____ ID no.: _____

I hereby testify and confirm that I have received a comprehensive oral explanation by Dr. _____ on abdominoplasty, including the separation of the umbilicus, with or without liposuction (hereinafter: "the main operation")

I hereby testify and confirm that I received explanations on the side-effects after the main operation including: pain, discomfort, swelling, bleeding and an accumulation of fluids, as well as nausea and vomiting. I am aware that the operation leaves a scar on the lower abdomen, a scar around the umbilicus as well as a scar (elaborate) _____

I am aware that these scars do not disappear; they are not straight and are visible. Sometimes, extensive and unseemly or colloidal scars (red, prominent and itching) develop. I am aware that the abdominoplasty is associated with pulling up of the genital region and pulling down of the umbilical region. After the operation, drains are left behind that are left in place for a few days, and they are removed as determined by the surgeon and according to the amount of drained fluids.

Similarly, I have received explanations on the potential complications including: infection, opening of the sutures, appearance of cysts at the site of the sutures, prominent scars, chronic pain at the surgical site, an absence of sensation, asymmetry of the two sides of the abdomen, an accumulation of fluids that may necessitate drainage, necrosis of the abdominal and/or umbilical skin that necessitate more operations and are associated with more scars and in rare cases, bleeding necessitating emergency surgery. Emboli of clots and fat tissue particles may reach the lungs and the brain, and may necessitate artificial respiration, and may cause death. I have received explanations that after the operation, there will be a limitation of straightening the abdomen for several weeks.

I hereby give my consent to the performing of the main operation.

I have received explanations that the operation is performed under local anesthesia and deep sedation. I will receive explanations on general anesthesia by the anesthesiologist.

Similarly, I hereby testify and confirm that I have received explanations and I understand that there is the possibility that during the main operation it may be necessary to extend its scope, to alter it or conduct other or additional procedures for saving of life or preventing bodily damage, including surgical procedures that are not certain or fully foreseeable now, but their significance was made clear to me. Thus, I also consent to that extension, alteration or performance of other or additional procedures that in the surgeon's opinion, are vital or necessary during the main operation.

I consent to the taking of pictures before and after treatment for purposes of science, recording and monitoring.

I have received explanations that medicine and plastic surgery in particular, are not an exact

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science, and that it is not possible to prevent entirely complications and adverse outcomes. The surgeon undertakes to treat assiduously any complication or adverse outcome; however, it was made clear to me that no pecuniary indemnification of any kind will be awarded, for a pos-operative complication or adverse outcome. Similarly, no coverage will be awarded for any pecuniary or other damage incurred in connection with the treatment such as a loss of working days, purchasing of drugs, special trips, hospitalization, and/or any direct or indirect damage incurred in direct or indirect connection with the outcome of the treatment that I will receive.

If a decision is taken after the recovery period, that usually takes a year, that corrective surgery is necessary, it will be performed with the consent of the 2 parties and at cost price.

I undertake to continue the periodic follow-up by the surgeon or the attending physician as they will determine, and to notify on time of any unforeseen change in the healing process.

I testify that I have had time to peruse it and to receive another opinion of my choice.

Signature of the patient/guardian on the day of receipt of the form for the first time:

_____ Date: _____ Time: _____

Signature of the patient/guardian for the second time: _____

Date: _____ Time: _____

I testify that I have explained to the patient/ guardian all the aforesaid in the necessary detail and that the signature was put after I was satisfied that my explanations were fully understood.

Stamp and signature of the physician: _____

Date: _____ Time: _____