

Clinics

Haifa - Beit Harofim 4 Ben Gurion st.

Haifa 13 Sherit Hapleta st.

Nahariya 21 Sokolov st.

1800-331-441

Tel. 972-4-8550930 טל.

Tel. 972-4-8550931 טל.

Tel. 972-4-9824777 טל.

Fax. 972-4-8550929 פקס.

www.drgovrin.co.il

מרפאות

חיפה - בית הרופאים, שד' בן גוריון 4

חיפה - רח' שארית הפליטה 13, דניה

נהריה - רח' סוקולוב 21

Consent to breast-reduction surgery

Breast-reduction surgery is a cosmetic operation, although occasionally it is done for medical reasons in order to reduce the load on the vertebral column and chest. Breast reduction is done by elevating the nipple and removing the surplus skin and fat. The operation is performed under general anesthesia.

Name of the patient: _____ ID no.: _____

I hereby testify and confirm that I have received a detailed oral explanation by Dr. _____ on breast-reduction surgery on the right breast/left breast/both breasts

Hereinafter: "the main operation"

I have received an explanation of the anticipated outcome and the limited capability of breast reduction.

I hereby testify and confirm that I have received an explanation of the post-operative side-effects including pain, discomfort, nausea and vomiting, a permanent erection of the nipples, a permanent depression of the nipples, and changes of the sensation of the nipples including a permanent loss of sensation.

I have received an explanation that in any case scars will remain in the incision region. The shape of the scars depends on the type of skin that I have and its healing properties. In some cases, dark, wide and unseemly scars develop, and/or colloid ones (red, and permanently itching scars). Similarly, I have received explanations of the potential complications including: bleeding (which in rare cases is liable to necessitate emergency intervention to stop it), infection, opening of the sutures, an absence of sensation, excessive sensation, or even partial or complete necrosis of the nipples, and parts of the skin of the breasts. A possibly asymmetry of the breasts. Similarly, I have received explanations that breast surgery may impair breast-feeding ability and the possibility of detection of tumors by a breast examination. Possible palpable tumors in the breasts and death. I have received explanations about the need for a periodic follow-up for at least a year. I have received explanations that the operation does not stop the wear and tear processes of the body and that the operation does not stop the natural process of sagging of the breasts.

I am aware that extreme changes in weight, pregnancy, delivery and breast-feeding alter the shape of the breast and may cause a sagging of the breasts. Similarly, I have received explanations on the significance of breast-reduction surgery, and I understand that it involves scarring, but nevertheless I wish to undergo it. I hereby give my consent to the performing of the main operation.

I also give hereby my consent to performing local and regional anesthesia with or without an intra-venous injection of sedatives, after I have received explanations of the risks and complications of local anesthesia including allergic reactions of various degrees to the anesthetic substances and potential reactions to sedative drugs that may, rarely, cause respiratory disturbances and disturbances of cardiac functions mainly in cardiac patients and respiratory tract patients. Similarly, I have received explanations on the possibility of neural and/or vascular damage by regional anesthetic. If anesthesia is necessary, I hereby give my consent to the performing of the main operation.

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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 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 performing of other or additional procedures, that to the surgeon's opinion are vital or necessary during the main operation.

I consent to taking pictures before and after treatment for scientific, documentation and monitoring purposes.

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