

Clinics

Haifa - Beit Harofim 4 Ben Gurion 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 form: Liposuction surgery

Liposuction is a surgical technique designated to remove surplus accumulations of fat from specific sites of the body. The operation is not a substitute for a loss of weight; after liposuction, an operation is indicated for the removal of surplus skin. The operation is performed under general, regional, or local anesthesia.

Name of the patient: \_\_\_\_\_ ID no.: \_\_\_\_\_

I hereby testify and confirm that I have received a detailed oral explanation by Dr. \_\_\_\_\_ on liposuction surgery from the site \_\_\_\_\_ (hereinafter "the main operation").

I have received explanations on potential ways of treatment under the circumstances of the case including: excision of surplus skin and fat, and the risks of each one of these procedures and the tests and treatments involved.

I have received explanations on the anticipated outcome and the limited repair capability of the operation, i.e., sometimes the liposuction does not achieve the desired outcome and/or manifests itself in a non-uniform shrinkage of the skin and appearance of pits and/or alterations of color, lumps and/or depressions on the surface. In bilateral liposuction, asymmetry may develop.

I hereby testify and confirm that I have received explanations on the side-effects after the main operation including pain, nausea and vomiting, discomfort, and transient or permanent alterations of the sensation of the skin. I received explanations that at the site where the suction device will be inserted, a scar will remain. The remaining scars depend on the type of my skin and its healing properties, and in certain cases, colloid scars may develop (red, prominent and itching).

Similarly, I have received explanations on the potential risks including: bleeding, infection and accumulation of fluids (seroma) at the sites from where the fat was suctioned. Similarly, there is the possibility of damage to the skin, phlebitis, superficial and deep and in very infrequent cases emboli to the lungs and brain, as well as a perforation of the abdominal or thoracic cavity, and even death.

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 explanation, 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 performing 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 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.

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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 with the price of the operating room only.

I undertake to continue with a periodic follow-up with the surgeon or the attending physician as determined, and notify on time of any unforeseen change in the course of treatment.

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: \_\_\_\_\_

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: \_\_\_\_\_