

טופס הסכמה לניתוח להחדרת צינוריות אורור לאוזניים ("כפתורים")

**CONSENT FORM:  
INTRODUCTION OF  
VENTILATING TUBES (VT)**

מדבקה גדולה

In this operation, an incision is made in the eardrum, and a tiny tube (approximately 2 mm in size) is introduced. This tube has "wings" that attach on each side of the incision, preventing it from slipping out of place.

The medical indications for introduction of ventilation tubes into the eardrum are: fluids in the ears for a prolonged period, many recurrent inflammations of the middle ear, a situation in which a "shabby" eardrum is drawn into the ear due to the development of negative pressure and vacuum in the middle ear cavity, special cases of need to instill medications into the middle ear, treatment in a hyperbaric chamber.

Aims of the operation are: to improve hearing, to prevent, or at least reduce, middle ear inflammations and to prevent long-term complications.

The operation is performed under general anesthesia (in children) or local anesthesia (in some adults). The procedure is performed while viewing the ear with a magnifying microscope, incision of the eardrum, drawing fluids from the ear and insertion of the tube.

Patient's Name (שם המטופל/ת):

שם משפחה / Last Name שם פרטי / First Name שם האב / Father's Name ID No. / ת.ז.

I hereby declare and confirm that I have been given a detailed oral explanation by Dr. (ד"ר):

שם משפחה / Last Name

שם פרטי / First Name

concerning the need for an operation to introduce ventilating tubes on the right side (ימין) / left side

(שמאל) / bilaterally (דו-צדדי)\*, due to (בשל)

(henceforth: "the primary operation").

I hereby declare and confirm that I have been given an explanation of the alternative modes of treatment that are possible in the circumstances of the case, as well as of the side effects, prospects and complications that these treatments involve.

It has been explained to me that there are cases in which re-operation is needed due to recurrence of fluid in the ears, or premature ejection of the tube, or lack of success in insertion of the tube. In most cases, the tube is spontaneously ejected from the eardrum within a time range of two months to two years, but sometimes, an additional procedure is required to remove it.

I hereby declare and confirm that I have been explained the side effects of the primary operation, including mild bleeding from the ears, purulent discharge through the tube, which could occur due to penetration of water from outside the ear, or due to catching a cold and inflammation of the middle ear which drains via the tube.

I have also been explained the possible risks and complications of the primary operation, including: perforation of the eardrum that remains after the tube is ejected, with need for a future operation to close the perforation; blockage of the tube by discharge or a blood clot; scarring of the eardrum; extremely rare complications: tinnitus (ringing in the ear), impaired taste, injury to the facial nerve, injury to a large blood vessel in the ear, cholesteatoma.

מדבקה גדולה

I hereby give my consent to perform the primary operation.

I hereby declare and confirm that it has been explained to me and I have understood that there is a possibility that during the course of the primary operation, it will turn out that there is a need to be broaden its scope, alter it or to perform other or additional procedures for the purpose of saving life or preventing physical damage, including additional surgical procedures that cannot now be anticipated with certainty or completely, but their significance has been explained to me. I therefore consent also to such broadening, change or the carrying out of other or additional procedures, including surgical procedures that the institution's physicians will consider to be vital or needed during the course of the primary operation.

My consent is hereby given also for performing local anesthesia, with or without intravenous injection of sedatives, after having been explained had the risks and complications of local anesthesia, including various levels of allergic reaction to anesthetics, and the possible complications of the use of sedatives, which could, in rare instances, cause disturbances to breathing and disturbances to heart function, mainly in people with heart disease and people with disorders of the respiratory system.

It has been explained to me that if the operation is performed under general anesthesia, an explanation of the anesthesia will be given to me by an anesthesiologist.

I know and agree that the primary operation and any other procedure will be performed by any designated physician, according to the institution's procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the standard degree of responsibility in the institution and in accordance with the law.

**I, the undersigned, am aware that at the time of my discharge, the physician who operates on me might not be present in the hospital. In this case, I give my consent for any other physician to perform the discharge procedure on his behalf.**

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)

I hereby confirm that I have given the patient (למטופל/ת) / the patient's guardian (לאפוטרופוס של (המטופל/ת)\*) a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has 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/ת / לאפוטרופוס של המטופל/ת\* את כל האמור לעיל בפירוט 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. / מספר רישיון

\* Cross out irrelevant option / מחק/י את המיותר