



**TRIGGER FINGER RELEASE SURGICAL
PROCEDURE CONSENT FORM**



DOCUMENT NO	RB.FR. 171	FIRST PUBLISHING DATE	15.03.2018	REVISION DATE		REVISION NO		PAGE NO	1/5
--------------------	----------------------	------------------------------	------------	----------------------	--	--------------------	--	----------------	-----

Revision Cause:

**PATIENT'S
Patient File**

No:.....
Name, Surname :.....
Birthdate :.....
Sex :.....
Division :.....
Consent Date :.....

Dear patient / deputy legal representative;
You have the right to be informed on the medical, surgical and diagnosis related procedures about your/your patient's health status and recommended for you/your patient, and their alternatives, benefits, risks and even possible damages that could take place, and to refuse or to accept all or part of these, or to stop the procedures to be conducted in any phase.
This form, which we ask you to read and understand, has been prepared to inform you on determining whether you will give consent for the applications or not, and to obtain your permission, and not to frighten you or scare you away from these medical applications.

INFORMATION

PREDIAGNOSIS :.....
PLANNED TREATMENT / ESTIMATED DURATION:.....

INFORMATION ABOUT THE PROCEDURE

The main objective of the treatment is to open the pulley at the base of the finger so that the tendon can move easily. Usually, finger movements relax immediately after the treatment. Normal hand movements begin with the relief of pain in the surgical wound site.
Some patients have sensitivity, unrest and swelling in the area of surgery, which lasts longer than other patients, and these patients may require post-surgical hand therapy. The surgery is carried out under general anaesthetic or local anaesthetic

ALTERNATIVE TREATMENTS



TRIGGER FINGER RELEASE SURGICAL PROCEDURE CONSENT FORM



DOCUMENT NO	RB.FR. 171	FIRST PUBLISHING DATE	15.03.2018	REVISION DATE		REVISION NO		PAGE NO	2/5
--------------------	----------------------	------------------------------	------------	----------------------	--	--------------------	--	----------------	-----

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

- Bleeding, Infection, Necrosis (tissue loss) may develop.
- Motor (motion) and sensory functions may not fully relieve, and there may not even be any improvement.
- Tourniquets stopping blood circulation may be applied in order to perform bloodless operation. Depending on the application, low levels of vascular or nervous problems may occur.
- Unwanted situations, such as nerve injury, may occur during surgery. These conditions may be temporary or permanent.
- Unwanted situations, such as vascular damage in fingers, may occur during surgery. In case of vascular damage, the movement of the finger may be impaired. This can cause finger loss.
- Stiffness (contracture) may occur in the operated joints.
- Some surgeries may require blood transfusion. In such cases, serious complications, including death, exist. Germ transmission, blood incompatibility, risk of bleeding may be seen.
- Sometimes postoperative complex regional pain syndrome may occur. In these cases, pain, swelling, sensitivity, may develop.
- Abnormal wound healing may result in explicit scar tissue on the sutures.
- It can repeat in months or years.

Although all these surgical procedures have been successfully completed, if the patient does not comply with the recommended physical therapy program, the desired results may not be achieved.

INFORMATION ABOUT THE SUCCESS RATE

INFORMATION ABOUT THE POSSIBLE CONSEQUENCES IN CASE OF REFUSAL OF PROCEDURE

(IF MEDICINE USE IS PLANNED) INFORMATION ABOUT OF SPECIFIC MEDICINE AND ITS FEATURES

IMPORTANT LIFESTYLE SUGGESTIONS FOR PATIENT'S HEALTH



TRIGGER FINGER RELEASE SURGICAL PROCEDURE CONSENT FORM



DOCUMENT NO	RB.FR. 171	FIRST PUBLISHING DATE	15.03.2018	REVISION DATE		REVISION NO		PAGE NO	3/5
-------------	------------	-----------------------	------------	---------------	--	-------------	--	---------	-----

ACCESS TO MEDICAL ASSISTANCE ON THE SAME SUBJECT WHEN NECESSARY

According to health legislation, every individual has the freedom to choose hospital and physician. You can reach medical assistance in public or private health organizations about your disease within the scope of your Social Security.

When necessary, you can contact our hospital 24 hours a day, or you can get medical assistance by contacting the doctor or another specialist who performed the surgery with the phone number **0090 (222) 335 0 335**. In case of emergency, you are able to get medical assistance at a health care facility near you or via an emergency call center (112).

PATIENT'S QUESTIONS (IF ANY)

CONSENT

I have been told all the results I might have had if I am not treated or if I refused the treatment, and, in respect of all the procedures to be performed while diagnosis and treatment, I have been explained plainly and explicitly that I may encounter with infection, blood coagulation in veins and lungs, bleeding, allergic reaction or oedema at or far from surgical area, epileptic seizure, temporary or permanent organ/system functioning failure, death, including anameia and meningitis.

We know the other risks may be side effects, such as hypokinesis in incision area, permanent scar, body deformation as a result of bone subtraction/addition, cerebral fluid leakage from surgical area or needle site, headache or longterm/chronic ache, temporary or permanent voice loss causing from vocal cord palsy, temporary or permanent function loss in organs such as face, brow, tooth, eye or hearing impairment, swallowing impairment and vision loss and loss of bladder and stool control, changes in personality, become disabled due to tissue or organ damage and occurrence of need to use medicine/hormones for a lifetime, short or longterm ache due to position during the operation, and narcotism; and hereby approve these mentioned risks.

I have read the above given information and have been informed by the undersigned doctor. I have been informed about the purpose, risks and complications of the medical or surgical intervention to be performed. I approve this process consciously, without further explanation and under no pressure I hereby authorize the person named with giving approval and being informed about my treatment if I lose my consciousness by some means or another and am not able to give approval during the operations related to my treatment.

.....(Please write "I acknowledge that I have read and understood above" in your handwriting)



**TRIGGER FINGER RELEASE SURGICAL
PROCEDURE CONSENT FORM**



DOCUMENT NO	RB.FR. 171	FIRST PUBLISHING DATE	15.03.2018	REVISION DATE		REVISION NO		PAGE NO	4/5
--------------------	----------------------	------------------------------	------------	----------------------	--	--------------------	--	----------------	-----

PATIENT

Time:

Signature:

Date:.....

Name Surname (handwriting):.....

Patient's father/mother/legal representative*

Signature:

Date / Time:

Name Surname (handwriting):.....

*The person whose name is mentioned in the last paragraph should sign.

I have made adequate and satisfactory explanation to aforementioned patient / patient relative about the disease, operation to be performed, the reason and benefits of the operation, necessary postoperative care and probable risks, type of anaesthesia to be applied, if necessary, and risks and complications regarding anaesthesia. The patient / patient relative has signed and approved this form with their own consent that they have been adequately informed on the operation.

DOCTOR

Date / Time:

Signature:

Name Surname:.....

IF THE PATIENT HAS SPEECH / LANGUAGE DIFFICULTIES:

I have interpreted the statements made by the doctor to the patient. In my opinion, the information I have interpreted is understood by the patient.

INTERPRETER'S:

Date / Time:

Signature:

Name Surname (handwriting):.....

You can consult with Patient Services Directorate during the day and the Night Chief during the nights for all your complaints or any other issues you wish to address about medical applications.

*Legal Representative: The guardian for those under guardianship, the parents for minors, in cases where they do not have one of these, first degree lawful heirs. Signing this consent form does not abolish the patient's legal rights.