



**CEREBRAL (BRAIN) ANEURYSM INFORMED
CONSENT FORM**



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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 brain aneurysm is bulging or enlargement of part of an artery or a vein wall. The wall of such a vein sac got thin and may suddenly be perforated and bleed. Such bleeding can cause stroke, coma and/or death. Often craniotomy is performed to close the neck part of the aneurysm with metal clips (mostly made of titanium). Craniotomy is the process of removing a bone part from the skull and then replacing it. Aneurysms may be bleeding (not ruptured) or may not be bleeding (ruptured). I understand that my surgeon will perform a craniotomy to clamp the following type of brain aneurysm:

Please indicate the correct one:

Unruptured aneurysm :No blood leak in vascular sac.

Ruptured aneurysm :Blood leak or vast amount of bleeding in vascular sac as a result of a large rupture.



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ALTERNATIVE TREATMENTS

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

Side effects due to anaesthesia: There is a possibility of complications or injury in all anesthesia and sedation forms.

- Bleeding : There may be a large amount of bleeding during or after surgery. Additional treatments and blood transfusion may be required depending on the source or quantity of bleeding.
- Coagulum development : Coagulum occur in any operation, may stop blood flow in the bleeding area, may cause complications including pain, swelling, inflammation and tissue damage.
- Brain injury : There is also a risk of injury in surrounding brain tissue. The symptoms of an aneurysm vary depending on the location of the aneurysm.
- Cardiac complications : In rare cases, surgery may cause arrhythmia or a heart attack.
- Death : Although rare, there is a risk of death during or after surgery.
- Unsuccessful results : The craniotomy method may not be able to stabilize the aneurysm wall and prevent brain tissue injury.
- Infection : Both the skin incision and bone flap infection may occur. The risks associated with infection include meningitis development or brain abscess.
- Postoperative pain: Pain and other symptoms after surgery, although not likely, may increase.
- Postoperative neurological deterioration: Depending on the problems such as bleeding in the operative field, nervous system functions due to brain edema or vasospasm (vascular constriction) may worsen after surgery.
- Recurrence: In rare cases after surgery, there is a possibility that an aneurysm may occur again in the same area.
- Respiratory distress or pneumonia may occur after surgical intervention. Pulmonary embolism may occur as a result of coagulum in vein.
- Seizure activity: An abnormal electrical activity in the brain may occur as a result of aneurysm, bleeding or clamping of the aneurysm, and this situation may lead to seizures of epilepsy.
- Hydrocephali : After surgery, the intracerebral canals may be blocked and the device called shunt may need to be inserted.
- Cerebral vasospasm : In patients with aneurysmal hemorrhage, there may be a decrease in the function of the nervous system due to ischemia in the brain before or after surgery.
- Terson syndrome : In patients with aneurysmal hemorrhage, intraocular hemorrhage may occur rarely.
- Neuropsychological disorders: After aneurysm surgery, there is little possibility of intellectual capacity loss or depression.

INFORMATION ABOUT THE SUCCESS RATE



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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

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 be 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.



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We know the other risks may be side effects, such as hypokinesia in section 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)

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.



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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.