



TOTAL KNEE ARTHROPLASTY (REPLACEMENT) CONSENT FORM



DOCUMENT NO	RB.FR. 167	FIRST PUBLISH ING DATE	15.03.2018	REVISION DATE		REVISION NO		PAGE NO	1/5
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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 operation includes the removal of diseased joint with a surgical procedure and placement of a metal joint to be attached to femur and tibia. An apparatus made of polyethylene material is placed between these metal implants. If necessary, this material made of polyethylene can be placed in patella (kneecap). It is known as metal prosthesis, which is placed on knee. In most cases, bone cement is used to stabilize the prosthesis to tibia, femur or patella.

ALTERNATIVE TREATMENTS



TOTAL KNEE ARTHROPLASTY (REPLACEMENT) CONSENT FORM



DOCUMENT NO	RB.FR.1 53	FIRST PUBLISH ING DATE	01.02.2010	REVISION DATE	06.02.2018	REVISION NO	1	PAGE NO	2/5
----------------	---------------	---------------------------------	------------	------------------	------------	----------------	---	------------	-----

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

Abirritation and loss of strength may occur as a result of pressure of muscles and nerves in application field, related to tourniquet (wristband, very similar to the one of sphygmomanometer, wrapped around the arm and inflated) pressure applied to thigh in order to prevent bleeding during surgical process . This situation may be permanent or temporary. Skin damages and necrosis may develop in the area where the tourniquet is applied. In this case, medical dressing treatment, additional surgeries or skin graft (transplant) may be necessary. Blood clots may occur in the legs. Drugs and compression bandages are usually used to prevent this condition. These clots may detach and disrupt the functions of organs that maintain vital functions. This situation may be fatal. Wound infection may develop. Regarding the patient's condition, in patients with developing infection, removal of the prosthesis is expected to relieve the infection symptoms. This may require antibiotic use, another operation, and possibly a new prosthesis to correct the former operation in one or two stages. The period between the two operations is at least 2 months. In the meantime, you should use antibiotics for a long time. This may then require arthrodesis (immobilizing the joint) of the knee joint. In rare cases where the infection is very severe, amputation of the knee may be the only solution. The knee joint may be dislocated. This may require a new operation. During operation, the bones around the joint may break and you may need a cast or a second operation may be needed to repair it. The artificial joint may loosen or wear off over time. In this case, surgical removal of the prosthesis may be necessary to apply the new one. Surgical procedure may cause numbness. This may be permanent or temporary. Damage to the peripheral nerves may occur. This situation may be permanent or temporary. It may require an advanced operation. Damage to the blood vessels anterior to the knee may occur. In this case, an operation for the veins may be required and sometimes the leg is amputated. Nerve damage may cause burning pain and difficulty in lifting the leg. Nerve block may be needed to relieve pain and to move the leg. After surgery, stiffness may develop in the knee that causes pain and difficulty in walking, sitting, and moving. Manipulation and, probably, another surgery may be required. In some patients, wound healing may be abnormal, in this case the wound opening may thicken, become painful or rash may take place. In the following years, an infection develops in other parts of the body may spread to the prosthesis through blood. In this case, the prosthesis may need to be removed. To prevent this, you will need antibiotics prior to other operations and interventions to treat the knee. Fracture of the knee cap may occur. Dislocation may occur in the knee cap and may cause postoperational pain. Death due to knee replacement is very rare. Preoperative knee symptoms found in knee may remain despite performed surgery. Joint stiffness (limitation of movement) may develop. This situation may be permanent or temporary. Pain development abnormal to surgical procedure and resulting in pain increase may take place.

INFORMATION ABOUT THE SUCCESS RATE

INFORMATION ABOUT THE POSSIBLE CONSEQUENCES IN CASE OF REFUSAL OF PROCEDURE



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DOCUMENT NO	RB.FR.1 53	FIRST PUBLISH ING DATE	01.02.2010	REVISION DATE	06.02.2018	REVISION NO	1	PAGE NO	3/5
----------------	---------------	---------------------------------	------------	------------------	------------	----------------	---	------------	-----

(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.

We know the other risks may be side effects, such as hypokinesis 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,



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DOCUMENT NO	RB.FR.1 53	FIRST PUBLISH ING DATE	01.02.2010	REVISION DATE	06.02.2018	REVISION NO	1	PAGE NO	4/5
----------------	---------------	---------------------------------	------------	------------------	------------	----------------	---	------------	-----

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.



TOTAL KNEE ARTHROPLASTY (REPLACEMENT) CONSENT FORM



DOCUMENT NO	RB.FR. 167	FIRST PUBLISH ING DATE	15.03.2018	REVISION DATE		REVISION NO		PAGE NO	5/5
----------------	---------------	---------------------------------	------------	------------------	--	----------------	--	------------	-----

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.