



**DEVELOPMENTAL HIP DYSPLASIA SURGERY 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

PRE-DIAGNOSIS :.....

PLANNED TREATMENT / ESTIMATED DURATION:.....

INFORMATION ABOUT THE PROCEDURE

Also known as developmental hip dislocation, developmental dysplasia of the hip, or congenital dysplasia of the hip. Hip dislocation is the deterioration of the connection between femoral head and acetabulum at different degrees. The operation includes removal of soft tissue in the hip socket that prevents the hip bone from replacing the head, and, in order to keep the head of the thigh bone in place, incision made right through the socket and the bone tissue graft taken from the hip bone and fixation by wires placed on the incision line to mutualize the thigh bone head and hip socket within anatomical boundaries. If the hip cannot be replaced, it can be shortened by cutting the little part of the thigh bone. The stage of the disease directly affects the results of the treatment applied. Which method should be chosen at which stage of disease is determined with the help of patient's age and stage of the disease. In the early stages of the disease, soft tissue surgery is quite successful, but if the angle of the hip slot is high, the probability of recurrence increases. Since the first 6 months after the surgery will be followed by plaster and device, various skin problems may be experienced. In order to maintain the smoothness of bone interventions performed after the operation the first 2 months of plaster and then the estimated 4 months of device therapy is applied.



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The patient is allowed to walk, if your doctor considers that there is no additional protection required and that the bone placed in the incision area is sufficiently healed. The plaster applied to your patient after the surgery will normally be kept for around 2 months.

ALTERNATIVE TREATMENTS

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

- Injury to the surrounding blood vessels and nerves can occur during the incision to be made to the hip bone.
- Infection may develop on implant ground, the wound site and additional intervention and/or medication may be required.
- Bone graft placed in the area of the bone may be dislodged and therefore another operation may be required.
- The head of the thigh that is placed in the actual socket may be dislocated again for various reasons after the surgery.
- Vascular nutrition failure and, in the future, early calcification may develop due to head disorders (avascular necrosis).
- Depending on the postoperative plaster applied to maintain the surgery, pressure sores and joint stiffness may develop.

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

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.



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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 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.
Annex

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)



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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.