



**PARTIAL HIP PROSTHESIS (REPLACEMENT)
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

PREDIAGNOSIS:.....

PLANNED TREATMENT / ESTIMATED DURATION:.....

INFORMATION ABOUT THE PROCEDURE

The operation includes the replacement of hip joint without any intervention to acetabulum by placing a prosthesis due to calcification, damage, fracture or any other pathological reason. After operation is determined, the patient is hospitalized and examined. During operation, fractured femoral head and neck are removed, socket is prepared and prosthesis is placed. Prosthesis is made of various parts. These parts are made of materials like metal, plastic and material to be used is determined by taking criteria such as patient's age, bone status, activity into consideration. Hip prosthesis can be placed using a filling material called bone cement or without cement. In cases where cement is used, the risk of inoperative sudden cardiac arrest and respiratory arrest development is higher than those of cement-free prostheses. However, cement is preferred for strength and reliability of the prosthesis in elderly patients and



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patients with malignity or osteoporosis. Finally, the good aspect of the bipolar prosthesis is that the postoperative patients are immediately up and walking and can begin rehabilitation.

ALTERNATIVE TREATMENTS

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

- Blood clots may occur in the legs. Drugs and compression bandages are usually used to prevent this condition. These clots may detach and arrive to the lungs (pulmonary embolism), this situation may be fatal.
- Wound infection may develop. This situation may require antibiotic use, another operation, possible removal of the new hip joint, and rarely possible leg amputation. Usually what is done depends on the severity of the infection, but the prosthesis is removed and a new prosthesis is placed in second session. The period between the two operations is at least 2 months. In the meantime, you should use antibiotics for a long time.
- 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 hip 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.
- Femur and acetabulum fracture may occur.
- Death due to hip replacement is very rare, however this risk always exists.
- Preoperative knee symptoms found in hip 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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(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, 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.



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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.

DOCTOR

Date / Time: Signature:

Name Surname:.....



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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.