



TRANSURETHRAL RESECTION OF PROSTATE SURGERY CONSENT FORM



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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

The operation is carried out under general or spinal anaesthetic. A metal tube, which is about the thickness of a pencil, is passed through the penis to the urethra. This tube is about 30 cm long and it allows the passage of a device (resectoscope) that has a light source and, with the help of an optical system, allows to see the tissues, cut through the electrical current and burn the blood vessels and has valves that control fluid flow. Part of the prostate around the urethra, which causes obstructive block, is cut with power tools. Fluid drains through the tube to remove the tissue and blood that has been cut during the operation. At the end of the operation, the catheter is placed in the bladder and remains for several days.

ALTERNATIVE TREATMENTS



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POSSIBLE COMPLICATIONS REGARDING PROCEDURE

1. Blood transfusion that may cause bleeding may occur (2.5%)
 2. During the operation, the rectum or the wall of the bladder may be damaged and surgery may be needed to repair the damage. This may lead to a incision and may delay hospital stay for a long time. If intestinal injury requires surgery, a temporary or permanent colostomy may be done.
 3. There may be bleeding from where the prostate was removed up to 3 weeks. This may cause bleeding in the urine and obstructing the flow of urine, and additional open or closed interventions may be needed.
 4. Weakness in the muscles of the bladder to allow the flow of urine may occur. A catheter may be inserted into the bladder for 2-3 days so that bladder muscle can recuperate, and then removed. If the weakness is due to a neurological disorder, the patient may continue to suffer from urinary incontinence after surgery. (6.5%)
 5. Pain and swelling may occur in the testicles due to inflammation. Treatment is usually getting rest and antibiotics. (% 0.18)
 6. Infection may occur in the area of operation or in the urinary tract. The treatment is antibiotics. (2.3%)
 7. Structure between the urethra and bladder may occur. This can be repaired with another operation. (10%)
When ejaculate is supposed to come from the urethra, it may run back into the bladder, may be thrown out with urine, or may not come at all. This will cause infertility and may affect sexual activity. (50-95 %)
 9. Urinary incontinence may occur rarely after surgery, and additional medication or surgery may be needed to control this condition.
 10. As a result of this surgery, the nerve damage may occur and may lead to moderate strain and a decrease in the erection and drug treatment may be needed. (4-40%)
 11. After TURP, death can be seen as a complication in the rate of 1/200.
 12. People who are overweight have increased risk of wound and breast infections, heart lung complications, and trombosis.
 13. Smokers have increased risk of wound and breast infections, heart lung complications, and
- **Common side effects:** Blood or clot along with urine, obstruction of urinary catheter, inability to ejaculate
 - **Rare side effects:** Urinary retention, urinary incontinence
- Very rare side effects:** Bladder perforation, erectile dysfunction

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.