



## INGUINAL HERNIA CONSENT FORM



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Revision Cause:

### PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

.....

### NEED FOR INTERPRETER

Was an interpreter necessary?  Yes  No

Did you have a qualified interpreter with you during approval (if necessary)?  Yes  No

OPEN

LAPAROSCOPIC

RIGHT PART

LEFT PART

DIRECT HERNIA

INDIRECT HERNIA

FEMORAL HERNIA AND OTHERS

### 1. What Is Inguinal Hernia Surgery ?

It is a surgical operation to repair the pouch in inguinal area, which is formed by the abdominal membrane in which abdominal organs are inside or not, and is coming out of the weakened abdominal wall.

### 2. How Is Hernia Surgery Performed?

The open surgical method is performed through an incision made on the skin of inguinal area, the section that has herniation is detected and pushed into the abdomen, and the upper part is strengthened with or without using patch along with some surgical techniques.

- Laparoscopic surgery is a surgical procedure to repair the hernia with or without patch by entering through small incision holes opened in certain areas of abdominal wall.

### 3. Risks of procedures to be performed:

**1. Risks of Local Anaesthesia:** Allergic reactions may occur due to applied substances and this may be life-threatening.

However, the probability of development is very low.

**2. Risks of General Anaesthesia:** In the anesthesia information form, you will find information about the anesthesia and possible risks.

Talk to your anesthesiologist if you have any concerns. If the information form is not provided, please ask.



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### 3. General Risks of Surgery:

The following are general risks in operations and these risks are unlikely to occur in this short-term operation:

- Increased risk of lung infection. Eruptions/collapses in small areas of the lung. In this case another surgery to tap suppuration or antibiotic treatment may be necessary.
- With pain and swelling, a clot can form in the veins (deep vein thrombosis or DVT). In rare cases, this clot may detach from where it is located and may be fatal.
- A heart attack or stroke may develop due to heart effort. This condition may lead to death.
- In overweight (obese) patients, increased risk of infection of the wound site, lung infection, heart and lung complications, coagulation may occur.
- Hospital infections: Pneumonia, meningitis, urinary tract infections, sepsis may occur.
- After the operation, anxiety (tension) and mental trauma may occur in the patient.
- - Wound infection, chest (lung) infection, heart-lung complication and thrombosis (venous blood clotting) complication are more likely to occur for patients who smoke.

### 4. Risks and complications due to inguinal hernia surgery:

Below you can find the possible risks and complications of this operation.

- Bleeding after surgery or during surgery may occur. Accordingly, the patient may need to be given blood or blood components. These have their own complication and mortality risks.
- Technological materials such as cautery, laparoscopic devices which will be used during the surgery, can cause problems. These can lead to complications such as cautery burn.
- After surgery, inflammation may develop in the abdomen, lungs respiratory tract, urinary tract and wound.  
These may require another surgical procedures or minor surgical interventions in some cases.
- In surgery, the testicles and the seminal duct may be damaged.  
In the worst case, the testicle may be completely destroyed and it may be required to be removed.  
There may be injuries internal organs (particularly intestines and bladder) of the abdomen, and these may require other interventions.
- Due to complications that may occur during operation, the intestines may need to be attached to the bag.
- After surgery, numbness, tingling, loss of sensation may occur in inguinal area, operative field, inner part of leg.
- • Synthetic patch can be used to repair hernia. This patch can lead to foreign body reaction and inflammation. There are risks of another surgery, removal of the patch and recurrence of the hernia, as well as the risk of injury to the intestines, perforation and fistulas in the long-term postoperative period.



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- During surgery, the drainage may be placed in place of the surgery, inflammation or yellow fluid may accumulate in the place of the operation, this can be emptied by syringe or by opening the area, wound healing may not always develop in the expected time, another surgery may be required.
- In some patients, incision field healing tissue may be thick and reddish-purple.
- Damages and necrosis may develop in the area where the tourniquet is applied. In this case, medical dressing treatment, additional surgeries or skin transplant may be necessary.
- The hernia may repeat later. This may depend on the patient's body, heavy lifting, weight loss, coughing, constipation, and the patient's life conditions.
- If your doctor determines that the operation will be difficult, and decides that continuing the operation will do more harm to the patient's health, he can stop the operation in half and send him to another hospital.
- During the surgery, your doctor may also call in other doctors from his own or other branch and make sure that the operation is done. If the doctor sees that there are associated diseases during the surgery, he or she may intervene to them. The doctor will make the decision during the operation.

**5. Alternative Treatments And Risks Of Hernia Surgery:** There is not any alternative treatment.

**6. What Could Happen If Hernia Surgery Is Not Performed?** There may be no problems, internal organs may enter the hernia and become trapped. If the organs inside the hernia do not return to their former position, their circulation may get damage. In this case, strangulation occurs and requires immediate intervention. In the treatment of hernia surgery as well as other surgeries may need to be done and complication rates increase.

**7. Points to take into consideration after hernia surgery:**

- You should lie down for at least 48 hours in prone position after surgery.
- Urinate and defecate without sitting as much as possible. If your wound dressing gets dirty while you defecate, change the dressing.
- You may need regular dressing. Full recovery may take a month or two.
- When you are discharged, dressing, checking days and your treatment will be indicated in information form.
- Follow the instructions after surgery during the discharge. Call your doctor at once if there redness, swelling, or unusual bleeding occurs in operative field.
- Take your medications as prescribed by your doctor, in the prescribed time and period.

**8. Conditions specific to patient:**

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(I know the intervention to be done and the physician to do, I fully understood what was told to me, my doctor answered all my questions, I know that I have the right to give up the intervention at any time, I accept the intervention to be done at my own free will.)

(This section will be written in the patient's/relative's own handwriting.)

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.....  
.....  
.....

Patient's Name-Surname:..... Patient's Relative's Name - Surname:.....  
Signature: Signature  
Date-Time: .../.../...- ..... Date-Time.../.../...- .....

Doctor's Name - Surname: .....  
Signature:  
Date-Time: .../.../..... - .....