



LAPAROSCOPIC CHOLECYSTECTOMY CONSENT FORM



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Revision Cause: Document content has been modified.

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

Cholecystitis is inflammatory disease of gallbladder emerging due to gallstone. The disease may be in attacks (acute), or it may be long-term (chronic) and inflammatory. The disease usually occurs when there is stone in the gallbladder. However, it can be acute or chronic without stones.

Cholecystectomy is the operation of removing the entire gallbladder. Stones in the gallbladder may continue to cause cholecystitis attacks. Small stones falling into the main bile duct may lead to jaundice. Large stones may block the main bile duct along with the gallbladder. The gallbladder with gallstone always prepares the ground for microbial environment. The gallbladder may be torn during cholecystic attack (perforation) and may cause widespread inflammation by leaking microbic bile into the abdomen. The stone, which has been present for a long time, increases the risk of developing a malignant disease in the gallbladder. To prevent and treat all of these conditions, cholecystectomy is performed. This operation is performed under general anesthesia. Usually, an incision is made in the upper right side of the abdomen, 2 cm below and parallel to the ribs, and rarely the middle line incision is used. The entire gallbladder is removed and, if necessary, a suitable drain is placed.



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In laparoscopic cholecystectomy, the gallbladder is completely removed with the help of special instruments through 4 holes, 2 0.5 cm incisions and 2 1 cm incisions. There is no surgery to remove the stones in the gallbladder. If an acute attack has passed shortly, if bile duct perforation has occurred, if abscess has developed in or around the gallbladder, emergency cholecystectomy may be performed. If emergency cholecystectomy is not appropriate for acute attack, inflammatory condition is cooled by drugs and cholecystectomy surgery is planned 6-8 weeks later.

ALTERNATIVE TREATMENTS

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

1. As with any surgery, there may be complications of general anesthesia. During the surgery, the patient will be given anesthesia and a tube will be placed in the trachea and breathing will be provided from there. After this procedure, removal of the tube may be delayed or may not be possible. In this case, the patient is treated in intensive care unit. Again, as a result of complications due to anesthesia, death risk at rates lower than 1 in 1000 may come into question. Detailed information about complications due to anesthesia will be obtained from the anesthesia team, and responsibility for these matters belongs to the anesthesia team.
2. During and after the operation, coagulum that may occur in the deep veins system can rupture from there and cause obstruction in the lungs (thrombosis). To prevent this, the necessary medication treatment will be started before the surgery and will be continued after the surgery. In addition, additional precautions such as early mobilization of the patient after the surgery will be taken. However, a method that eliminates this risk 100% is not yet discovered in medicine. This is a very serious condition and has risk of death.
3. There may be internal or external bleeding after operation. Accordingly, the patient may need to be given blood or blood components. These have their own complication and mortality risks.
4. Antibiotics will also be applied against possible infections, but it is medically impossible for this application to reduce the risk of infection to zero. These infections, 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.
5. After surgery, the bile may leak from the liver bed or through the bile duct of ligated gallbladder and lead to peritonitis (inflammation of the abdominal membrane) and/or fistulas (leakage of bile from the abdomen to the skin). This can be life-threatening, requiring surgery, requiring intensive care, and may result in death. Bleeding may occur with the opening of the ligated gallbladder vessel and may require another operation.
6. Gallstones in the gallbladder leaking into bile duct while the gallbladder is removed may cause jaundice, cholangitis (inflammation of the gallbladder) and pancreatitis (inflammation of the pancreas). During the operation, the main bile duct, in which opens the bile duct, may be ligated or cut. Jaundice may develop due to this and requires another surgery. In this case, gallbladder stenosis may develop.
7. During the operation, the sac may be perforated and the stones and bile may spill into the abdominal cavity, leading to an abscess in the abdomen in the future.
8. After operation, the intestines may start to work lately and the patient may be delayed to start feeding orally. Post-indigestion and greasy food may lead to postcholecystectomy syndrome, which is characterized by pain.



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9. Liver, duodenum, or large intestinal injury may occur, and additional surgery due to this may be necessary.

10. After surgery, the abdominal wall may rupture and may need to be reopened for closure. Even if there is no healing problem at first, the hernia may develop in the incision site and may require surgery.

11. In the early postoperative period, or sometimes years later, intestinal obstruction may develop due to adhesions between the intestine or between the intestine and the abdominal wall. This may require a new operation.

12. If laparoscopic surgery is planned and completed, some other diseases may not be seen outside the scope of the camera.

13. Even if the surgery is planned and started with laparoscopy, it may not be completed and 3 to 5% chance of open surgery may be possible.

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. 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**.



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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 anemia and meningitis.

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):.....



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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.