



SEPTAL DEVIATION OPERATION INFORMED CONSENT FORM



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Revision Cause:

PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

.....

Please read this form carefully and answer the questions.

As a result of the examinations, it has been decided that you should undergo surgical intervention because of "septal deviation". Before the procedure, your doctor will give you information about the course and the different forms of the procedure and the risks involved. Accordingly, you will be free to decide on the interventions. This written form is intended to provide you with basic information about the intervention and associated complications (problems that may occur during or after the procedure).

What you should know about your disease:

The nasal septum deviation (see figure) occurs due to the development of deformities of the facial bones, as well as fractures of the nasal bone that may occur during birth.

If the deviation is causing the following problems, surgery is required:

1. Difficulty in nasal respiration
2. Drying, burning sensation, feeling of foreign body in the throat due to continuous oral breathing
3. Snoring, sleep apnea (occasionally)
4. Head/face ache
5. Recurrent sinusitis,
6. Laryngitis and bronchi inflammation
7. Infection of the Eustachian tube and tendency to middle ear infections .

In some sinus operations and certain types of nasal bleeding, nasal septum deviation surgery may be necessary.



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What could happen if intervention is not performed:

If the intervention is not performed, there will be no problem other than continuing of the above mentioned complaints. However, the first step in the treatment of patients with sleep apnea is opening the nose. Therefore, in patients with serious sleep problems such as sleep apnea it is necessary to have surgery. What kind of treatment/intervention will be performed? (This part should include information on alternative treatments)

The intervention is done under general or local anesthesia. You can discuss the special risks associated with the narcosis intervention with an anaesthetist (narcosis specialist). The following information is provided about the problems that may arise due to local anesthesia.

Surgery is performed through the nose. After the anesthesia, the cover layer on the nose is cut (mucosa) and separated from the nasal septum. Nasal septum is repaired with the removal of deviated or excessive parts of bone or cartilage. If the Concha is too big and makes breathing difficult, it is also reduced by removing or catheterizing the excessive parts of the nose.

At the end of the surgery, a buffer is placed inside the nose and removed after 48-72 hours. There is no other treatment today for the septum deviation.

Possible side effects:

Common side effects:

1. When waken up from narcosis, it is possible to be sleepy and have discomfort.
2. As long as there is a buffer in the nose; oral respiration, after the removal of the buffer; swelling of the nose cover and cicatrization (during this period temporary nasal congestion may be seen.)
- 3.
4. Temporary decrease in the ability to smell.

Rare side effects:

1. Late bleeding; mostly stopped with a new buffer and a new operation is rarely required.
2. Septum hematoma, discharged with the opening of the wound and the buffer is placed again.
3. Abscess in nasal septum; Generally a new surgery may be necessary to place cartilage in the nose.
4. Mild loss of sensation in both upper teeth and in the front part of the palate; usually for a short period of time,
5. Nasal septum perforation; if necessary, closed with another surgery.



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Very rare side effects

1. Permanent loss of the ability to smell.
2. Changes in the external appearance of the nose; seen due to nasal hump collapse, abscess development, and as a result of the loss of cartilage support.
3. Skull base injuries that may lead to cerebral membrane inflammation
4. Visual disorder that can reach up to blindness; may be due to medication to reduce bleeding, but it is extremely rare.
5. Blood transfusion, in case of late bleeding, only happens in very rare cases.
6. Unexpected side effects may occur rarely, depending on the drugs used for local anesthesia or injected into the nose during narcolepsy.

These being:

1. Allergic reactions; swelling, itching, or severe circulatory disturbances that may lead to even shock,
2. Side effects of central nervous system;
3. Unrest, convulsions, respiratory problems,
4. Increase or decrease in blood pressure, heart rhythm disorders and slow heart rate.

Patient's questions about interventions form, time, side effects, success rate and what is meant by success, postoperative procedure:

.....
.....

Points the patient should pay attention to before the operation:

You should not let your eat or drink anything after 24.00 the night before the day of the intervention. However, the patient can drink the medications that they are using in the early morning of the surgery without drinking water.

In the case of an active upper respiratory tract infection, this operation cannot be performed. For this reason, for several weeks before the operation, be sure that you do not come into contact with sick people and do not catch a cold.

Points the patient should pay attention to after the operation:

Reflexes will be temporarily affected due to narcosis or sedative drugs used. For this reason, the first 24 - 48 hours after the attempt should be at home rest. Adults should not drive during this time, work in dangerous machines and make important decisions.



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If one of these cases listed below occurs, immediately call your doctor or hospital and give information about the situation:

1. Late bleeding occurring a few days after surgery (bleeding manifests itself with oral or nasal bleeding or coughing up blood).
2. After the surgery, do not blow your nose until the recovery is complete.

For ten days after the operation:

1. Avoid anything that raises blood pressure.
2. Do not do sports and gymnastics. If necessary, your doctor will report you.
3. Avoid heavy lifting and other physical fatigue.
4. Do not take a very hot baths.
5. Protect your nose from bumps and strikes.
6. Do not do anything by yourself to remove the scar that will occur inside your nose, your doctor will remove them in control.

Matters surgeon would like to know about patient:

Please report all your pre-operative diagnosed diseases, all medicines you use, if any, your family diseases and your allergic condition.

1. Do you have high tendency for bleeding/bleeding disorder (for instance, small injuries or dental treatment)?

- No Yes

2. Do you notice bruises on your body for unknown reason or do your kins experience such symptoms?

- No Yes

3. Do you/does your children take blood thinners (such as Aspirin)?

Do you/does your children take another medicine?

- No Yes

If you do/your child does, which medicine do?

4. Do you have any allergies (asthma, hay fever) or over sensitivity (to plaster, latex, foodstuff, medicines, for instance?

- No Yes



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5. Do you have any heart or pulmonary disease (such as cardiac, arrhythmia, hypertension, asthma) or do you have cardiac pace maker?

No Yes

6. Do you have any chronic diseases (high eye pressure, epilepsy)?

No Yes

7. Do you have struma?

No Yes

8. Do you have dental prosthesis (prosthesis, bridgework or implant not placed properly) or loose tooth?

No Yes

9. Were you vaccinated in the last six weeks?

No Yes

10. Do you have any acute or chronic infection (such as hepatitis, AIDS, tuberculosis)?

No Yes

11. For fertile women: Do you have any suspicions for pregnancy?

No Yes

Surgeon's notes about briefing:

.....

Surgeon's stamp and signature:

Place/Date/Time

Please write "I hereby accept that I have understood what I have read and been explained." inside the box with your handwriting.



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NOTE: If the patient is not able to give consent, identification information and signature of person who gave consent are obtained.

Both parents (guardians) have to sign this form. If only one of the parents has signed the form, the signer must prove that he/she is taking care of himself/herself or that the other parent has given permission.

The person provides information in cases when direct communication cannot be made with the patient (e.g. interpreter):

Name - Surname:

Address:

I have interpreted the information defined in this "Informed Consent Form" to patient/patient's parent/relative explicitly.

Signature of Patient/Patient's Guardian/Relative

Signature:

Date and Time: