



HEART VALVE REPLACEMENT/REPAIR SURGICAL OPERATION 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

PRE-DIAGNOSIS :.....

PLANNED TREATMENT / ESTIMATED DURATION:.....

INFORMATION ABOUT THE PROCEDURE

My doctor and his team have detected that I have

Valvular Heart Disease and I have to have aortic/mitral/tricuspid/pulmonary valve (cross the incorrect one) replacement or repair operation.

This operation includes the repair or replacement of damaged cardiac valve. The surgeon may make decisions regarding details and choosing of process to be carried out during procedure.

Surgeon may use a machine (cardiopulmonary machine) that can take over for heart and lungs by thoracotomy. When this machine is activated, the heart and lungs are disabled. The body is cooled to protect important tissues and organs.

Then, the heart is stopped and the damaged cardiac valve is evaluated, and is repaired if necessary. Alternatively, the damaged valve is replaced with a artificial cardiac valve. The heart is covered, residual intracardiac air is removed and the heart is put into working condition. After the



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Blood circulation is provided, the patient is divided from heart-lung pump.

One or more chest tube may be left in chest cavity temporarily for pulmonary reexpansion and drainage of possible accumulated fluids. In the early postoperative period, one or two battery wire can be inserted into the heart as a precaution to control the heart rhythm. The sternum and the skin is closed.

ALTERNATIVE TREATMENTS

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

The purpose of explanation of risks about heart surgeries is not to scare you or to worry you, but to enlighten you about your surgery and its risks deliberately.

These are common risks. There may also be less common risks that are not described here. **If you have any general or specific questions, please consult with your surgeon.**

These risks can be caused by any anesthesia. You may experience side effects arising from any of the medicines you use. Common side effects include vertigo, nausea, skin rashes and constipation.

In case the cardiac valve is replaced, the medicine used to prevent blood clotting over the valve (Warfarin-Coumadin) should be taken for a life time. This medicine has its own special adverse effects, and in case of overdose, bleeding may occur, if the medicine is taken less than prescribed dosage, blood clot may occur over the valve. For this reason, the use of this drug will be adjusted with blood tests that will be performed every month after the surgery. In addition, pregnancy and childbirth may cause problems during the use of this medication, so if you are considering pregnancy, it is advisable to talk to your family about the operation decision. Heart valve repair/replacement surgical operation has the following risks and limitations:

- There may be bleeding in the surgical area and if the bleeding does not stop, you may need to be re-operated.
- Blood transfusion may be required.
- Small parts of your lungs can be closed. This can make it prone to lung infection, physiotherapy and antibiotics may be required. You may quit using ventilator machine later and your intensive care unit stay may be prolonged.
- Changes that may cause permanent or temporary impairments in your brain function may occur during surgery. You can lapse into vegetative state with a very low probability after surgery.
- Gastric bleeding may occur as a side effect of the stress caused by surgery and drugs used.
- In rare cases, renal failure may develop and a temporary or permanent dialysis may be required.
- In the case of accumulation of fluid around the lungs or, in rare cases, heart, discharge may be required with a needle.
- Palpitations, especially rapid cardiac dysrhythmia called atrial fibrillation disorder may occur. This condition can be controlled with an electrical stimulation or medication if necessary.
- Coagulum (vein thrombosis) may occur in your leg with swelling and pain. If a piece of this coagulum detaches, this piece may arrive to the lungs (pulmonary embolism) and cause shortness of breath, which may rarely be fatal.



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- There may be temporary clouding of consciousness for a few days after surgery.
- Wounds may be infected, rash, pain and swelling may occur, and antibiotics may be required. Your wound may be opened due to infection and you may need surgical intervention again.
- Chest bone may not unify due to infection or inappropriate movements, and another surgery may be required to unify the bone.
- In case the cardiac valve new is replaced, the medicine used to prevent blood clotting over the valve should be taken for a life time.
- Rarely, a new valve may need to be replaced with a second operation over time.
- You could least likely possibly lose your life.

If you smoke, are overweight, have diabetes, have high blood pressure, or have known cardiovascular disease, these risks may be higher.

After you have decided to undergo this surgical operation, the following risks and complications may occur with respect to your personal characteristics;

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**. 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).



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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.

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:



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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.