



**UMBILICAL HERNIA SURGICAL PROCEDURE  
INFORMED CONSENT FORM**



<b>DOCUMENT NO</b>	<b>RB.FR.</b> 70	<b>FIRST PUBLISHING DATE</b>	13.09.2012	<b>REVISION DATE</b>	01.11.2018	<b>REVISION NO</b>	3	<b>PAGE NO</b>	1/4
--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

**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**

The abdominal organs that are herniated under or around the umbilicus are surgically returned to the abdomen and the abdominal wall area where the hernia is formed are relieved.

**ALTERNATIVE TREATMENTS**



## UMBILICAL HERNIA SURGICAL PROCEDURE INFORMED CONSENT FORM



DOCUMENT NO	RB.FR. 70	FIRST PUBLISHING DATE	13.09.2012	REVISION DATE	01.11.2018	REVISION NO	3	PAGE NO	2/4
-------------	-----------	-----------------------	------------	---------------	------------	-------------	---	---------	-----

### **POSSIBLE COMPLICATIONS REGARDING PROCEDURE**

I have read and been told that:

1. Allergic reaction, shock or death may take place due to anaesthetic medication.
2. If bleeding takes place, blood transfusion and correspondingly reactions may occur.
3. Intestinal injury -if any- may occur inside hernia sac during operation or during following operation, therefore primary closure or resection anastomosis may be performed.
4. Anastomosis leak - fistula (leak into abdominal cavity) may occur.
5. Wounds may occur.
6. Various organ injuries may occur inside the sac during operation and appropriate interventions may be performed.
7. Unwanted, unexpected complications occurring in every major operation (operations similar to this) may occur.
8. If mesh is used, reaction against the mesh may take place, draining leak (from wound site) may occur, in this case another operation may be performed to remove the mesh; infection, seroma, fat necrosis may develop on wound site, thus hospital stay may be prolonged.

### **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**



## UMBILICAL HERNIA SURGICAL PROCEDURE INFORMED CONSENT FORM



<b>DOCUMENT NO</b>	<b>RB.FR.</b> 70	<b>FIRST PUBLISHING DATE</b>	13.09.2012	<b>REVISION DATE</b>	01.11.2018	<b>REVISION NO</b>	3	<b>PAGE NO</b>	3/4
--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

### **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, it is possible for you 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.

We know the other risks may be side effects, such as hypokinesis in incision 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.



**UMBILICAL HERNIA SURGICAL PROCEDURE  
INFORMED CONSENT FORM**



<b>DOCUMENT NO</b>	<b>RB.FR.</b> 70	<b>FIRST PUBLISHING DATE</b>	13.09.2012	<b>REVISION DATE</b>	01.11.2018	<b>REVISION NO</b>	3	<b>PAGE NO</b>	4/4
--------------------	---------------------	------------------------------	------------	----------------------	------------	--------------------	---	----------------	-----

.....(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.

**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.