



THYROIDECTOMY SURGERY CONSENT FORM



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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

You will undergo an operation called thyroidectomy because of swelling (nodule or nodules) in your thyroid gland, also called goiter. With this operation, one side or two sides of the thyroid gland partially or wholly removed. The thyroid gland is a butterfly-shaped organ located in the front of the neck, an endocrine gland that produces thyroid hormone called thyroxine. This hormone reaches all tissues through the blood and determines the rate of many chemical events, called metabolism, in the body. Sometimes in the thyroid gland usually benign, or more rarely, malignant swellings called nodules develop. This condition can affect your thyroid gland partially or completely. Even the removal of half of this organ, which is symmetrically located on both sides of the neck, does not lead to a marked deficiency of hormone in most patients and most patients can survive without taking hormone pills. However, in some patients, the entire gland is affected by the disease, so it is necessary to remove all or almost all of it. In this case, patients are required to take hormone tablets for the rest of their lives.

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ALTERNATIVE TREATMENTS

POSSIBLE COMPLICATIONS REGARDING PROCEDURE

Depending on the nerve injury that may occur during the removal of neck lymph nodes, shoulder weakness, weakness in shoulder movements, lip twitch, lip asymmetry and weakness, distortion in language movements, inability to move tongue left or right, difficulty in swallowing and speech, neck sense and motion defects may develop.

Life-long hoarseness or changes in voice tone, changes in sound quality, voice cracking, ringing, snoring, shortness of breath may develop. Injury to large vessels of the neck during the removal of the neck lymph nodes may occur.

- 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.

If respiratory distress due to paralysis of vocal cords develop, it may be necessary to temporarily open the airway to the neck with a tube (tracheostomy). After the tracheostomy is terminated, there may be permanent respiratory distress.

- During the surgery, it is possible to remove the parathyroid glands, which regulate the calcium balance, along with the thyroid gland.

If this complication being less than 1% emerges, you may need to use parathyroid hormone and calcium for life.

- Temporary calcium loss may develop after surgery. For several weeks, intravenous or oral calcium may be required. Temporarily, depending on the low calcium in the hands contraction, numbness, tingling may develop. If thyroid gland is removed completely, lifelong use of oral thyroid hormone may be required.

During surgery, malignant tumor, which can be so little that modern methods used by medicine science today cannot detect, may spread to remote organs and may grow over time and cause the patient to die. In operative field, tumors that are too small to be detected by visual or manual examination can grow even a long time after surgery and cause local recurrence of the disease and death of the patient.

- Technological materials such as cautery, harmonic dissector, which will be used during the surgery, can cause problems.

These can lead to complications such as cautery burn, bleeding.

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.

- Infection (inflammation) may occur in superficial or deep structures at the site of surgery. These infections can develop in the lungs and respiratory tract, urinary tract or wound. These may require another surgery or minor surgical interventions in some cases. There is a risk that the infection may spread and lead to death despite treatment with antibiotics.



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- 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. In some patients, incision field healing tissue may be thick and reddish-purple.
- After surgery, fluid called seroma or blood may accumulate in the area. For this the liquid with the syringe can be drawn or opened and the liquid can be discharged.
- 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.

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:

Date / Time:

Name Surname (handwriting):.....



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*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.