



INGUINAL HERNIA SURGERY INFORMED 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

PREDIAGNOSIS :.....

PLANNED TREATMENT / ESTIMATED DURATION:.....

INFORMATION ABOUT THE PROCEDURE

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

ALTERNATIVE TREATMENTS



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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. If the operation is performed under spinal or epidural anesthesia, i.e. with a needle from the waist, headaches, bleeding and infection related problems at very low rates may occur. 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. Although all necessary precautions have been taken, thrombosis in lung vessels can be seen as a result of blood clots in the vessels during or after the operation. This is a very serious condition and has mortality risk.
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. After surgery, 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. In surgery, the testicles and the seminal duct may be damaged. In the worst case, the testicle may be completely destroyed and it may be required to be removed. There may be injuries to the internal organs (particularly intestines and bladder) of the abdomen, and these may require other interventions.
6. Due to complications that may occur during operation, the intestines may need to be attached to the bag.
7. After operation, the intestines may start to work lately and the patient may be delayed to start feeding orally.
8. Synthetic patch can also be used to repair hernia. This patch can lead to foreign body reaction and inflammation. There are risks of need for another operation, removal of the patch, and recurrence of the hernia, and in postoperative long term, risks that may lead to complete intestinal damage, drilling and fistulas.

INFORMATION ABOUT THE SUCCESS RATE

INFORMATION ABOUT THE POSSIBLE CONSEQUENCES IN CASE OF REFUSAL OF PROCEDURE



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(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 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 anameia 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.



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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):.....

*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:.....



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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.