



COLONOSCOPY 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

Your doctor will examine the layer covering the surface of your colon and look at whether there is an unusual growth or disease in the tissue.

If this process not done, your diagnosis process will be incomplete and, perhaps, treatment of some diseases that can be cured when diagnosed early may be delayed. This is done through a flexible and elastic tube and a light camera attached to the end of the colonoscope. This device will first enter the rectum and then examine the upper parts of the colon (near the small intestine).

ALTERNATIVE TREATMENTS



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POSSIBLE COMPLICATIONS REGARDING PROCEDURE

1. The colon may be ruptured. In this case, the contents of the large intestine will run into the abdomen. This risk increases with the removal of polyp(s). This risk is directly proportional to the size of the removed polyp(s). In the treatment of this condition, a tube will be placed in your stomach to keep the colon empty, fluid-nutrients and antibiotics should be given by mainlining, and urgent surgery may be required. This may also lead to hospitalization for a long time.
2. Bleeding after polyps removal and / or colon biopsy may occur. This is because the blood vessels in the colon wall are damaged. This risk is directly proportional to the size of the removed polyp(s). In addition, bleeding will not occur immediately after the procedure, and may develop within 12 days. Bleeding usually stops without further treatment.
3. The process may not be completed due to some reasons that are not achieved and diseases in the colon. Because the procedure is not complete, the diagnosis of serious diseases such as polyps and even cancer may not be possible. Even if the procedure is complete, polyps and cancer may not be diagnosed. This risk is even higher when the colon is not properly cleaned.
For this reason, it is very important that you follow your rules of colon cleansing before the procedure.
4. After surgery, you may have abdominal pain and swelling in your abdomen for a day or two after surgery. Although treated with painkillers, the discomfort usually goes away by itself.
If there is an unexpected event during the procedure, operation is terminated.
6. Death as a result of complications due to colonoscopy is very rare.

DEFINITION OF SEDATION

All procedures for diagnosis and treatment that you do not want to experience pain, mobility or being awake will be carried out by creating a comfortable and safe sedation.

INFORMATION ABOUT SEDATION

Sedation process, which is similar to sleep state, usually includes a relaxing drug application (premedication) (injection, suppositories, tablets, syrups, sprays, etc.) and administration of a fast-acting drug after inserting a serum. During the procedure, this condition is maintained with medications. Consciousness and the feeling of pain in the whole body disappears. Simple and short-lasting interventions usually can be achieved by administering drug into the vein (intravenous anesthesia). In addition to heavy and long-lasting interventions, other excipients are used. the mask is given oxygen with the help of anesthetics. During the procedure, the body functions like important organ functions are checked on a regular basis, such as: pulse, blood pressure, respiration, EKG for heart beats, oxygenation of blood. With the intervention coming to an end, drug use is stopped and you wake up from a deep sleep. You will be kept under care until you are sent to another clinic or home, and until the organ functions are normal.



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CONSEQUENCES OF OPERATION WITHOUT SEDATION

You may feel pain while performing the procedures required for diagnosis and/or treatment. Because the patient feels pain, a complete lack of mobility can not be achieved. Therefore, interventions for diagnosis and/or treatment are inadequate.

SIDE EFFECTS

Nausea, vomiting, respiratory standstill may take place and pulse and blood pressure may decrease or increase. Very rarely, neck pain, allergies, nerve damage, intubation requirement, embolism, malignant hyperthermia, death may occur.

MATTERS THAT SHOULD BE EXPLAINED TO THE PHYSICIAN BEFORE SEDATION

The patient should inform physician adequately about whether this attempt has been made before, the drugs used by the patient, the associated diseases, and whether they have bleeding disorder or allergies.

POINTS THE PATIENT SHOULD PAY ATTENTION TO AFTER SEDATION

You will be kept under care until you are sent to another clinic or home, and until the organ functions are normal.

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



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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 anaemia and meningitis.

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)



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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.

*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.