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**ANESTHESIA INFORMED CONSENT FORM**

**1-CURRENT STATE OF THE PATIENT**

URGENT SURGERY ELECTIVE SURGERY

**2-** **SUGGESTED APPLICATION :**

**The planned anesthesia method is explained below.**

**SEDATION-ANALGESIA**

Sedative, pain preventing and other medication to prevent you from remembering the procedure are given intra-venally or injected to the muscles and the required diagnosis and treatment activities are performed on the sleepy patient.

**GENERAL ANESTHESIA**

It is used to prevent you from feeling pain, moving and making you unconscious.

As your doctor, I have reviewed your health history and decided which medications are right for you. I have informed you about the possible use of breathing tubes (a breathing tube is a tube placed in the airway from your throat to help your respiration). In addition, I may need to carry out extra procedures and use medication as your doctor. In your unconscious state, I will be by your side as your doctor and closely follow your health situation such as respiration, heart rate, blood pressure and body temperature. During the surgical procedure, I make it possible for you to remain at a suitable anesthesia level. I would like you to know that I will give you various medication for you to be conscious or awake again after the procedure. If a breathing tube was used and there is no barrier for it to be taken out, I will remove the tube at the end of the procedure. After general anesthesia and sedation, I will have you transferred to the Post-Anesthesia Care unit and do your follow-up.

**3- ESTIMATED DURATION OF THE PROCEDURE**

The estimated duration varies in accordance with the planned procedure.

**4-THE EXPECTED GAINS FROM THE PROCEDURE AND SUCCESS RATE**

IT is to provide the anesthesia method which will allow the planned surgical procedure to be carried out.

**5- THE RISKS AND COMPLICATIONS OF THE PROCEDURE**

It is extremely important that you give me information about the medication you use, medical history and if applicable, your anesthesia experience as your doctor. If not, these may cause complications during and after anesthesia.

Allergic reactions can be seen rarely. Therefore, if you have allergies or asthma, please inform me. Allergies and sensitivity may develop towards Latex products used during and after the procedure, skin cleaning products, bandages and band aids, medication used in anesthesia, local anesthetics and other medication. This is a life-threatening situation.

Traumas which take place while positioning the patient for surgery and during patient’s transfer and complications in the use of the drip. Anesthesia related laryngospasm, allergies and in turn exitus, throat ache in the post-operative period, lung complications, pneumonia, atelectasia, sepsis, bleeding and cardiovascular problems may occur.

If no injections were given in the muscles or intravenously, infections, abscesses, bleeding, swelling, redness, hematoma, phlebitis, thrombosis or scarring may occur. If I have decided to use a breathing tube during anesthesia, temporary soreness in the throat and hoarseness, mouth and teeth damage may occur.

After anesthesia, you may feel tingles, topagnosis, pain and numbness in certain parts of your body due to nerve compression in relation to the duration of the surgery.

In long surgeries, I may need to put a catheter or empty your urine drainage bag. You may experience difficulty and burning when urinating.

After anesthesia, you may experience nausea, vomiting, head, muscle and back pain, temporary inability to urinate, a general feeling of tiredness and somnolence.

Lung infections, strokes, heart attacks or death may occur during or after anesthesia. However, there is a very low possibility for these risks.

Anesthesia may affect your decision making skills for up to 48 hours. In this time slice, you should not consume alcohol, unprescribed medication and drive a car and use attention requiring devices. You should not make serious decisions for yourself and your family.

Despite our efforts to prevent it, you may feel pain after surgery.

One of the rarely seen complications of general anesthesia is malign hyperthermia. As a result of this condition, damage may occur in the kidneys and other organs, stroke, heart attack, serious function loss and death can be in question. It is believed that sensitivity for malign hyperthermia is genetically inherited, however it is not possible to know whether an individual is under risk or not. Therefore, if a member of your family has experienced a problem related to anesthesia, it is very important for you to inform me as your doctor about this.

There may be risks related to you medical condition and planned surgery and there may be alternatives to your gains or the operation to be performed. I will be discussing these risks with you as your doctor.

**6- RESULTS WHICH MAY BE SEEN IF THE PROCEDURE IS NOT CARRIED OUT**

1. Postponement of the surgical procedure.
2. Another anesthesia method can be considered.

**7- IF THERE ARE ANY, ALTERNATIVES TO THE PROCEDURE**

If considered necessary in line with the medical condition, the anesthesia method can be changed by the anesthesia doctor.

**8- CRITICAL LIFE-STYLE SUGGESTIONS FOR HEALTH**

You need to follow our advice as your doctors in terms of diet, sleep habits and mobility.

**CONSENT OF THE PATIENT**

The doctor who is responsible for my treatment:

* Gave me information on my illness and current medical condition.
* The questions I asked were answered in detail and in an explanatory manner.
* I understood my illness and my medical condition.
* The suitable treatment choices about my illness and medical condition, possible complications, success rate and the conditions we may come across during treatment were explained and my questions were answered.
* The suggested treatment and procedure plan were explained to me in detail.
* The conditions I may face if I do not accept the treatment/surgical procedure were explained to me.
* I understood that tissues and organs can be taken from me to be used in another area (graft or flap), for pathological analysis and/or removing excess, due to the nature of the surgery during the surgery/procedure in an unplanned manner.
* I was informed as to which other risks may occur if I reject this diagnosis and treatment methods which can threaten my health and whether there is another medical method which can used instead of this treatment.
* I have read all the information above and I was given many other information verbally. I have informed my doctor about the illnesses and surgeries I have previously had, the medication and substances I have used and currently using and all the required information about myself and my family.

**I GIVE CONSENT FOR THE APPLICATION OF THE INTERVENTION/TREATMENT I WAS INFORMED ABOUT. IN ADDITION, I UNDERSTAND AND ACCEPT THAT ANY ADDITIONAL INTERVENTION OTHER THAN THE ONES DEFINED IN THIS FORM CAN BE CARRIED OUT ONLY TO PREVENT SERIOUS DAMAGE TO MY HEALTH AND SAVE MY LIFE.**

**\* NOTIFYING DOCTOR \*ADULT PATIENT**

Seal: Name Surname:

Signature: Signature:

Date: Date:

Hour: Hour;

**\*\*PATIENT NOT OF FULL AGE**

Name Surname:

Signature : Date : Hour:

**\*Adult Patient:** An individual who is over the age of 18 or an individual who is below the age of 18 but has been declared an adult through marriage or a court decision.

**\*\*Patient not of full age:** An individual who is below the age of 18 or has not been declared an adult through a court decision. If the parents are divorced, the form is signed by the parent who has custody. If the parents are not divorced, then the mother and the father sign the form at the same time.

**\*\*\*An individual who has limited decision making skills:** The existence of mental limitedness which is caused by mental disease or mental defectiveness can only be decided with an official health board report and a legal representative is appointed by court.

( ) I do not wish to be informed about the treatment/surgery/procedure to be applied to me on my own will and accept the consequences of the procedure.

**NAME SURNAME SIGNATURE DATE/HOUR**

( ) I would like the person named …………………………… to be informed about the planned procedure/surgery/treatment as my personal wish.

**PATIENT’S NAME AND SURNAME**

**SIGNATURE**

**DATE/HOUR**