**Specialist Dr. Gül BAYTAN YILDIZ**

**Anesthesia and Reanimation**

**Informed Consent Form Prior to Anesthesia**

Information:

Diagnosis Prior to Surgery/Intervention/Procedure:

Estimated duration of planned treatment:

**General Anesthesia Procedure:**

Purpose: Full unconsciousness is aimed at to prevent you from feeling and remembering what is done during the surgical procedure to be carried out. These procedures have been accepted as scientific and ethical all over the world.

Explanation:

If your anesthesia expert approves, he/she will give you a sedative. This medication can cause temporary forgetfulness and sleepiness.

Then, you will be taken to the operating room and the following will be done:

* The ECG electrodes will be placed on your body to evaluate the condition of your heart.
* You will be put on a drip with a special needle.
* A device will put on your finger which shows the oxygenation of blood.
* A blood pressure monitor will be placed on your arm.

Other than these, the special procedures your anesthesia expert finds necessary can be done. If these are to be done, you will be given detailed information about them. The drip on your arm or the mask giving off a mixture of oxygen and anesthetic medication will make you sleep and if required, your respiration will be stopped with medication and it will be controlled through the devices. You will not remember these procedures. If it is seen necessary, for respiration control, oxygen and anesthetic medication will continue to be given through a tube which will be placed in your trachea. After these steps, consent will be given for the start of the operation. Your vital functions will be followed throughout the operation. When necessary, medication will be given and dosage will be arranged. Al of the procedures will be recorded on the related forms.

After the operation, all of the medication will be stopped and if necessary, other medication will be given to remove the effects of the previous medication and rousing procedure will begin. Your anesthesia doctor will take off the tube on your throat or the mask inside your mouth and you will be taken to the recovery room. All of your vital functions will be closely followed in the recovery room and when you are completely conscious, you will be taken to your room.

**The Advantages and Benefits of General Anesthesia Procedure**

* To make it possible for the planned surgical procedure to be carried out under optimal conditions
* To prevent the patient from feeling pain
* To remove the consciousness of the patient during the procedure and prevent the patient from feeling the stress caused by the operating room.

**The Risks and Complications of General Anesthesia Procedure**

The problems which may arise during general anesthesia, their reasons and some preventive precautions are as follows:

Problems related to respiration

* The content in the stomach escaping to the respiratory passage: It is the most important and frequently faced problem. If there are no other problems (such as duodenum, esophageal atresia), the patient needs to stop consuming solid and liquid food at least 8 hours prior to the operation. In cases of emergency, this period of time can be cut short. For infants and children, fasting period ranges between 4 to 6 hours. Consult your doctor for the accurate amount of time needed.
* The failure to have airway patency during anesthesia: It may not be possible to place the tube to the airway due to tongue being large, the chin being small, the trachea being in the front and due to some personal structural characteristics.
* During the placement of the tube, some organs in the respiratory tract may be damaged (lips, the tongue, teeth, throat, trachea, lungs).
* Severe respiratory distress: Sometimes after the operation, there may be problems with respiration due to pain. (Pain treatment is initiated to help with this problem). If the patient is a smoker or has a history of a lung disease, problems related to the lungs after the surgery may be more severe.
* Throat ache: Although this is experienced commonly after the operation, it rarely causes a serious problem.

Problems related to circulation

* Placement of the special needle of the drip to give serum to the vena mistakenly being attached to the artery due to very rarely seen anatomic differences. If you are given serum to your artery, you might face losing some of your fingers and arm. In some operations, a special needle is placed inside the artery to closely follow your blood pressure. Even in such cases the damages indicated above might occur although this occurs very rarely.
* Heart problems: For instance, problems such as advanced coronary insufficiency, heart blocks, heart valve diseases, previous heart attacks also increase the risks that might be caused by anesthesia and the operation. In addition, some patients might have a heart attack during and after the operation, although this is a very rare event.
* Catheter placement to major veins: This is only done on patients who are estimated to experience blood loss during the operation, have a serious heart disease and require vascular access for a long period of time after the operation. Depending on the exact area (the neck, groin, arm), unwanted effects such as bleeding or accumulation of air in the lungs.

Problems related to the characteristics of the medication to be used

* Medication used in the anesthesia procedure might cause some allergic reactions just like all other medication.
* Other unwanted effects of medication:
* Low or increasing blood pressure
* Low or increasing pulse
* Stopping of the heart and respiration
* High fever (malign hyperthermia): Some medication used in anesthesia can cause a fatal complication in some people with genetic inclinations where unexplained high fever begins. Although this condition known as malign hyperthermia occurs very rarely in the rate of once in ten thousand anesthesia procedures, it is a very dangerous complication that can be fatal even in the best health centers. Therefore, if the patient has a relative who has died due to anesthesia, the anesthesia doctor needs to be informed beforehand.

Other

* Problems which may occur due to technical issues and insufficient equipment and staff.
* Problems related to the position given to the patient during the operation. Due to the immobile and the same position of the patient during the operation, nerves may be damaged; due to the prone position of the patient organs such as the face and the chest might be crushed and the eyes may get injured.
* As a result of the breakdown of the cautery used to burn the bleeding veins during the surgery, very rarely burns might occur in the body.
* The items indicated above are factors which affect anesthesia risk. Although it is difficult to determine morality rates caused by general anesthesia, a value of 1/10,000 to 1/250,000 is accepted. Maximum precautions are taken to remove expected or unexpected side-effects or permanent and temporary problems that might occur during or after all anesthesia procedures. In cases where the patient is old and has co-morbid diseases such as heart disease and lung disease and/or where the operation is expected to cause bleeding or be very heavy, the anesthesia doctor may decide that following the patient in the intensive care unit after the operation may be safer. The need for intensive care is usually predicted prior to operations, however it is impossible to predict it in unexpected situations. You will be informed for both cases if such a situation arises.

**EPIDURAL/SPINAL OR COMBINED SPINAL EPIDURAL ANESTHESIA PROCEDURE**

Purpose: It is aimed at achieving temporary sensation loss, immobility and numbness in the lower half of the body.

Explanation:

If the surgical procedure to be done involves the lower half of your body (such as orthopedical operations related to the hips, knee area, caesarian operations), anesthesia methods which numb the area from the waist down may be preferred. In such cases, you will be given medication by an injection through your waist and the lower half of your body will be numbed. These procedures are scientifically accepted all over the world and are frequently preferred. If there are any items indicated below about the procedure which you do not understand, please ask your anesthesia doctor for clarification.

When you are taken to the operating room, firstly;

* The ECG electrodes will be placed on your body to evaluate the condition of your heart.
* You will be put on a drip with a special needle.
* A device will put on your finger which shows the oxygenation of blood.
* A blood pressure monitor will be placed on your arm.

**Spinal Anesthesia**: Local anesthesia is applied by a needle on your waist area reaching the fluid inside the spinal cord between the vertebrae through the surrounding membranes and pain, sensation and movement are prevented in the lower part of the body.

**Epidural Anesthesia**: This involves the placement of a very thin plastic tube in the cavity known as the epidural cavity between the membranes surrounding the spinal cord between the vertebrae on your back or waist area and the tissues in this area and the removal of the feeling of pain only underneath the applied area by giving local anesthetics through this tube.

**Combined Spinal/Epidural Anesthesia**: Technically, it is a special method in which spinal and epidural anesthesia are applied together.

**The Advantages and Benefits of Epidural/Spinal or Combined Spinal Epidural Anesthesia Procedure**

* It allows surgical operation to be done without loss of consciousness.
* It is an alternative method which can be applied for patients for whom general anesthesia is not suitable.

**The Risks and Complications of** **Epidural/Spinal or Combined Spinal Epidural Anesthesia Procedure**

Problems which may arise during and after the numbing procedure in the related area

* Decreasing blood pressure and pulse: The patient’s blood pressure and pulse may decrease during or after the operation. The anesthesia doctor will do whatever is necessary at the required moments.
* Headache: Headache may be experienced after spinal anesthesia or epidural anesthesia procedures. Please consult your anesthesia doctor if you experience headaches.
* Bleeding: Due to the puncturing of veins neighboring the nerve, blood in the veins may infiltrate inside tissues and accumulate in this area.
* Nerve complications: After local anesthesia, temporary and permanent nerve damages can be seen although this occurs very rarely.
* Nausea and vomiting: This can be experienced during or after the surgical operation. The anesthesia doctor will do the necessary intervention.
* Infection: These procedures also carry infection risk just like all injections. The anesthesia doctor will take all the required precautions to avoid the development of infections.
* Technical problems may occur due to the materials used (such as the breaking of catheter in the epidural cavity while placing or removing it and a piece of it remaining in the patient’s body).
* Some side-effects may be seen due to the medication used.
* Occurrence of an unsuccessful block: This occurs when the patient feels pain after the surgical operation begins with spinal or epidural anesthesia procedure or the anesthesia doctor may have to do an additional procedure (sedation or general anesthesia) for the surgical procedure on the patient to continue if the operation duration exceeds the effect time of the medication used to numb the nerves.
* Since numbness may continue for 24 hours after the epidural anesthesia procedure is over, the patient needs to be careful about the risk of falling.

**PERIPHERAL NERVE BLOCKAGE PROCEDURE**

Purpose: It is aimed at achieving a temporary loss of sensation and/or movement in a specific part of the body and prevent the feeling of pain

Explanation:

In order to be able to do an operation on the arms and the legs without the feeling of pain, the procedure to prevent movement in these areas and to numb the nerves which allow sensation is called “Peripheral blockage (peripheral nerve blockage).” It is possible to numb the arm and the leg completely with nerve blockage or numb a part of the limbs (such as hands, feet, fingers). The suitable local aesthetic medication is injected in the required amount through a needle in a suitable point around the nerve in the area to be operated. All of the precautions taken in general anesthesia procedures are taken in nerve blockages as well.

**The Advantages and Benefits of Peripheral Nerve Blockage:**

* It allows surgical operation to be done without loss of consciousness,
* It allows a faster recovery compared to the general anesthesia method,
* It is an alternative method which can be applied for patients for whom general anesthesia is not suitable

**The Risks and Complications of Peripheral Nerve Blockage Procedure**

Problems which may arise during or after nerve blockage:

* Allergy to the medication: The patient may develop an allergy to the local anesthetic medication given for nerve blockage.
* Intravenous injection of the medication: The medication used can be mistakenly given intravenously due to the proximity of the nerves to the veins. In such cases, dizziness, sleepiness, impairment in consciousness, epileptic movements (similar to epilepsy) can occur.
* Bleeding: Due to the puncturing of veins neighboring the nerve, blood in the veins may infiltrate inside tissues and accumulate in this area.
* Nerve damage: Due to the damaging of the nerve with the needle or injection of the medication directly inside the nerve, temporary or permanent movement and sensation loss may occur.
* In interventions done on the neck area to numb the arm, aphonia, sagging of the eyelid or watering of the eye on the operated side of the body, atelectasis, accumulation of fluid and blood in the lungs may occur. If the medication in this area is directly injected in the spinal fluid or infiltrates the spinal fluid, numbness and loss movement below the neck, stopping of the heart and/or respiration may occur.
* Infection: These procedures also carry infection risk just like all injections.
* Occurrence of an unsuccessful block: This occurs when the patient feels pain after the surgical operation begins with peripheral nerve blockage procedure or the anesthesia doctor may have to do an additional procedure (sedation or general anesthesia) for the surgical procedure on the patient to continue if the operation duration exceeds the effect time of the medication used to numb the nerves (nerve blockage).

**SEDATION PROCEDURE**

Purpose: It is aimed at relaxing the patient, putting the patient in a deep state of sleep and decreasing the feeling of pain without interfering with the respiratory and circulatory systems as much as possible.

Explanation:

In some small and pain free interventions performed in the operating room and more frequently in areas other than the operating room (such as radiology, cardiology, gastroenterology, emergency service, etc.) with the purpose of diagnosis and treatment, it may be necessary to perform sedation. Since some interventions for diagnosis require the patient not to move, sedation is frequently required in procedures for diagnosis in particular for children.

If sedation has been panned for you or for your child for any procedure, do not forget that fasting is required prior to the procedure just like anesthesia.

Prior to sedation, your anesthesia doctor will inform you and ask for your consent. Afterwards, you will be taken to the procedure room to be monitored.

Then, a cannula is placed through a needle to your vena for the injection of the medication and serum.

Sedation is achieved through intra venal application of the medication. If your child is to be sedated, this can be done through gases given through a mask.

Sedation can be performed in a scale ranging from minimal sedation in which the patient is in sleep state but can be woken up with verbal stimulation to deep sedation in which even the reaction to painful stimulant is weak.

**The Advantages and Benefits of Sedation Procedure:**

* In short interventions, sedation decreases the patient’s sense of pain and stress without the need for general anesthesia..

**The Risks and Complications of Sedation Procedure:**

Problems which may arise during sedation:

* The content in the stomach escaping to the respiratory passage: Since the retching reflex is suppressed through the effect of the medication, aspiration risk may occur. To prevent this, the patients are asked not to eat anything prior to the procedure.
* Problems related to respiration: Respiration may be suppressed depending on the medication dosage; in such cases, additional respiration support may be necessary (through a mask or placing a tube). Sometimes, reflex spasms occur in the air ways due to the irritation of the respiratory tract and this may also require respiratory support.
* Allergic reactions
* Problems related to circulation: Although they are very rarely seen, emergency situations such as decreasing blood pressure and pulse can occur and cardiopulmonary resuscitation may be necessary.

**GENERAL ANESTHESIA AND ALTERNATIVE METHODS**

After the examination and consultation performed for each surgery/intervention/procedure, the method determined by the anesthesia doctor is chosen after the consent of the patient.

**WHAT SHOULD BE GIVEN IMPORTANCE TO AFTER ANESTHESIA? (CRITICAL LIFE STYLE SUGGESTIONS)**

Feeling tired and sleepy for a while after anesthesia is normal. This state can take longer depending on the anesthesia type and the pain killers given to you; there is no need for you to be worried.

Your doctor will tell you when you can eat/drink after the operation.

If it is decided to discharge you on the same day after the surgery, you should be accompanied by an adult companion and should not be alone for two nights. We advise you to spend that night resting.

It might be dangerous for you to smoke and consume alcoholic beverages, actively be in traffic, use industrial machines and sign important decisions in the first 24 hours after your surgery.

You may continue taking your daily medication (unless stated otherwise) in the same manner.

**POST-OPERATIVE PAIN TREATMENT AND ALTERNATIVES**

In the post-operation period, you may experience pain of varying intensity depending on the place and size of the operated area. Your anesthesia doctor will inform you prior to your operation and share methods of eliminating pain with you. One of the pain treatment methods will be chosen according to your and your doctor’s preference and applied.

This pain treatment depending on the type of surgical procedure can be any of the following:

* Oral pain killers,
* Intravenous pain killers,
* Patient-controlled pain treatment (V PCA),
* Epidural patient-controlled pain treatment (Epidural PCA),
* Peripheral nerve blockage method.

**IMPORTANT CHARACTERISTICS OF MEDICATION WHICH CAN BE USED DURING SURGERIES**

* Anesthetic medication: These allow the loss of consciousness and continuation of sleep state in the patient.
* Narcotic analgesics: They affect the central nervous system and act as strong pain killers and sedatives.
* Analgesics: These are medication used to decrease the amount of pain caused by diseases or symptoms of diseases.
* Antiemetics: These are medication used to prevent vomiting.
* Gastroprotective medication: These are used with the purpose of decreasing the negative effects of medication used to eliminate surgery stress and during anesthesia on the stomach.
* Corticosteroids: These have a wide area of use from rheumatic diseases to numerous other diseases. They have a strong anti-inflammatory and immunomodulatory effect. Due to this characteristic, they can be used during surgery.
* Antihistamines: These are medication used for allergies.
* Bronchodilators: These are medication which expand the bronchi and the bronchiole. They facilitate respiration.
* Anticoagulants: These are medication which prevent blood coagulation.
* Antihypertensives: These expand blood vessels, in order words prevent the blood vessels from contracting and shrinking, thus decreasing the work load of the heart and lowering blood pressure.
* Local Anesthetics: These are medication used in spinal and/or epidural anesthesia which prevent the patient from feeling pain and limit the patient’s movements. They do not remove the sense of touch. The feeling of pain in the patient’s surgery area and its surrounding areas is removed.
* Serums: They are used for replacing the fluid lost prior to and during surgery and regulating the body’s fluid electrolyte balance.

*\*According to Patients’ Rights Regulation, 1 copy of the form will be given to you. Please let us know if you have not been given your copy.*

**CONSENT**

The procedures to be carried out, their duration, possible consequences and complications, risks and the consequences which may arise if I do not give consent to the procedure have been explained to me in detail. I with my free will and without any pressure and influence authorize ------------------------------------------------- Hospital which I know is a private hospital to perform the ----------------------------------------- anesthesia/sedation technique freely together with my anesthesia doctor and request this procedure to be done. **I GIVE MY CONSENT** to this procedure with my own free will.

Please, write **“I understood what I have read”** in your own hand writing -----------------------------------------------------

**Patient’s Name and Surname**--------------------------------------

Signature ------------------------------------------ Date: ----------------/------------/------------------ Hour: ---------

**Patient’s Relative’s Name and Surname**: -----------------------------------------------------

Signature ------------------------------------------ Date: ----------------/------------/------------------ Hour: ----------

**Degree of closeness with the patient**: --------------------------------------------------------------------

**Patient’s Relative’s Name and Surname**: -----------------------------------------------------

Signature ------------------------------------------ Date: ----------------/------------/------------------ Hour: ----------

**Degree of closeness with the patient**: --------------------------------------------------------------------

**Reason for the consent of the patient’s relative:**

* The patient is younger than 19 years old (The signatures of both the mother and the father are required; if the parents are divorced, only the signature of the parent who has the custody of the child is required)
* The patient is mentally incapable of taking this decision/has no authorization to take this decision (The signature of the guardian/legal guardian is required)
* The patient is unconscious