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Dear Patient / Legal Representative;

You have right to be informed about all medical, surgical or diagnostic procedures recommended to you / your patient regarding your health status / your patient's health status, their alternatives, benefits and possible damages, and to reject or accept them / a part of them or to stop the procedures to be carried out at any stage.

This document, which we want you to read and understand, is not intended to scare you or keep you away from medical practices, but to inform you and to determine whether you give consent to these practices or not and to obtain your consent.

**INFORMATION**

PRE-DIAGNOSIS: .....

PLANNED TREATMENT / PROCEDURE: .....

PROCEDURE CARRIED OUT BY (NAME/SURNAME OF PHYSICIAN): .....

**INFORMATION ABOUT THE PROCEDURE:**

The procedure is generally performed under general anesthesia (narcosis) in children, and local anesthesia can be preferred in adults. Following anesthesia, the surgery is performed through an incision made behind the ear. The ear cartilage is shaped with cuts, rasp and various stitches, and a small piece of skin is removed from the back of the ear to adjust the angle and distance between the head and ear. After bleeding control is made and the incision behind the ear is closed, a lightly repressed dressing and bandage is applied and the operation is ended. Success rate of the surgery varies according to the age and general condition of the patient.

**CONSEQUENCES THAT MAY BE ENCOUNTERED IF THE PROCEDURE IS NOT PERFORMED:**

Although the prominent ear does not cause any medical problems, it can lead to psychological trauma especially in childhood and may negatively affect the relationships with friends and education at school. Because children can behave mercilessly to those who look different from themselves. The malformation recovered before school will prevent the child from having psychological problems and becoming an object of derision by his/her friends at school.

**BENEFITS EXPECTED FROM THE PROCEDURE:**

Congenital or acquired, many different deformities can be seen in the ear. The most common shape problem disrupting aesthetic appearance is the prominent ear. Prominent ear is a deformity in which the ear is excessively open from the head to the side, although some other factors contribute, the most important reason is that the fold of the ear, called 'anthelix' in medical parlance, has not been developed enough. The purpose of the operation is not to make the ear stick to the base of the skull, but to obtain an unobtrusive, symmetrical, natural-looking ear as much as possible.

**ALTERNATIVES TO THE PROCEDURE, IF ANY:**

Without prominent ear correction surgery, there is no risk of your life. There is no way to correct this deformity other than surgery.

**RISKS AND COMPLICATIONS OF THE PROCEDURE:**

There is no guarantee of perfect symmetry between the two ears. Dressings for 5-6 days after surgery may cause discomfort, especially in hot weather, as a bandage will be used for 1-2 weeks. Accumulation (hematoma) due to bleeding may occur between the cartilage and the skin in the ear.

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In bleeding that occurs immediately after surgery, emergency surgery may be required to prevent new bleeding and to clean the clots. In some traumas (crash-fall) that may occur after the bandage is removed, bleeding may develop, malformation may occur, and this requires a new surgical intervention. Ears may appear swollen and empurpled for 10 to 15 days in the postoperative days. Loss of touch sensation and abnormalities can be seen in the ear skin. This usually returns within a few months. There may be permanent loss of sensation. Infection may occur after surgery. In this case, cartilage is severely damaged and deformities can occur. In this case, results can be obtained with adequate wound healing and a new surgical intervention. The wound may not heal properly. There may be thickness, redness, itching and swelling. In this case, additional treatments may be required. A second surgical intervention is required for ongoing deformities and irregularities. The aim is to make the ear better, but the perfect result is not always possible. Additional surgical interventions may be required to improve the result or to eliminate complications (undesirable result).

**General risks and complications Early Period:**

**Bleeding:** Rarely, a leak may occur in the operated region after surgery. However, if the amount is too high and causes a pulsating pain, the operation site may need to be re-cleaned and the bleeding control repeated.

**Infection:** It is very rare. The use of protective antibiotics and performing the surgery meticulously limits the risk of infection. In cases such as increased pain, redness and fever in the operated area, the doctor should be informed immediately.

**Wound dehiscence:** It is extremely rare. A trauma in the early term or stress on the sutures may cause the wound to dissociate. If the area of wound dehiscence is limited, it can be closed with dressings, and in a large area, stitches may need to be repaired.

**Numbness and tenderness:** Depending on surgery technique, it may take short or long time.

**Late Period:**

The most important problem after the surgery is that the expected result cannot be achieved. Expectations about points such as the amount of ear reclining and curl formation should be evaluated with your doctor. Prominent ear surgery has subjective characteristics despite the outlining measures. It should be noted that excessive lying of the ear on the base of the skull will also produce an unnatural result. There should be a 18-20 mm distance between the ear's edge and the base of the head and the surgery is planned accordingly. The purpose of the operation is not to make the ear stick to the base of the skull, but to obtain an unobtrusive, symmetrical, natural-looking ear as much as possible. There may be slight asymmetry and posture difference between the ears. If there is too much asymmetry, additional interventions called revision may be required. Very rarely, stiffness and thickening may develop in the suture line behind the ear, in which case it may be necessary to use creams that soften the area. Sometimes the sutures applied to the cartilage may be evident behind the ear and can cause minor wounds on the skin. If such a problem occurs, the nodes should be cleaned under local anesthesia.

General risks that may be seen in all surgical interventions, such as blood clotting (thrombosis/embolism), wound infection or cardiovascular system reactions are extremely rare in otoplasty.

**ESTIMATED DURATION OF THE PROCEDURE:**

The surgery may last 1-2 hours, depending on the procedure.



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**POSSIBLE UNDESIRABLE EFFECTS OF MEDICINES TO BE USED AND POINTS TO CONSIDER:**

Tell your doctor about the medications you are taking (especially those that prevent blood clotting, such as aspirin), your current or previous illnesses, and your medication allergy.

After the operation, anesthesia medications will be stopped and you will be able to wake up slowly and calmly. In order to avoid pain in the postoperative period, pain medication will be administered by placing it into the serum during surgery. However, if you have pain, you will be given an intravenous or intramuscular (from hip) painkiller. Please do not use any medicines other than those given by your doctor and your nurse.

**POINTS OF CONSIDERATION FOR PATIENT BEFORE AND AFTER PROCEDURE:**

Your doctor will inform you about the issues you need to pay attention to before and after the procedure. Smoking leads to a shorter and lower quality of lifetime. Smoking adversely affects the success of treatment / surgery. In patients who smoke, the risks of anesthesia are greater, and death due to anesthesia is more common. If you smoke, you should know that the success of treatment / surgery will be lower than the overall success.

**PROBLEMS THAT MAY BE ENCOUNTERED IF PATIENT DOES NOT PAY ATTENTION TO THE ISSUES TO BE FOLLOWED:**

If you do not pay attention to the matters to be followed, your doctor will inform you about the problems you may experience.

**HOW TO REACH MEDICAL ASSISTANCE ON THE SAME SUBJECT WHEN NECESSARY:**

Not to accept treatment/surgery is a decision of your own free will. If you change your mind, you can personally re-apply to our hospital(s) that can perform the treatment / surgery in question.

**Phone: 0850 811 3400**

**Medical Research:** In respect of the progress of the medical studies, medical research and physicians' training, I give my consent for the review of the clinical information in my medical files, provided that the study respects the rules of the patient confidentiality mentioned in the patient rights legislation. I give my consent for the publishing of the research results in the medical literature provided that the study respects the patient's confidentiality. I am aware of that I have the right to refuse the participation in such a study and this refusal will not negatively affect my treatment in any way.



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**APPROVAL**

I have read the information above and I have been informed by the doctor who signed below. I was informed about the purpose, causes and benefits, risks, complications, alternatives and additional treatment interventions of the treatment. I approve this procedure under no influence and consciously, without needing any additional explanation.

I authorize a person named ..... to give consent and to receive all kinds of information about my treatment when I lose consciousness in any way or when I am unable to give consent for the attempts to be made to me regarding my treatment (the person authorized by the patient must sign as the patient's representative/legal representative).

I accept the application of Turkish Law and the jurisdiction of Istanbul Courts in legal disputes that may arise as a result of the treatment I received at BHT CLINIC Istanbul Tema Hospital.

.....(Please write "I understood what I have read and I approve it")

PatientSignatureDate / Time of Consent

Name-Surname (in handwriting)

...../...../..... ..:.....

.....

If the patient cannot give consent:

Patient / legal representativeSignatureDate / Time of Consent

Name-Surname (in handwriting)

...../...../..... ..:.....

.....

Reason of the patient's failure to give consent (to be filled by the Physician):.....  
.....

Adequate and satisfactory explanations have been made to the patient/ legal representative whose name is written above by me regarding his or her illness, treatment/procedure to be performed, the aim, reason and benefits of the treatment / procedure, care required after the treatment / procedure, risks and complications of the treatment / procedure, alternatives to the treatment / procedure, the type of anesthesia that will be applied if necessary for the treatment / procedure and anesthesia risks and complications. The patient / legal representative has signed and approved this form with his / her consent that he / she was adequately informed about the treatment / procedure.

Physician to Apply Treatment / Procedure

Signature

Date / Time

Name Surname:.....

...../...../..... ..:.....

Title:.....

**PROMINENT EAR REPAIR  
(AUTOPLASTY) SURGERY PATIENT  
INFORMATION AND CONSENT  
FORM (KEPÇE KULAK AMELİYATI  
BİLGİLENDİRMESİ VE RIZA BELGESİ)****BARCODE**

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**If the patient has a language / communication problem;**

I have translated the explanations made by the doctor to the patient. In my opinion, the patient understood the information I translated.

Translated by

Signature

Date / Time

Name Surname (in handwriting) : .....

...../...../..... :.....

You can contact the Patient Rights Office during the day and the Supervisor/Night Administrative Supervisor at night for all complaints about medical practices or for any matters you wish to address.

\* Legal Representative: Guardian for those under guardianship, parents for minors, 1st degree legal heirs in the absence of these. Signing this consent (approval) does not invalidate the patient's legal rights.