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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):

PRE-DIAGNOSIS/DIAGNOSIS and GENERAL INFORMATION ABOUT YOUR DISEASE:
Septoplasty

Nasal septal deviation can be caused by pulling of both facial bone deformities and nasal fractures during birth (delivery). If the deviation causes any of the situations listed below patient should be operated:

- Nasal blockage, shortness of breath.
- Drying, burning feeling, foreign body feeling of the throat due to continues oral breathing.
- Snoring, sometimes sleep apneas
- Facial/ head ache,
- Recurrent sinus inflammations
- Laryngeal and bronchial inflammations
- Tend to have Eustachian tube flue and Middle ear infections. For some sinus surgeries nasal deviations has to be straightened prior to the operations.

This operation can be done either under local or general anaesthesia. Surgery is done inside of your nose. Following the anaesthesia sheet of the septum (mucosa) is cut and elevated from the septal part of the nose. Deviated parts of cartilage and bone are removed and septum is straightened. If the conchas are large at the time of the surgery we reduce the volume of them surgically or by cautery. Usually we apply anterior nasal tampons after the surgery, they stay there for 48 to 72 hours.

PREDICTED/POTENTIAL BENEFITS OF THE SUGGESTED TREATMENT:

Success rate is depends on the disease's cause, severity and answer to the treatment

EXPECTED BENEFITS FOLLOWING A SUCCESSFUL TREATMENT:

The patient will get rid of bleeding and its added side effects

POSSIBLE CONSEQUENCES OF REJECTING THE SUGGESTED TREATMENT:

In case of refusal of the treatment complains will continue and if you start to face sleep apneas you should have septoplasty done to open the nasal airway. So if you have a sleep apnea you should definitely get septoplasty done.

POSSIBLE ALTERNATIVE TREATMENT(S):

There is no other alternative treatment option for the nasal septal deviation.

RISKS OF THE SUGGESTED TREATMENT:**Frequent side effects:**

- Discomfort and sleepiness after awaking from the general anaesthesia.
- Breathing through mouth as long as the tampons stay in the nose.



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- Scar formation of the nasal mucosa after removal of the tampons causes temporary shortness of breath.
- Temporary smelling impairment.

Rare side effects:

- Late bleedings, usually a new tampon heals the bleeding. Rarely a new operation is needed.
- Blood collection under the mucosa; drainage is followed by new tampon insertion.
- Abscess in septum; new operation and new cartilage insertion may be needed.
- Sensorial loss in both upper cutting teeth and anterior part of the palate.

Usually it is temporary.

- Septal perforation; new operation is considered in case of a need. Very rare side effects:
- Permanent loss of smelling.
- Changes of the external appearance of the nose; due to loss of the cartilaginous support of the nasal dorsum. Second operation is possible if needed.
- Scull base injury which can lead to meningitis.
- Sight problems which can end up to blindness, which can be a cause of the medication applied to reduce the bleeding. But this is extremely rare.
- Blood transfusion is needed in case of late bleedings.

Side effects due to the medication which is used for the local anaesthesia;

- Allergic reactions, swelling, itching and even shock due to severe circulation problems.

Central nervous system side effects;

- Discomfort, spasms, breathing problems,
- High/low blood pressure, cardiac rhythm problems and slow heart rate.

ESTIMATED DURATION OF THE PROCEDURE:

The operation can be done with local or general anesthesia in the operation room and it takes from 30 to 90 minutes.

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

Use the drugs recommended by your doctor in accordance with the instructions for use. Your doctor will inform you about the possible undesirable effects of the drugs and the points to be considered

POINTS PATIENT SHOULD BE DOING/BEWARE OF AT THE TIME OF RECOVERY:**Prior to the procedure;**

- You should not eat or drink starting at 24:00 the day before the surgery. But you can take the medications at the surgery morning with a few sips of water. You should not be having an upper respiratory infection so you should be careful a couple of weeks before the surgery.
- You should stop aspirin like blood liquefiers 1 week prior to the procedure.

After the procedure;

- Your reflexes will be affected due to the general anaesthesia or pain killers. So you should have a rest 24-48 hours after the procedure.
- In this period you should not drive, use a dangerous machine or take important decisions.

10 days after the surgery:

- Be aware of things which rises your blood pressure.
- No sports of gym. If it is necessary your doctor will write you a sick leave report.
- Do not lift heavy things of other body tiredness
- Don't have a hot bath.



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- Protect your nose from traumas.
- Do not try to take out the crusts out of your nose by yourself. Your doctor will take them out carefully.
- Tampon will stay 48-72 hours in your nose.
- You should strictly take the antibiotics prescribed for you.
- You should apply the medications which will be prescribed after tampon removal.
- Following the tampon removal you will start to breath comfortably but after 6-12 hours your nose will be blocked and will get to normal in 4-6 days.

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: I consent that clinical information of my medical records can be reviewed to advance medical study, medical research and physician's education, provided that the rules for patient privacy in the Patients' Rights Regulations are followed. 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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CONSENT

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:.....

**INFORMED CONSENT FORM FOR
SEPTOPLASTY(OPERATION FOR THE
DEVIATED NASAL SEPTUM)
(SEPTOPLASTİ AMELİYATI HASTA
BİLGİLENDİRME 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.