



Doküman Kodu:	HD. RB.571	İlk Yayın Tarihi:	12.05.2025	Rev. Tarihi:	-	Rev. No:	00	Sayfa No:	1 / 7
---------------	------------	-------------------	------------	--------------	---	----------	----	-----------	-------

Dear Patient / legal representative;

You have the right to be informed about all kinds of medical, surgical or diagnostic procedures related to your health status / patient's health status and recommended to you / your patient, and their alternatives, benefits, risks and even possible harms, and to reject, accept or stop all / some of them at any stage.

This document, which we want you to read and understand, has not been prepared to frighten you or to keep you away from medical practices, but to inform you and obtain your consent in determining whether you will consent to these practices.

**INFORMATION**

PRE-DIAGNOSIS: .....

PLANNED .....

NAME/SURNAME OF THE PHYSICIAN WHO WILL PERFORM THE PROCEDURE:

**INFORMATION ABOUT THE PROCESS:**☐ ➤ **GENERAL ANESTHESIA**

**Definition: General** anesthesia can be defined as a state of complete sleep, elimination of pain sensation and immobility by administering drugs intravenously and/or inhaling anesthetic gas through the breath (including putting a tube in the trachea if necessary). Complete loss of consciousness, lack of pain and/or immobility.

**Possible risks: Including** but not limited to; mouth and tooth damage, sore throat, hoarseness, anesthesia

awareness when underneath, damage to vascular access, nausea-vomiting, aspiration, lung infection, hypotension, malignant hypothermia (fever that can be fatal), etc.

☐ ➤ **REGIONAL ANESTHESIA/ANALGESIA:**

It is the desensitization and immobilization of the nerves of the surgical area with drug injection with special needles.

☐ **SPINAL/EPIDURAL OR COMBINED SPINAL EPIDURAL ANESTHESIA/ANALGESIA**

**Definition:** Spinal and epidural anesthesia is the application of local anesthetic drugs directly to the spinal fluid and/or around the spinal cord by entering the lumbar region with a needle and/or catheter, providing immobility and/or painlessness in the lower part of the body. The patient is conscious and sedation can be added if necessary. Immobility and/or inability to feel pain in the lower part of the body.

**Possible risks: Headache**, low back pain, incomplete removal of pain, feeling of pressure in the ear, convulsive seizures, infection, permanent weakness, numbness, vascular damage, nerve damage, hearing impairment, hearing loss, pulse, low blood pressure, nerve damage, allergy, failed block, intravenous administration of drugs, etc.

☐ **PERIPHERAL NERVE BLOCKS**

**Definition: It** is the process of removing immobility and/or pain in that area by administering local anesthetic drugs around the nerves leading to the surgical area. Removal of pain and loss of movement at the surgical site.

**Possible risks: Infection**, weakness, permanent numbness, incomplete removal of pain, convulsive seizures, vascular damage, nerve damage, allergy, failed block, intravenous administration of drugs, etc.

☐ **INTRAVENOUS REGIONAL ANESTHESIA**

**Definition: Removing** the pain in the area under the tourniquet by draining the blood in the veins in the



Doküman Kodu:	HD. RB.571	İlk Yayın Tarihi:	12.05.2025	Rev. Tarihi:	-	Rev. No:	00	Sayfa No:	2 / 7
---------------	------------	-------------------	------------	--------------	---	----------	----	-----------	-------

arms and legs with a tourniquet and administering a local anesthetic drug into the vein. Temporary loss of movement and/or removal of pain in the arm or leg to be operated.

**Possible risks: Infection** , permanent numbness, inadequate pain control, convulsive seizures, vascular damage, allergies, etc.

☐ **LOCAL INFILTRATION ANESTHESIA**

**Definition:** In small interventions, it is only the numbing of the area to be intervened. Depending on the location and type of intervention, drug is applied into the tissue with drops, creams, sprays or a small needle. The patient is conscious. Sedation can be added as needed. The area to be intervened is painless.

**Possible risks: Infection** , incomplete removal of pain, allergy, etc.

**SEDAYON/ANALGESIA**

**Definition:** Inducing semi-drowsiness and/or eliminating pain by intravenous administration of medication and/or inhalation of anesthetic gas through breathing. If the patient can be woken up by sound or light touch, awake sedation occurs, if it becomes deeper than the procedure, deep sedation, and when it deepens further, general anesthesia occurs. Decreased excitement and pain, partial or complete memory loss, or amnesia (inability to remember events).

**Possible risks:** Unconsciousness, suppression of breathing, nausea/vomiting, vascular damage, etc.

In general, there is a possibility that complications directly or indirectly related to anesthesia may develop, which may result in infection, drug and blood reactions, bleeding, clot formation, loss of sensation, loss of function of a limb, stroke, brain injury, heart attack, allergy or death, provided that it can be seen in all anesthesia methods.

**EXPECTED BENEFITS FROM THE PROCEDURE:**

In order for the surgical procedure to be safe, easy and painless, it helps the patient to eliminate his consciousness, to remain immobile and to perform the procedure painlessly.

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

Without anesthesia, many surgical procedures will not be performed. If you do not accept the regional anesthesia methods described below, general anesthesia can be applied, but in some cases there is no alternative to general anesthesia.

**PREGNANCY/SUSPICION:**

If there is a pregnancy/suspicion or breastfeeding situation, you should definitely inform your doctor about this situation. If the situation is not reported to the physician, we do not accept any responsibility for the complications that may arise from the anesthesia procedure, and make sure that you inform your doctor before the procedure in order to prevent miscarriage, life-threatening risks of the mother and baby, etc.

☐ I informed the physician that I was among the patients in the risk group mentioned above.

☐ I am not in the risk group mentioned above.

**RISKS AND COMPLICATIONS OF THE PROCEDURE:**

**Respiratory Ones**

• **Advanced Respiratory Failure:** It may develop according to pre-existing diseases, type and duration of surgery. In these cases, you may be cared for in the intensive care unit for a while.



Doküman Kodu:	HD. RB.571	İlk Yayın Tarihi:	12.05.2025	Rev. Tarihi:	-	Rev. No:	00	Sayfa No:	3 / 7
---------------	------------	-------------------	------------	--------------	---	----------	----	-----------	-------

Sometimes there may be respiratory distress due to pain after the operation. (It is helped by applying pain management).

- **Sore Throat:** It may take 1-2 days after a long surgery in which a tube is placed in the respiratory tract, although it is quite common, it rarely causes a serious problem
- **Leakage of stomach contents into the respiratory tract:** It is one of the most important and common problems. To prevent this, if there is no other problem (such as duodenum, esophageal stenosis), you should stop solid foods at least 8 hours before and liquid drinks 6 hours before. In case of emergency, this period can be kept shorter. Fasting times for infants and children range from 2–6 hours. Follow whatever your doctor's recommendation is in this regard.

#### **Roaming Risks:**

- **Insertion of a special needle to be inserted into the vein to inject serum into the artery due to very rare anatomical differences:** If a drug is given here, you may face the risk of losing some of your fingers and your arm. In some surgeries, a special needle is inserted into the artery to monitor your blood pressure more closely. In this case, these damages may occur very rarely.
- **Heart-Related Problems: Problems** such as advanced coronary insufficiency, heart blocks, valve diseases, and previous heart attacks increase the risks caused by anesthesia and surgery. In some patients, a heart attack may occur during and after surgery, albeit very rarely. In order to prevent such undesirable situations, your anesthesiologist may ask you to have an Internal Medicine or Cardiology examination and make recommendations from the relevant physician if he has any doubts about your health status.
- **Catheter Applications to Large Vessels: It is applied** in Cardiac Surgery, Brain and Nerve Surgery operations, in patients with cardiovascular system diseases; in order to be able to measure the devices that monitor blood circulation activity, or only in patients who are thought to lose blood during surgery, **have severe heart disease** and require long-term vascular access after surgery. Undesirable effects such as bleeding to the place where it will be made (neck, groin, arm, etc.) and air collection in the lungs may occur.

#### **Risks Related to Drugs:**

- **Allergic Reactions: As with** all other **drugs**, some allergic reactions may occur in drugs used in anesthesia.
- **Other Undesirable Effects of Medications:** Low or increased blood pressure, decrease or increase in pulse, cardiac and respiratory arrest, dry mouth, difficulty remembering events that occur within 1-2 hours before and after surgery, nausea, vomiting, constipation, difficulty urinating may occur.
- **Fever (Malignant Hypertermia):** Some people may develop a fever that cannot be prevented very rarely (1/10,000) and is highly fatal even in the best possible places.

**Problems Related to the Position Given During the Surgery:** During the surgery, nerve crushes related to lying still and in the same position for a long time, crushing of organs such as the face, chest, etc. due to lying on the stomach, and injuries to the eyes may occur.

Depending on the drug and technique to be used, in addition to side effects such as allergies, sedation, drowsiness, itching, rarely side effects that can damage organs may occur. In addition, in spinal/epidural applications, side effects related to the technique mentioned in the anesthesia section can also be seen.



Doküman Kodu:	HD. RB.571	İlk Yayın Tarihi:	12.05.2025	Rev. Tarihi:	-	Rev. No:	00	Sayfa No:	4 / 7
---------------	------------	-------------------	------------	--------------	---	----------	----	-----------	-------

If the complications are serious and/or life-threatening, you may need to be admitted to intensive care.

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

If the block fails, the operation can be continued with another method (such as general anesthesia, local anesthesia, sedation) that the anesthesiologist deems appropriate.

**ESTIMATED TIME OF THE TRANSACTION:**

It depends on the requirement.

**POSSIBLE UNDESIRABLE EFFECTS OF THE DRUGS TO BE USED AND ISSUES TO BE CONSIDERED:**

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

**POINTS THAT THE PATIENT SHOULD PAY ATTENTION TO BEFORE AND AFTER THE PROCEDURE:****What You Should Do Before Anesthesia:**

- Do not eat anything for eight (8) hours before surgery so that your vomit does not escape into the airway. You can take water up to two (2) hours before surgery. In infants and children, solid foods, formulas and cow's milk should be stopped at least 6 hours before, breast milk should be stopped at least 4 hours before, and water and clear liquids should be stopped at least 2 hours before. In some cases related to the gastrointestinal system, it may be necessary to keep this period longer. Therefore, consult your doctor for the required fasting time.

- Why and how long should I fast before anesthesia/surgery?

Since the drugs used for anesthesia/sedation may cause the closure of consciousness and the removal of reflexes that protect the respiratory tract, it may lead to complications that can lead to death, as the vomited material may escape into the trachea in case of possible vomiting. Therefore, you should definitely fast before anesthesia. You will be told the method of anesthesia to be applied and the fasting period to be determined by the anesthesiologist according to your age. You must comply with these deadlines, otherwise your surgery may be postponed or you will be taking a serious risk if you hide it.

- You may need to give a blood sample before surgery for the examinations that your doctor deems necessary.

- You should definitely inform the anesthesiologist correctly about your chronic diseases and the drugs and substances you use regularly. The anesthesiologist will tell you which ones to remove and which ones to cut and how long ago.

- You should remove your dentures, glasses, contact lenses and jewelry (necklaces, earrings, rings, piercings, etc.) before coming to the operating room. Those who wear hearing aids can not remove them if they wish. In this case, you should inform the anesthesiologist.

- Please do not wear make-up and do not apply nail polish to your nails.

**What the patient should pay attention to after anesthesia:**

- It is normal to be sleepy and tired for a while after anesthesia/surgery. This may be prolonged depending on the type and duration of anesthesia administered, and the type and dose of sedation/analgesia drugs being administered, there is no need to worry.

- In order for you to spend the post-operative period comfortably and comfortably, analgesia treatments will be applied with a method that your physician deems appropriate and carries the



Doküman Kodu:	HD. RB.571	İlk Yayın Tarihi:	12.05.2025	Rev. Tarihi:	-	Rev. No:	00	Sayfa No:	5 / 7
---------------	------------	-------------------	------------	--------------	---	----------	----	-----------	-------

least risk for you (orally, adhered to the skin, nasal spray or rectal tract in children, intramuscular or patient-controlled intravenous, spinal/epidural).

- Your doctor will tell you when you can take fluids/food after surgery.
- If it is decided that you will go home on the day of your surgery, you should definitely go with an adult relative and you should not be alone on the first night. It is recommended that you spend this night resting.
- It is not recommended to smoke and drink alcohol for 24 hours after the surgery, to actively drive traffic, to use heavy machinery and to make important decisions, as it may be inconvenient.
- Unless otherwise stated, it is recommended that you take the drugs you are using in the same way, dose and time intervals.

**PROBLEMS THAT MAY OCCUR IF YOU DO NOT PAY ATTENTION TO THE ISSUES TO BE COMPLIED WITH:**

Your doctor will inform you about the problems you may experience if you do not pay attention to the issues to be followed

**HOW TO GET MEDICAL HELP ON THE SAME SUBJECT WHEN NECESSARY:**

Not accepting treatment/surgery is a decision you will make 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 to the review of clinical information from my medical records for the advancement of medical study, medical research and physician education, provided that the patient confidentiality rules in the patient rights regulation are adhered to.

I consent to the publication of research results in the medical literature as long as they protect patient confidentiality. I am aware that I may refuse to participate in such a study and that this refusal will not adversely affect my treatment in any way.



Doküman Kodu:	HD. RB.571	İlk Yayın Tarihi:	12.05.2025	Rev. Tarihi:	-	Rev. No:	00	Sayfa No:	6 / 7
---------------	------------	-------------------	------------	--------------	---	----------	----	-----------	-------

**ASSENT**

I have read the information described above and have been informed by the undersigned physician. I was informed about the purpose, causes and benefits, risks, complications, alternatives and additional treatment interventions of the treatment/procedure to be performed. I consciously approve this transaction without any additional explanation, without any pressure.

To give consent and receive all kinds of information about my treatment when I am unconscious in any way or when I am unable to give consent in the interventions to be made to me regarding my treatment.

..... I authorize the person named (The person authorized by the patient is the patient's representative/  
must sign as his legal representative).

In legal disputes that may arise as a result of the treatment I have received at BHT CLINIC Istanbul Tema Hospital, Turkish Law to be implemented, Istanbul Courts authorized  
To be acceptance I.

.....(I understand that I read it in your handwriting, I accept it.)

SickSignatureDate / Time of Consent

Name-Surname (handwritten)

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

If the patient is unable to give consent:

Patient / legal representativeSignatureDate /Time of Consent

Name-Surname (handwritten)

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

The reason for the patient's inability to give consent (to be filled in by the physician):

.....  
.....

**PATIENT INFORMATION AND  
CONSENT FOR ANESTHESIA  
APPLICATIONS DOCUMENT  
ANESTEZİ UYGULAMALARI İÇİN  
HASTA BİLGİLENDİRME VE RIZA  
BELGESİ****BARKOD**

Doküman Kodu:	HD. RB.571	İlk Yayın Tarihi:	12.05.2025	Rev. Tarihi:	-	Rev. No:	00	Sayfa No:	7 / 7
---------------	------------	-------------------	------------	--------------	---	----------	----	-----------	-------

To the above-named patient/legal representative, the disease of the patient/legal representative written above, the treatment/procedure to be performed, the purpose, cause and benefits of this treatment/procedure, the care required after the treatment/procedure, the treatment/procedure  
Adequate and satisfactory explanations have been made about the risks and complications, the alternatives of the treatment/procedure, the type of anesthesia to be applied if necessary for the treatment/procedure, and the risks and complications of anesthesia. The patient/legal representative has signed and approved this form with his own consent that he has been adequately informed about the treatment/procedure.

The Physician Who Will Perform the Treatment/Procedure  
Signature Date / Time

Name Surname:..... /...../..... :.....

Title :.....

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

I translated the explanations made by the doctor to the patient. To my knowledge, the patient has understood the information translated by me.

Translator's Signature Date / Time

Name Surname (handwriting):..... /...../..... :.....

You can apply to the Patient Rights Unit during the day and to the Supervisor/Night Administrative Supervisor at night for all your complaints about medical practices or any issue you want to mention.

\*Legal Representative: Guardian for those under guardianship, parents for minors, 1st degree legal heirs in their absence. Signing this consent document does not remove the patient's legal rights.