PATIENT NAME, SURNAME: GENDER:  
DATE OF BIRTH: DATE OF HOSPITALIZATION:  
DIAGNOSIS: PROTOCOL NO:  
  
Dear patient;

First of all, this form is intended to inform you. We will use general anesthesia during the operation for your safety and comfortability. Under general anesthesia, you do not feel and remember anything about the procedure. These application are accepted as ethical and scientific throughout the world.  
**If you do not want to read the information sheet, you will be given a form to sign all kinds of processing confirmation in writing legible handwriting.**

You will be given some drugs, which have good effects on your body, before being taken into the theatre room. These drugs are used for preparing you. And there will be some adverse effects such as dry mouth, temporary amnesia and sleepiness. Do not hesitate to ask your anesthetists, these are common and tolerable effects.  
**You will then be taken to the operating room and in the meantime;**  
1. ECG electrodes will be glued to your body to assess the condition of your heart.

2 A special needle, for medical liquid given, will be placed in your vein  
3. A device, which showing the blood oxygenation, will be installed on your finger.  
4 The sphygmomanometer will be connected to arm for measuring blood pressure non-invasively.

Except these, may be some specific applications which are expected by your anesthetist. If they will be done, you will be given knowledge before the surgery. You will be made sleep by administering some drugs with needle inserted into your vein, or sleep with the mask to the inhalation anesthetics and oxygen mixture. If necessary, check for breathing through the tube to be inserted into your windpipe will continue to be given oxygen and anesthetics by the anesthesia machine. You will not feel and remember these application. It will be allowed to start operation following these procedures. Your vital functions during the surgery will be monitored continuously. If necessary, medication administration and arrangements will be made by your surgery team. If there will be no need, everything will be removed following the surgery is over. All transactions are made, "Anesthesia Tracking Form" will be saved. Following the surgical procedures, you will be observing for vital functions in ICU.

**Problems may arise during general anesthesia, causes and some of the measures are;**  
**1- Which Respiratory:**  
I- Escaping of stomach contents into the respiratory tract: One of the most important and frequently encountered problems. To prevent this, if there is no other issue, (the duodenum, the esophagus, such as stricture), at least 8 hours for solid food and at least 6 hours for liquid before the surgery, you should stop eating and drinking. In urgent cases, this period may be shorter. Babies and children are fasting period ranges from 2-6 hours. Your consultant will explain to you.  
II-Failure to provide the airway patency during anesthesia: a great tongue, chin small, ahead of the windpipe and trachea, and because of your specific features (such as lips, tongue, teeth, throat, trachea) cannot be performed.   
III-May be injuries of the respiratory tract (lips, tongue, teeth, throat, trachea, and lung) because of the placement of the tube.

IV-Severe respiratory failure: It can sometimes be respiratory distress following the operation due to surgical pain. (Pain will be relieved by your anesthetist).  
V- Sore throat after the surgery, it is rarely serious problem.  
**2. Those arising through blood circulation:**  
I- Veins should be inserted with a needle before the procedure, sometimes it can be inserted in arteries accidentally due to anatomical differences. Installing arteries encountered very rarely, and you have a risk of losing some of the fingers or your arm if a drug is given via arteries. But some operations need that special needles are applied into arteries to keep track of your blood pressure more closely. In this case, damage may occur even if the above is also very rare.  
II-Related heart problems: For example, there will be increased the risks of anesthesia because of severe coronary insufficiency, heart block, valvular heart disease, and problems such as previous heart attacked. In addition, may occur a heart attack during surgery and after very rarely.  
III-large catheter applications for vascular system: May be some adverse effects, due to the place which will be applied (neck, groin, arm etc.), such as air accumulation in the lungs. These applications are only considered for the patient who may lost too much blood during surgery. And has severe heart disease which requires long-term caring by these lines.   
**3 - Problems related to drugs:**   
I-May be some allergic reactions because of all other drugs and anesthetic drugs used in anesthesia.

II-Other undesired effects of drugs:  
a. Decreasing or increasing of blood pressure.  
b. Pulse fall or palpitation.  
c. Cardiopulmonary arrest,  
III-Body temperature rise (Malignant Hyperthermia): Some people very rarely "1 / 10,000" unavoidable fever occur and in this case, even in places with the best facilities, and high mortality.  
**4 - Other:**  
I- Problems that may occur due to understaffing, tech, and equipment   
II-Problems with the position during surgery: there may be injury depending on the prone position face crushing chest organs, eye etc., and may be nerve crush while still in the same position for a long time or during surgery.

III-Cautery device, which is used for stopping the bleeding from your vessels during surgery, may rarely a reason for burning in your body.

The above-mentioned reasons are factors that affect the risk of anesthesia. While it is difficult to determine the general anesthesia-related mortality, it is considered between 1 /10,000 and 1/250 000. Maximum precautions are being applying in order to eliminate these adverse effects (expected or unexpected and temporary or permanent) during surgery or after.

If you have any other issue or need more detailed information, please do not hesitate to ask your consultant.

**Epidural Anesthesia, Spinal Anesthesia and Plexus Blockade:**

You will be undergoing surgical procedures can be performed without general anesthesia but with regional anesthesia (only a part of your entire body effected and you do not feel anything at operation area). By administering drugs with a needle on your neck or groin will numb your body. These applications are applications that have been accepted in the scientific world.

Before the surgery, you will be given some drugs may make you feel sleepy, dry mouth, amnesia. After a while, you will be taken to the operating theater and in this order:  
1 ECG electrodes will be glued to your body, to assess the condition of your heart   
2- A special needle will be inserted into your vein for giving medical liquids,  
3-A finger device showing the blood oxygenation will be glued to your finger..  
4- The sphygmomanometer will be connected to arm for measuring blood pressure non-invasively

**Spinal Anesthesia:** Giving a local anesthetic into the liquid of brain with a thin needle through the spinal route (between spinal process: at lumbar region and between vertebrae). Under local anesthetic effect, the sense of feeling and movement will be stopped as temporary.  
**Epidural Anesthesia:** Between vertebrae in your back or lumbar region of tissue in this region known as the

Epidural space surrounding the spinal cord membranes will be penetrated with a needle, and placed a range of very thin plastic tubes and placed in this space. Following the anesthetics given, the pain and sensation due to surgery will be lost. And it can be repeated according to your demand. Except these application, there may be needed some other applications specific to your personal features, in this case your anesthetist will explain to you in detail before surgery.   
**Problems which occur during or following the regional anesthesia applications;**

I -Blood pressure and pulse may be decreased: will be treated by the Anesthesiologists.   
II-Headache: May occur after spinal anesthesia or epidural anesthesia applications. It is temporary and not serious problem.

III-Neural complications: May occur temporary or permanent nerve damage in rare cases applied  
regional anesthesia.  
IV-Nausea and vomiting: may occur during or after surgery. Necessary intervention will be made by Anesthesiologists.  
V-Infection: there is a rare risk as each injection.  
VI-Hearing disorder: May occur rarely temporary or permanent hearing disorders after spinal anesthesia.  
VII- May occur side effects due to drug used.   
VIII-Failed Blocks: Spinal or epidural anesthesia may be failed sometimes. Before the surgery, it will be check if it is enough for your comfortability. If it is not, anesthetist does not start surgery.

If it is enough to maintain anesthesia and comfortability, but you are nervous or demand something else. In this case, your anesthetist will give extra drugs via your vein, which make you feel sleepy (sedation or monitored anesthesia care).

As a result of these applications, your comfortability will be maintained without general anesthesia drugs.   
If you need more detail knowledge, please ask your anesthetist everything.

**Peripheral Nerve Blocks**  
to perform surgery without pain in the arms and legs. It is maintained by "the nerve blockade (peripheral nerve block)" in which the sensation and movement in this region, hands, feet, fingers like, will be lost temporary. It is applied with a tiny needle for giving suitable local anesthetics. All measures taken during general anesthesia procedures are performed for these applications also.

**Problems that may arise during or after nerve blocks:**I- May be allergy to the drugs: given for nerve block may develop an allergy to local anesthetics.  
II-Making intravenous drug: Drugs, due to the close neighborhood of the blood vessels of the vascular nerves, may be unintentional. Accordingly, dizziness, drowsiness, impaired consciousness, epilepsy (epilepsy-like) motion may occur.

III-Perforation of the veins: Depending on the drilling vessel adjacent nerves, blood or tissues may be infiltrated into the blood vessels and accumulate in this region.  
IV-Temporary loss of sensation or movement can be permanent due to injury or needle directly into nerve

V-Adverse effects of local anesthetics drugs during the nerve block at the neck: it is done for anesthesia of the arm. May be hoarseness, the drooping eyelid on that side, the deflation of the lungs, fluid accumulation in the lungs and blood, the neck numbness and loss of movement cardiac and / or respiratory arrest.  
VI-Infection: there is risk of infection at every procedure.  
VII-Failed nerve block: The surgery may be longer than planning, so the duration of local anesthetics used for nerve block may be shorter than necessity. In this case, there will be needed other supportive care for your comfortability, and your anesthetist may apply sedation or general anesthesia due to the necessity of the procedure.

Due to such a possibility, please read carefully the detailed description of the general anesthesia.  
**Central Catheter Application**  
If your anesthetist deems necessary, the top or bottom of your neck, your groin or your arm may be applicable. Due to catheter placement, may rarely occur, arrhythmia, bleeding, pneumothorax, "the accumulation of air in the lungs,” brain function loss due to the inserting of artery at the neck etc. During catheter placement or after life-threatening complications may also occur such as cardiac arrest, obstruction of the respiratory tract, perforation of the heart wall etc. In addition, the catheter may be a reason of a serious infection, in this case it should be removed.

These complications mentioned above are very rare. Of course, we are careful about them, and maximum preemptive procedures have been applying. Do not hesitate to ask your anesthetist for more explanatory information on these procedures.

**Arterial cannulation**  
If your anesthetist deems, it is inserted an arterial cannula to your radial artery on your arm or femoral artery on your groin. It is used for monitoring your blood pressure or sending some sample to laboratory from arterial system. Of course, there is little risk because of the procedure such as clogging the arteries and injuries at arm or leg. But it is very rare and due to some disorders such as infection or hematological and genetic problems.  
During all anesthesia procedures described above may be expected or unexpected side effects, and they are usually temporary but rarely permanent.

We know these risks and take maximum precautions to prevent these problems occur rarely seen.

I fully understand the risks and complications of the procedures presented, and agree to the proposed options for anesthesia deemed necessary. I give permission for the planned surgery, and if there is needed any other attempting during anesthesia for my safety by my anesthetist or surgeon.

If there is need that giving blood transfusion or blood products intraoperatively. I give permission that my consultants can give blood and its products.

I give permission that my laboratory results, medical records, X-rays can be used for scientific purposes.

**DECLARATION BY THE CONSULTANT**

1. The patients or their parents or guardians have right to grant or withhold consent prior to examination or treatment. The patients or those acting for them should be given sufficient information in the way they can understand about the treatment and the possible alternatives and the risks involved. Patients must be allowed to decide whether they will agree or withdraw their consent at any time. The form signed by both parent and the consultant should be available for inspection prior to commencement of any procedure.

A ``procedure`` may include a diagnostic investigation which involves an invasive technique.

1. I confirm that I have explained the nature of the procedures to be performed upon the patient named above, as well as other appropriated options are available and the possible risks involved. I have also advised them of type of anesthetic (if any) proposed. No assurance has been given that the procedure will be performed by a particular individual. The explanation I have given is in my judgement, suited to the understanding of the patient and/ or the patients or guardians of the patient.

Signed/Mark………………………………………………………………………………Date;………/……../20……

NOTES: The hospital wishes to make it clear responsibility for ensuring the completion of the form is not a duty to be undertaken by a junior Doctor or a member of the hospital`s nursing or other staff.

**II. Non English speakers- English Interpretation**

I confirm that the explanation stated in (I) above, was to the best of my knowledge and belief truly and faithfully interpreted to the patient.

Signed/Mark………………………………………………………………………………Date;………/……../20……

Witness Signature and Name…………………………………………………………………………………………………I have explained everything in this "Consent Form" to the patient and his/her relatives.

1. **TO THE PATIENT / GUARDIAN /RESPONSIBLE PERSON**

I. If you do not understand the explanation of the anesthesia procedures to be undergone, or if you require further information you should ask Consultant / Medical Practitioner.

1. Please check that all information on the form is correct.

If it is and you understand the explanation, then check `` **DECLARATION BY THE PATIENT``** below and sign the form

**DECLARATION BY THE PATIENT**

``I was announced that I need to be applied ``General Anesthesia`` by ………………………………………………………………., and his team.

Please in your own handwriting, write ``I have understood what I read about disease, the treatment process, risks, complications, and I consent".

I……………………………………………………….of…………………………………………hereby consent to under the proposed procedure to be performed upon myself (upon………………………………..). The nature and the purpose of which has been explained to me by Mr/Mrs/Dr………………………………………………………………………………………I also consent to such further or alternative operative measures as may be found necessary prior to, during the course of, and after the operation, and to the administration of a general, local or other anesthetic for any of these purposes.

Signed…………………………………………………………………patient, parent, guardian, Responsible Person.

Address……………………………………………………………………………………………………………………………..

**NOTES TO THE PATIENT**: If you have any question at all about the anesthesia application or other procedure to be performed. These should be addressed to the Consultant or medical practitioner. In the event that he or she is not available the nursing staff will use reasonable endeavors to convey your request further information to him or her. You are entitled to refuse treatment as you wish. You may also ask for a relative, friend or nurse to be present with you when an explanation is given or any questions you may have are answered.