



**REPUBLIC OF TURKEY
MINISTRY OF HEALTH
SANLIURFA PROVINCIAL HEALTH DIRECTORATE
Şanlıurfa Education and Research Hospital
INFORMED CONSENT FORM FOR SEPTOPLASTY (OPERATION FOR THE DEVIATED NASAL SEPTUM)**

Doküman Kodu: HD.RB.421

Yayın Tarihi: 17.07.2018

Revizyon Tarihi:-

Revizyon No:00

Patient Name-Surname:

Sex: F M

Patient No:

Date of Birth:

Father's Name:

ID Card No:

Dear Patient / Guardian

It is your incontestable right to be informed about all medical/surgical procedures suggested for your diagnosis regarding your medical condition/disease. You have the right to/ not to consent the intervention after being informed about all the benefits and risks of the medical treatments/surgical operations.

The purpose of this form is not to scare you or make you worry, but to help you giving more conscious decisions regarding your own health. In case you desire, all the documents and information regarding your health can be handed to you or a relative you approve. This form is prepared to inform you about procedures, risks and alternatives of the planned treatment/intervention(s) your doctor suggesting. Please sign this informed consent form after reading it fully and carefully and after all your hesitations are resolved by your doctor.

1. 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.

2. SUGGESTED Operation: Septoplasty

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.



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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.

3. IN CASE OF SIDE APPLICATION;

Right Left Both Sides At Level:

4. ANAESTHESIA WILL BE: Used Not Used

Patient has been informed that anaesthesia is going to be applied for the required intervention and he/she has to consent this application.

5. BLOOD AND BLOOD PRODUCTS WILL BE: Used Not Used

Patient has been informed that blood and blood products may be used where necessary for the required intervention and he/she has to consent this application.

6. 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.
- 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.



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- Skull 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.

7. PREDICTED/POTENTIAL BENEFITS OF THE SUGGESTED TREATMENT:

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

8. EXPECTED BENEFITS FOLLOWING A SUCCESSFUL TREATMENT: The patient will get rid of bleeding and its added side effects.

9. POSSIBLE ALTERNATIVE TREATMENT(S): There is no other alternative treatment option for the nasal septal deviation.

10. 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.



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- Don't have a hot bath.
- 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 breathe comfortably but after 6-12 hours your nose will be blocked and will get to normal in 4-6 days.

11. POSSIBLE CONSEQUENCES OF REJECTING THE SUGGESTED TREATMENT:

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

EXTENT AND CONSENT OF THE SUGGESTED INTERVENTION

- ✓ I have been informed orally about the details of the suggested test(s) by my doctor, I have read the information prepared for the procedures. I have been answered sufficiently where I required explanation.
- ✓ I consent blood and blood product procedures to be done in emergency and unexpected situations.
- ✓ My doctor has informed me that additional medical/surgical interventions may be needed as a result of foreseen/unforeseen developments during the course of my treatment. I understand and consent that my doctor and his/her team can make additional interventions not written on this form just to prevent serious harms to my health and/or to save my life.
- ✓ I understand that medical devices like X-Ray, Ultrasonography, Scintigraphy, Computerized Tomography, Magnetic Resonance, etc. use rays that may have negative effect on my health and I consent that these medical devices may be used during the course of my treatment, where necessary.
- ✓ I have been informed about the approximate cost of the intervention(s).

I authorize and approve, being aware of my right of objection, the study, usage, imaging, storage and elimination of any tissue/organ removed from my body during the course of my treatment for "Scientific Research".

I , have understood the content of this form and I consciously accept treatment and other medical services that will be provided to me by Near East University Hospital Doctors and Personnel under the authority, observation and administration of



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Dr.....

I allow all the medications, tests and interventions used/done during the course of treatment of my medical condition/disease.

Signature:

Date:

Hour:

In case signed by Legal Guardian;

How is the Legal Guardian related to the Patient:

- Patient is unconscious Patient is younger than 18 years
 Patient is not authorized to make decision Emergency

Witness (Not a hospital staff if present);

Name-Surname:

Signature:

Date:

Time:

Informing Doctor;

Name-Surname:

Signature:

Date:

Time:

Translator (If needed);

Name-Surname:

Signature:

Date:

Time:

- Patients older than 18 years themselves,
- Patients between 15-18 years both themselves and their Legal Guardian,
- Unconscious Patients, Patients younger than 15 years, Patients that are not authorized to make decision and at Medical Emergencies their Legal Guardian

*****"SHOULD CONSENT AND SIGN THIS FORM"*****