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| amblem | **INFORMED PATIENT CONSENT FOR SLEEVE GASTRECTOMY (GASTRIC SLEEVE) SURGERY** | | logo_ortadogu | |
| **Document Code: HD.RB.298** | **Issue Date: 01.01.2010** | **Rev Date: 13.07.2020** | **Rev No:0** | **Page No: 1 /2** |

Dear Patient, Dear Parent/Guardian

**Diagnosis and procedure**

Method: In sleeve gastrectomy surgery, a large part of the stomach is irreversibly removed. The tube-shaped stomach tissue left behind is approximately 150-200 ml.

Consequences that may be encountered if the procedure is not performed:

* Some lung areas may close off. This increases the risk of lung infection. Antibiotics and respiratory treatments may be needed.
* Clots can form in the veins of the legs, causing pain and swelling. In rare cases, part of the clot can break off and reach the lungs, which can be fatal.
* Heart attack or stroke may occur due to the load on the heart.
* Deaths due to surgery may occur. The rate is less than 2 per thousand.
* There is a risk of wound and lung infections and thrombosis (intravascular clot formation).
* Increased risk of wound and lung infections, heart and lung complications and thrombosis in obese patients and/or smokers.

**Expected Benefits of the Procedure:** Protect from risks that may occur

Risks and complications of the procedure:

In particular, there are some risks and complications that this type of surgical method can lead to. These include:

* Severe bleeding may occur during or after the operation. This may lead to additional surgical interventions and blood transfusions.
* Additional surgical intervention may be required due to bowel perforation.
* During gastric resection (cutting), complications such as leakage, bleeding, stenosis may occur from this connection point, whether performed manually or with automatic devices (stapler). In case of leakage, serious life-threatening conditions such as peritonitis, abscess (inflammation) development occur.
* Postoperative problems such as wound separation and wound infection may occur. These conditions may require surgical treatment.
* Intestinal obstruction may develop in the short or long term due to intra-abdominal adhesions. This condition may require surgical treatment.
* In obese patients and/or smokers, the risk of wound infection, lung infection, heart and lung complications and the risk of clot accumulation in the vessels increases.
* It may also be detected during the operation that other organs, which are not always detected by preoperative examinations, are affected by the disease. In this case, it may be necessary to remove the affected organ(s).
* Some vitamin deficiencies will be seen after the patient is discharged after sleeve gastrectomy surgery (such as Vitamin B12 deficiency, Iron deficiency anaemia), it should be known that lifelong multivitamin intake will be required for its treatment. If more deficiencies in some vitamin values are seen in the controls, they will need to be supplemented separately.
* In operations started with laparoscopic technique, it may be necessary to switch to open surgery, in which case the operation may have to be continued with the classical upper abdominal incision.
* The weight loss planned to be achieved in 18-24 months with this surgery varies between 40-60% of the excess weight according to the literature data. Currently, 5-year data are not sufficient. In case of weight gain in the following years, it should be known that different surgical interventions can be applied for weight loss.

**Special Circumstances:** **Allergy / Medicines Used**: I informed my doctor about all my known allergies. I also informed my doctor about the prescription drugs, over-the-counter drugs, herbal medicines, dietary additives, illegal drugs, alcohol and narcotics/drugs I use. The effects of the use of these substances before and after surgery were explained to me by my doctor and recommendations were made.

**Tobacco and Tobacco Products**: I have been told that smoking tobacco and tobacco products (cigarettes, hookahs, cigars, pipes, etc.) before or after my operation may prolong my healing process. I know that if I use any of these substances I am at greater risk of wound healing problems.

**Alternative to the Procedure:** Subtotal gastrectomy surgery.

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Consent Statement of the Patient, Parent or Guardian:

* My doctor gave me the necessary explanations about my health condition.
* I have received detailed information about the planned treatment/intervention, its necessity, the course of the intervention and other treatment options, their risks, the consequences that may occur if I am not treated, the probability of success and side effects of the treatment.
* I understood what I should pay attention to before and after the treatment/intervention.
* It was explained that all documents and samples taken from me during diagnosis/treatment/intervention can be used for educational purposes.
* My doctor answered all my questions in a way I could understand.
* I was informed about the people who will apply treatment/intervention.
* I'm of sound mind and I consider myself competent to make a decision.
* I know that I do not have to give consent to the treatment/intervention if I do not want to and/or that I can stop the procedure at any stage.

**Estimated Duration of the Procedure:** 120 – 240 minutes.

**Important features of the medicines to be used:** During my stay in the hospital, I received information about the important features of the medicines to be used for diagnosis and treatment (what they are used for, their benefits, side effects, how to use them).

**Lifestyle Recommendations Critical to the Patient's Health:** I received information about what I need to do for my lifestyle after my treatment/operation (diet, bathing, medication, mobility and/or restriction).

**How to Access Medical Assistance in the Same Subject When Necessary**: I received information on how to access medical assistance (own physician, another physician, the clinic where he/she is being treated and, in case of emergency, 112) if necessary.

**Phone Numbers You Can Contact Us:** Hospital Tel: 0 322 454 44 30

You can consult your physician for more detailed information about the procedures to be performed.

**Authorisation for the treatment of unpredictable conditions:** I agree to the implementation of the above-mentioned intervention and other additional interventions that may be required as a medical necessity during the intervention. I will not take legal action due to complications that develop due to surgery, provided that they are not excluded from the acceptable complications specific to my disease and treatment mentioned above.

The patient must write in his/her own handwriting **I HAVE READ, HAVE UNDERSTOOD, ACCEPT**.

**Patient or legally responsible person:**

Name and surname:

T.R. Identity no:

Protocol no:

Signature:

**Witness :**

Name and surname:

Relativeness to patient:

Signature:

**The part to be filled in by the physician after the patient's consent is completed:**

I confirm that the procedure described above, the risks, possible complications and expected results have been explained by me to the patient or his/her legal representative prior to the patient's or his/her authorisation.

**Treating physician:**

Seal-Signature Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Time: .....:…..