Date:..../..../20....

**Dear Patient, Dear Parent / Guardian:**

As a patient, you have the right to receive information about your condition and the proposed surgical, medical or diagnostic procedure and other treatment options before the procedure in order to make a decision about the procedure to be applied to you. The purpose of this document and explanatory speech is to inform you about the definition, necessity, risks, treatment options, and the consequences you may encounter if the treatment is not applied. After being informed about the intervention, you can accept or reject the intervention voluntarily. If you have difficulty understanding any of the information presented to you, please consult your physician for clarification.

As a result of the examinations and tests, I was advised by my doctors to have "**Ileostomy/Colostomy closure**" surgery (reattachment of the intestine that was previously attached to the abdominal wall). I was given detailed information about the problems that may develop if I do not have the operation.

Due to previous surgeries/diseases, it is planned to remove part of the small intestine and/or large intestine after the small intestine and/or large intestine has been placed in the abdomen, after the treatment of the previous disease, and then the ends of the intestine are joined (anastomosis) and placed back into the abdomen. After this procedure, the ends of the intestine can be joined as planned (anastomosis), or it can be taken outside the abdominal wall and connected to the bag again (colostomy, ileostomy, jejunostomy).

During this operation, unexpected or previously undetected problems may be encountered after the abdomen is opened. In this case, the problem will be detected during the operation and will be tried to be eliminated.

The following topics related to this process were explained.

* Procedures during my stay in the clinic,
* What I need to know about the planned operation,
* Expected benefits of surgical treatment,

1. Risks and complications of surgery,
2. **General complications that can be seen in all surgeries (anaesthesia (narcosis) related hazards, bleeding, infection, drug allergy).**

As with any operation, general anaesthesia can have complications. During the operation, the patient will be anaesthetised and a tube will be inserted into the trachea and breathing will be provided from there. After this procedure, removal of the tube may be delayed or not possible. In this case, the patient will be treated in intensive care unit. Again, the **risk of death** as a result of anaesthesia-related complications is less than 1 in 1000. Detailed information about anaesthesia-related complications will be obtained from the anaesthesia team and the responsibility for these issues rests with the anaesthesia team.

Bleeding may occur during or after the operation. As a result, the patient may need to be given blood and blood products. These also have their own risks of complications and death.

After the operation, inflammation of the lungs and respiratory tract, urinary tract and wound may develop. In some cases, these may require reoperation or minor surgical interventions.

In addition, allergy to the drugs used during treatment may be observed; despite all interventions, allergic conditions may result in a serious condition called anaphylaxis, resulting in **death**.

**Possible problems specific to ileostomy/colostomy closure surgery**

* During the operation, the organs in the abdomen may be found adhered to each other due to previous interventions. In this case, there may be injuries in some areas when the organs are separated from each other and additional interventions (such as removal of part or all of the organs) may be required. In such a case, the connection between the intestine segments that have been joined or injured can open spontaneously and lead to peritonitis and/or fistulae. This can be life-threatening, may require re-operation, may require intensive care treatment and may result in death. In such a case, the intestine may also have to be reintroduced into the bag during the operation.
* Other complications that may occur during the operation may also require the intestine to be reconnected to the bag.
* After the operation, the intestines may work late and the patient may be delayed in starting to feed by mouth.
* Organ injuries such as small and large intestine, spleen, pancreas, kidney, ureter, bladder may occur during surgery and additional interventions may be required.
* Immediately after surgery on the abdominal wall or later, a synthetic mesh may be used for repair. This mesh can cause a foreign body reaction and inflammation. There is a risk of reoperation, removal of the mesh and recurrence of the hernia, as well as a risk that the mesh may injure or perforate the intestines and cause fistulas in the long term after surgery.
* In addition, the pain may persist after the operation.
* In advanced cancer or other unexpected situations, no surgical intervention may be performed during the operation; the problem may not result in healing.

1. **Alternatives:** There is no alternative method to the above operations. Only anastomosis can be performed with stapler or single suture.
2. **Possible consequences if you do not undergo surgery:** Physical activities are restricted due to the stoma. Skin infections and weight loss may develop. A stoma-specific hernia called parastomal hernia may develop around the stoma.

4. General problems that may develop after surgery:

* Lung problems and infections may develop.
* Inflammation and blockage of the veins in the leg veins, which can lead to clots in the pulmonary veins or elsewhere in the body.

Despite taking all necessary precautions, pulmonary embolism can occur during or after surgery as a result of blood clotting in the vessels. This is a very serious condition and there is a risk of **death**. Necessary precautions will be taken for this problem in patients in the risk group; however, this situation may occur despite taking precautions.

* Sometimes, after the operation, the pus may collect in that area or in the lower abdomen and abscess. In this case, this abscess can be removed either without surgery, by inserting a tube into the abdomen under the guidance of imaging methods, or by a second operation. The risk is higher in the elderly, obese people, people with diabetes and kidney failure.

I have been informed that if the complications listed above develop, I may need to undergo a medical or new surgical/endoscopic/radiological intervention for their treatment, but that in some cases complete healing or release may not be achieved.

5. Expectations regarding the postoperative period and additional treatments,

* It may be necessary to use a bag (colostomy or ileostomy bag) and certain medications (tablets or injections) for a long period of time, perhaps for life, due to the intestine's being attached to the abdominal wall.
* There may be a scar at the operation site and cosmetic problems due to the operation.
* Herniation may occur at the wound site after surgery.

I was informed about the rules to be followed during my hospitalisation in the clinic.

I got answers to all my questions.

**6.** **Estimated Duration of the Procedure:** The duration of the operation is estimated at 60-120 minutes.

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 understand what I need to consider 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.
* This consent shall be valid for repeated identical procedures (e.g. dialysis, blood transfusions, lumbar fluids, chemotherapy, radiotherapy, other cases where a series of identical medical or surgical treatment is to be performed during hospitalisation, etc.) unless I request removal in writing.

**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**.

**Witness :**

Name and surname:

Relativeness to patient:

Signature:

**Patient or legally responsible person:**

Name and surname:

T.R. Identity no:

Protocol no:

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: .....:…..