



OP. DR. AHMET CAYMAZ

KBB HASTALIKLARI, BAŞ & BOYUN CERRAHİSİ

Endoscopic Mid Face Lift Information Form

- 1-You should lie with your head elevated in order not to increase edema for about a week after the surgery.
- 2- Cold gel application is required for edema in the first days. Cooling is provided for 10 minutes with the cooled gels on the +4 degree door of the refrigerator and a 20-minute break is taken.
- 3- It is recommended to use the prescribed drugs regularly.
- 4- It is ensured that the dressings are applied as described to you and it is recommended that you come to the controls regularly.
- 5-You should avoid heavy sports for the first 6 weeks after the surgery.
- 6- It is important that the seams are not touched by water for the first 72 hours.
- 7- It is important that you stay away from alcohol and cigarettes in the first week after the surgery as they will affect your recovery process.
- 8- Not entering crowded environments after surgery minimizes your risk of infection and helps a healthy recovery period.
- 9- It is recommended to stay away from sexual activity in the first week after the operation.
- 10- You should stay away from hard and solid foods for the first 2 days after the surgery, soft food supplement is recommended.

Diagnosis _____

Treatment/procedure to be applied _____

Side/grade if applicable Right sided Left sided Both sided Grade _____

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

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|---|--|-------|-------|
| Patient's | | | |
| Full Name: | Signature: | Date: | Time: |
| Date of Birth: | | | |
| Legal Representative's | | | |
| Full Name: | Signature: | Date: | Time: |
| Degree of Relationship: | | | |
| Reason why the consent is delivered by legal representative of the patient: | | | |
| <input type="checkbox"/> Patient is not conscious | <input type="checkbox"/> Patient is under 18 | | |
| <input type="checkbox"/> Patient is not entitled to make decision | <input type="checkbox"/> Emergency | | |
| Witness' | | | |
| Full Name: | Signature: | Date: | Time: |
| Informing Physician's | | | |
| Full Name: | Signature: | Date: | Time: |
| Interpreter's (If required) | | | |
| Full Name: | Signature: | Date: | Time: |

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.