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**LIP LIFT SURGERY
PATIENT INFORMATION AND CONSENT (CONSENT) FORM**

Patient's Name, Surname:
TC Identification number:
Father's name: Mother's name:
Date of birth:

Dear Patient, Dear Parent/Guardian,

The purpose of this form is to inform you about your health and to obtain your approval for the operation decision to be taken. This form describes the needs of many patients in a variety of situations and does not provide information about the risks of all treatments. After the diagnosis is made, the processes of the operations and treatments to be applied will be explained to you, however, it is up to you whether to accept the interventions or not. You can refuse the treatment and request a consent form without any time limit.

1. Information about the disease:

Some people structurally have a long nose-lip distance. Over time, this distance begins to increase for everyone. This image is considered as a sign of aging, especially in women. With the incision made under the nose, some skin is removed and a younger appearance is obtained by shortening the distance between the nose and lips. Another advantage of the operation is that it makes the lip look more voluminous without adding fillers. The operation takes between half an hour and an hour and can be performed under local anesthesia or sedo anesthesia. When absorbable sutures are used, sutures do not need to be removed. If non-absorbable sutures are used, the sutures are removed on the 7th or 8th day. One week after the operation, the stitch scar can be covered with make-up. The suture scar in the area appears as a slight redness in the 1st month, similar to the aesthetic nose surgery. At the end of 2-3 months, it takes a definite-indeterminate state. The day after the operation, soft foods should be consumed, cold application should be applied to the area and the head should be kept high.

Nothing should be eaten or drunk after 24.00 the night before the day of the surgery, but medications used due to chronic diseases (diabetes, high blood pressure, heart failure) should be drunk early in the morning of the surgery, along with a small amount of water.

Drugs that can increase bleeding, such as aspirin, should not be used for 1 week before the surgery.

In case of active upper respiratory tract infection, surgery cannot be performed.

After the surgery, reflexes will be temporarily affected due to the sedatives and pain relievers used during regional and general (narcosis) anesthesia. For this reason, it should be rested within the first 24-48 hours after the intervention. Physical activity for 5-7 days after surgery. Fatigue and activities that increase blood pressure (eg, sports, gymnastics, heavy lifting) should be avoided.

2. Possible complications (side effects) of medical intervention:

Many risks may arise depending on the drugs used during regional and general (narcosis) anesthesia and the anesthesia procedure itself. These risks are:

- Increased due to collapses/collapses that may occur in small areas of the lung risk of lung infection. This may require antibiotic therapy and physiotherapy.
- Movement limitation and weakness (low hand, drop foot) in the hand and foot depending on the operation position.
- Clot formation in the legs with pain and swelling (deep vein thrombosis). This clot is located it can break off from the ground and travel to the lungs and can be fatal. This risk is especially higher in patients over 50 years of age.
- Heart attack or stroke due to strain on the heart.
- Death from anesthesia.
- Increased risk of wound infections, chest infections, heart and lung infections in overweight patients complications, coagulation.
- Increased risk of wound infections, chest infections, heart and lung infections in smokers complications, coagulation.

Depending on the surgery performed, many risks may arise. These risks are:

- Bleeding: Although rare, bleeding may occur at the surgical site during or after the operation. In order to minimize the risk of bleeding, the use of aspirin or anti-inflammatory drugs should be stopped before surgery (under physician control). Since vitamin E, herbal teas may increase the risk of bleeding, it is recommended not to be consumed for 7 days (before the operation).
- Infection: Infection is not usually encountered after this surgery. If an infection develops in the area, antibiotic therapy can be started or surgical intervention can be performed at the doctor's decision.
- Scar (scar) remains: Although the appearance of the scar is expected to become obscure after the surgical intervention, in some cases the opposite may occur. These scars can be of different colors and structures.

- Asymmetry: The normal human face does not have a symmetrical structure. Therefore, there may be differences between the two parties as a result of the operation.
- Numbness/loss of feeling: There may be numbness and loss of sensation in the incision area, although rarely, but this is temporary.
- Surgical anesthesia: All types of anesthesia carry risks. These risks include the risk of permanent damage or even death.
- Allergic reactions: Although very rare, allergies may develop against tapes, suture materials or drugs used during or after surgery. Allergic reactions may require additional treatment.
- Long-term effects: Old age, exposure to negative environmental factors (sun rays, etc.) may cause changes in the image after surgery.

3. Other treatment options:

The treatment/surgery recommended to you was recommended to you by your physician as it is the most suitable option for you according to the current medical literature. It should be kept in mind that other treatment options will not be the ones you will get the most benefit from, and that the alternative treatments suggested to you may have risks and consequences in a wide range.

Regarding the alternative treatments offered to you,
Please request a similar form.

4. Risks that may arise in case of refusing medical intervention:

If you refuse the treatment/surgery for diagnostic purposes, it should be taken into account that the delay in the definitive diagnosis, the progression of your disease and even the recommended treatment methods may be ineffective depending on your decision. If you refuse the treatment/surgery for treatment, it should be kept in mind that depending on your decision, the progression of your disease and even the recommended treatment methods may be ineffective.

The mass in the mouth can grow larger and damage the surrounding structures, leading to a life-threatening condition. For this reason, it is necessary to surgically remove the mass in order to examine it in the pathology laboratory and make a definitive diagnosis. The primary treatment of intraoral tumor is surgery. There are also treatment options such as chemotherapy or radiation. However, their success rate is lower than surgery. If treatment is not accepted, the disease may progress further and spread to distant organs and surrounding tissues, threatening the patient's life, and the proposed treatment options may fail after that.

5. Important features of the drugs to be used:

Narcosis drugs given during surgery may have toxic (toxic) effects / side effects on organs such as lungs, heart, brain, kidney and liver. Therefore, DANGER OF DEATH arises. may come out.

Medications given in the clinic where you are being treated before and after the surgery can have a wide variety of toxic (toxic) effects / side effects depending on the drug. Therefore, including DANGER OF DEATH many effects may occur.

6. Lifestyle tips critical to your health:

Smoking causes a shorter and lower quality of life. To smoke, adversely affect the success of the treatment/surgery. Anesthesia risks are higher in smokers is more, death due to anesthesia is more common. If you smoke, you should know that the success of the treatment/surgery will be lower than the overall success average.

7. How to reach medical help on the same issue when needed:

Not accepting the treatment/surgery is a decision you will make of your own free will. If you change your mind, you can personally reapply to our hospital/hospitals that can perform the treatment/surgery in question.

CONSENT EXPLANATION OF THE PATIENT, PARENT OR GUARDIAN

- I am sane and consider myself competent to make decisions.
- My doctor gave me the necessary explanations about my health.
- What the planned treatment/surgery is, its necessity, the course of the surgery and other treatment options, their risks, consequences if I don't get treatment, about the people who will perform the treatment/surgery, the likelihood of success and side effects of the treatment.
I got detailed information. Things I should pay attention to before and after the treatment/-surgery
I understand.
- My doctor answered all my questions in a way I could understand.
- I do not have to give consent to the treatment/surgery if I do not want it and/or I know I can stop.
- I agree to donate blood if necessary during treatment/surgery.
- All documents related to me provided during diagnosis/treatment/surgery, I understand that the PHOTOS and the samples taken may be used for educational purposes and
I agree.
- GUARANTEE TO IMPROVE THE CURRENT STATUS of the treatment/surgery to be applied NOT AVAILABLE and even as a result of the treatment/surgery to be applied.
I realized that I COULD BE EVEN WORST THAN MY SITUATION, and I accepted.
I do.

PATIENT, PARENT OR GUEST

Name and surname:

TC Identification number:

Signature:

History:

“RELATIVE PATIENT” or “RELATIVE PARENT/GUARDIAN”

(This second person cannot be hospital staff or someone who has a close relationship with hospital staff)

Name and surname:

TC Identification number:

Signature:

History:

THE DOCTOR INFORMING THE PATIENT

Stamp (Name Surname):

Signature:

History:

In cases where direct communication with the patient cannot be established, the person providing the communication (eg translator)

Name and surname:

TC Identification number:

Signature:

History:

WARNING:

* If the patient is not able to give consent, the identity information and signature of the person from whom consent is taken are taken.

* BOTH PARENTS (MOTHER AND FATHER) signing in pediatric patients

IT IS A LEGAL MANDATORY. If only one of them has a signature, the signer is the child's must legally prove that he is taking care of himself. Otherwise

IT IS NOT POSSIBLE TO APPLY THE TREATMENT/SURGERY

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.

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.