



**NECK 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. By whom, where and how the medical intervention will be performed and to pay attention
Required points:

Preoperative Instructions – General

The instructions below should be followed closely unless overridden by specific procedural instructions.

2 Weeks Before Surgery

1. Aspirin and its derivatives affect the blood clotting mechanism, therefore, such drugs should be stopped under the supervision of a doctor before the operation.
2. It is not recommended to use drugs with active ingredients such as ibuprofen, naproxen and diclofenac.
3. Avoid taking all herbal medicines that may prevent blood clotting, interfere with anesthetic drugs by affecting blood pressure, and complicate the surgical procedure.
avoid.
4. STOP ALL DIET PILLS, whether prescription, over-the-counter or herbal, as most will interfere with anesthesia and can cause cardiovascular problems.
5. High doses of vitamin E increase the possibility of bleeding, so it is important not to use it.
6. No smoking, because nicotine reduces blood flow to the skin and can cause complications during healing.
7. You can take paracetamol or generic forms of this drug. These do not prevent blood from clotting or healing.
8. Start taking a multivitamin every day and continue your healing process. The healthier you are, the faster your recovery will be.
(*See Medications to Avoid for a detailed list.)

One Week Before Surgery

9. Do not use any alcohol or drugs for one week before and one week after surgery, as they may affect anesthesia and blood clotting.
10. If your skin tolerates it, you can take a shower with antibacterial soap such as Dial, Safeguard at least one week before the surgery.
11. Report any cold, infection, boil or pustule symptoms to your doctor before surgery.
12. DO NOT use unauthorized cough or cold medicine.
13. Arrange for a responsible adult to drive you to the facility on the day of surgery as you will not be allowed to leave on your own.
14. As you CANNOT be alone, arrange for a responsible person to spend the first 24 hours with you.

Night Before Surgery & Morning of Surgery

15. Do not eat or drink anything (including water) after midnight the night before the surgery. Also, do not consume gum, candy, mint and coffee on the morning of surgery. Do not do anything secretly as it may endanger you.
16. If you are using regular medications, please inform the relevant physician.
17. Take a thorough shower with your antibacterial soap the night before and the morning of the surgery. Shampoo your hair the morning of the surgery. This is to reduce bacteria on the skin and thus reduce the risk of infection.
18. DO NOT apply any of the following to your skin, hair or face on the morning of surgery: make-up, creams, lotions, hair gels, sprays, perfumes, powder or deodorant. Using any of these products will add bacteria to the skin and increase the risk of infection.
19. You can brush your teeth on the morning of the surgery, but do not drink anything.
20. Do not wear lenses while undergoing surgery. If you wear glasses, bring your glasses case.
21. Wear comfortable, loose-fitting clothing that does not need to be worn over your head.
22. DO NOT bring any valuables or wear any jewelry (rings, earrings, chains, nose rings, other metal piercings or watches).
23. It is recommended that you inform a driver as you will not be able to drive after the surgery.

Post-Surgery Instructions – General

The instructions below should be followed closely unless overridden by specific procedural instructions. You should follow your surgeon's instructions as specified for your specific surgery. Report any unusual changes in your condition to your doctor and do not hesitate to call the clinic with any questions.

1. An adult driver must take you home from the resort. You will not be allowed to drive or use public transport on your own.
2. A RESPONSIBLE ADULT MUST STAY WITH YOU for at least 24 hours after the surgery. The 24 hours starts when you are discharged from the clinic or hospital. Prepare everything at home BEFORE the surgery. Make arrangements for someone to stay with you. Let the person or persons know that you cannot be left alone. This is important because of the danger of falling and you may lose track of time during the day and over-medicate yourself.
3. The effects of anesthesia can last for 24 hours. You should be very careful before engaging in any activity that could harm yourself or others.
4. Consume fluids that can help remove the drugs used in surgery from the body.
5. Nutrition is important after the operation. It is recommended to consume soft foods on the first day, you can gradually switch to normal foods.
6. Alcoholic beverages are not recommended for the first 24 hours (they dilate the vessels and may cause unwanted bleeding) and please avoid the use of alcoholic beverages as long as you use painkillers (dangerous combination).

7. For your post-operative care, take only the drugs prescribed by the doctor and use them according to the instructions on the prescription.
8. If you experience any general itching, rash, wheezing or tightness in the throat, stop taking all medications and call the clinic immediately as this could be a sign of a drug allergy.
9. You can expect moderate discomfort for which pain medication can help. The greatest discomfort usually lasts for the first 24 hours. Later, you will find that you need less pain reliever.
10. Call (-232 336 0606 -506. 999 77 36) if: SEVERE PAIN unresponsive to pain medication; Swelling that is larger on one side than the other; RED OR increased incisions; fire; or any other problem.
11. There may be bloody discharge in the dressings. If you have excessive bleeding or the bandages are too tight, call the clinic for necessary information and guidance.
12. It is important to have a bowel movement within a day or two after surgery. Otherwise, you can take over-the-counter laxatives to encourage your bowels to move.
13. A minimum of activity is recommended for the first 48 hours. House cleaning, rearranging furniture etc. should not be done. Relax, pamper yourself and let your body heal. The less energy you use to do things, the more energy your body can provide to heal.
14. Limit lifting, pulling, and pushing movements for 10 days.
15. The position to be taken after the operation varies according to the type of operation performed. Your nurse will inform you about this.
16. When you are allowed to take a shower, it is free to repeat this every day.
17. Smoking for the first 14 days after surgery delays the healing process.
18. Two days after anesthesia, you can drive when you do not feel pain in any activity (you should be able to react quickly) after stopping the painkillers.
19. All surgeries involve a small amount of scarring, which can take up to 2 years to disappear. Exposing red marks to the sun can cause permanent discoloration. Using a good sunscreen (SPF 30 or higher) will prevent scarring. Sunlight can even reach wounds under a swimsuit, so precautions must be taken.
20. DO NOT use a hot tub for 4 weeks.
21. AVOID sports or strenuous activities for 4 to 6 weeks after surgery. This is to avoid unnecessary complications (bleeding, bruising or swelling).
22. You can return to work when you feel competent and allowed by your surgeon.
23. Feel free to call us anytime. We want you to be as comfortable as possible during your recovery period.

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 infection, chest infection, heart and lung complications, coagulation in overweight patients.
- Increased risk of wound infection, chest infection, heart and lung complications, coagulation in patients who smoke.

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

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 sensation/loss of movement: There may be temporary and rarely numbness and loss of sensation, loss of movement in the incision area, but this is mostly 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.

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.