



HERNI SURGERY (INGUINAL, UMBILICAL, EPIGASTRIC) CONSENT FORM



PRIVATE
**Anadolu
Hospital**

Document Number	Date of Publish	Revision Date	Revision Number
HD.RB.IN.07.10	12.04.2023	-	00
Reason for revision:			

Patient Information

Name and Surname		Protocol Number	Department
Birth Date		Physician Signature	

Dear Patient, Dear Patient's Parent

Please read the form carefully and answer the questions!

Your physician will inform you about the course of this treatment, its various forms and risks before the treatment, and at the end of this, you will be able to decide whether or not to perform the treatment with your free will. This form has been prepared to help you prepare for your interview with your doctor.

Method

Inguinal Hernia Surgery: In order to repair the hernia, an incision is made in the inguinal region under regional, local or general anesthesia, and the hernia and hernia sac are found and released from the surrounding structures. After the released hernia sac is removed or pushed into the abdomen, the weak / torn area or areas in the abdominal wall are detected. After this stage, depending on the condition of the area to be repaired and the experience of the surgeon, the weak area is strengthened with the help of non-melting suture materials and/or the weak / torn area is repaired with various patch materials that are semi-absorbable / non-absorbable. Then the tissue layers are closed one by one.

Umbilical Hernia Surgery: In order to repair the hernia, an incision is made in the umbilical region under regional, local or general anesthesia, and the hernia and hernia sac are found and released from the surrounding structures. After the released hernia sac is removed or pushed into the abdomen, the weak / torn area or areas in the abdominal wall are detected. After this stage, depending on the condition of the place to be repaired and the surgeon's preference, the weak area is strengthened with the help of non-melting suture materials and/or the weak / torn area is repaired with various patch materials that are semi-absorbable / non-absorbable. Then the tissue layers are closed one by one.

Estimated Processing Time: 30-45 minutes.

Possible Causes of the Disease and How It Progresses

An inguinal hernia develops due to various reasons and is the protrusion of organs through the weakened inguinal canal in the abdominal wall. An umbilical hernia, on the other hand, is the protrusion of abdominal organs through the weakened structures in or around the belly button due to an opening that has formed.

Hernias can occur in two ways: one can be congenital (infant, childhood, or adolescent hernias), while the other is acquired later in life (hernias that occur in old age, in athletes, or in weightlifters). Hernias that develop after abdominal wall surgery are also among the causes of inguinal hernias. Factors that increase the weakness of the abdominal wall include collagen tissue disorders, obesity, and factors that increase intra-abdominal pressure such as coughing.

These hernias are usually noticeable as a swelling during activities that increase intra-abdominal pressure, such as coughing or straining. Sometimes, these swellings can descend into the scrotum, leading to sagging and related complaints. Pain is sometimes inevitable during efforts and strong coughs.

In certain clinical conditions, hernias can lead to an emergency requiring surgery due to strangulation.

Expected Benefits from the Process

The symptoms (swelling, sagging, pain) that develop due to hernia will be prevented in possible future suffocation and related symptoms.

Risks and Possible Complications

- Infection that may cause pain, redness, or discharge in the surgical wound.
- Inflammation of the wound or patch, hematoma, or seroma (fluid accumulation) may occur, or hernia may recur due to strain before the wound healing is complete.
- The suture materials or patches used may become infected or rejected by the body due to an excessive sensitivity reaction. Therefore, another surgery or procedure may be required to remove these materials from the body.
- Prolonged pain or discomfort, numbness, or tingling may occur due to nerve compression or damage to nerve tissue in the surgical area.
- (For male patients) there is a risk of injury to the spermatic cord, which is a canal related to reproduction, due to its proximity to the surgical area. Therefore, weakness may develop in reproductive function. Shrinking of testicular tissue, swelling, inflammatory reaction, and decreased function may occur in the testis (testicle) tissue on that side. There may be blood accumulation in the testicular sac, followed by temporary or permanent hardness and swelling.
- Due to the close proximity of the bladder, urinary tract, small or large intestines, nerves, and large blood vessels in the groin area, there is a very low risk of injury. If there is an injury to these structures, repair can be done in the same surgery, or the surgery can be left for a second session in medical necessity situations.
- There may be limitations in daily movements, habits, and lifestyle during the postoperative period.
- Due to the proximity of abdominal organs to the surgical area, there is a risk of injury to the internal organs. Therefore, weakness may develop in digestive function.
- There is a very low risk of injury to the stomach, small or large intestines, nerves, and large blood vessels in the umbilical area due to their proximity to the surgical area. If there is an injury to these structures, repair can be done in the same surgery, or the surgery can be left for a second session in medical necessity situations.



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Possible risks that may arise in case of rejection include:

"In the advanced stages of hernia, the pain complaint usually disappears. However, hernia should still be treated. Otherwise, one of the complications such as hernia incarceration or giant hernia can occur. As a result, vomiting, abdominal distension, and bowel decay may occur. Hernia incarceration is one of the most feared complications and is observed in 5% of hernia patients. Giant hernia refers to the condition where the untreated hernia grows very large, and as the hernia grows, the chance of success in treatment becomes increasingly difficult, and the damage to the muscles and organs becomes irreversible.

Critical lifestyle recommendations for the patient's health are as follows:

- It is recommended to stay away from the work environment and rest for about a week after the surgery.
- There is no restriction on daily physical activities.
- It is appropriate to avoid activities that require stretching the groin, driving, and sexual intercourse for about two weeks.
- Lifting weights over 8-10 kg, heavy physical exercises, tennis, football, etc. are not recommended for at least a month.
- Short-distance walks can be taken.
- At least in the first few months, coughing illnesses should be avoided, and care should be taken not to become constipated."

Current alternative methods include:

- A. Patch repair
 - 1. Open techniques
 - 2. Laparoscopic techniques
 - B. Tissue suture repairs
 - 1. Primary sutures
- There are no alternative treatments for hernias outside of surgery.

What are the important characteristics of the medications that will be used during/after your surgery?

Before the procedure, antibiotics will be used, and painkillers will be used for a certain period for possible postoperative pain. Also, if you are using blood thinners like aspirin before the surgery, inform your doctor. Your doctors will prescribe appropriate medications for your pain and other needs. Do not use any medication other than the ones given by your doctor and nurse.

How to access Medical Assistance for the same issue if necessary?

In case of an emergency, you should go to our hospital or the nearest healthcare institution. Follow the postoperative recommendations during discharge, and contact your doctor if you experience unexpected conditions such as signs of infection, bleeding, or suspected bleeding.

Physician's Notes

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Physician's Stamp-Signature-Date-Time	
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Consent Statement of the Patient or patient's parents

- I informed by the doctor with necessary explanations. I understood the issues I need to pay attention to before and after the treatment.
- I got detailed information about what the planned treatment is, its necessity and other treatment options, their risks, the consequences that may arise in the absence of treatment, the probability of success and side effects of the treatment.
- It was explained that during the treatment, all documents and samples related to me can be used for educational purposes.
- My doctor answered all the questions in a way that I can understand, I got information about the people who will make the treatment.
- I know the meaning of the informed consent form.
- I know that I do not have to consent to the treatment if I do not want to, or I know that I can stop the procedure at any stage.

Please with your handwriting, write 'I have read, understood and accept this 3-pages form. 'and sign.

The patient or patient's parent / relative (degree)				
Name and Surname	Sign	Place	Date	Hour



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NOTE: If the patient is unable to give consent, the identity information and signature of the person whose consent is obtained is taken.

- Both parents of the patient must sign. If only one of the parents has the signature, the signer must prove that patient is taking care of the child himself or has the other guardian's consent.
- Unless I have a written request for removal, for the same repeated procedures, for example dialysis, blood transfusion, waist fluid removal, in other cases where a series of medical or surgical treatment will be applied in the same way during the hospitalization, etc. this consent will be valid.

❖ **The person providing communication in cases where direct communication with the patient cannot be established,**

I explained the information in the 'Informed Consent Form' to the patient, patient's parents or relatives as best I could.

Name and Surname	Address	Date	Sign

Prepared By	Controlled By	Approved By
General Surgeon	Quality Director	General Director