



HIATUS HERNIA CONSENT FORM



PRIVATE
**Anadolu
Hospital**

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HD.RB.IN.07.11	09.05.2023	-	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

Nissen fundoplication is a surgical procedure performed under general anesthesia that traditionally involves making a 15 cm incision in the abdomen and requiring the patient to be hospitalized for 5-7 days. However, in recent years, this procedure has been performed using laparoscopic surgery, also known as minimally invasive surgery, through only 5 incisions of 1-2 cm each. The fundus of the stomach is loosely wrapped around the upper part of the esophagus, and the opening where the esophagus enters the abdominal cavity is narrowed.

The estimated duration of the procedure is 1-2 hours.

Possible Causes of the Disease and How It Progresses

- Hiatal Hernia Etiology is impossible to attribute hiatal hernia to a single factor.
- Congenital, traumatic, and iatrogenic elements often interact with each other.
- Symptomatic sliding type hernias with regurgitation and easy vomiting are typically seen in infants in the first 6-9 months. However, these infants may become asymptomatic or return to normal hiatus structure when they reach young adulthood.
- Iatrogenic hernias can occur after surgical interventions such as vagotomy and proximal gastric resection.
- Hiatal hernias are usually seen after the age of 50, and their occurrence in women may be influenced by pregnancy, chronic coughs, sudden pressure, coexistence with gallstones, and the role of belching and vomiting. Their regression after weakening suggests the influence of obesity and structural stress in individuals with kyphoscoliosis.

Expected Benefits from the Process

The surgical procedure will provide the following benefits. However, the success rate of the surgery cannot be guaranteed. The primary objective of the surgery is to improve your quality of life beyond your current state. Ultimately, you are the one who can decide if the benefits of the surgery outweigh the risks.

1. Minimal invasive surgical technique causing less pain
2. Reduced recovery time
3. Improvement or reduction of your current symptoms.

Risks and Possible Complications

Surgical procedures always carry some degree of risk, and the following complications can occur to varying degrees during or after this surgery:

- 1- Bleeding may occur during or after the procedure. Bleeding is rarely life-threatening, but a secondary surgical intervention may sometimes be required to stop the bleeding.
- 2- Blood transfusion may be required. If this is the case, a separate form will be presented to you for signature.
- 3- Infection may occur, and this may require a prolonged hospital stay and antibiotic therapy.
- 4- Your symptoms may recur.
- 5- The spleen may be injured during the surgery, and sometimes it may need to be removed.
- 6- The esophagus may be injured.
- 7- Difficulty swallowing may occur after the surgery. This condition can last from 2 to 6 months and typically resolves on its own in 90% of cases.

Possible risks that may arise in case of rejection include:

The passage describes the symptoms associated with the reflux of food contents into the esophagus. These symptoms include heartburn, vomiting, difficulty swallowing, chest pain, anemia due to bleeding, night time aspiration and coughing, and uncontrollable hiccups.

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

When discharged from the hospital, patients who undergo Nissen fundoplication surgery typically stay in the hospital for about 2 days. The length of hospital stay can vary depending on how quickly the patient recovers after surgery, and is ultimately up to the doctor's discretion.

The time to return to normal activities, including work, varies as well. Patients can usually get up and walk around within the first day after surgery, and activity can gradually increase over time. It takes about 1-2 weeks to return to normal activities. Patients should wait at least 1 week after being discharged from the hospital before returning to work.

Current alternative methods include:

- Symptomatic treatment (medication, diet)
- Various types of surgery can be applied (Nissen Fundoplication with Laparotomy, Toupet Fundoplication, Mesh Repair)



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

Before the procedure, antibiotics will be given and painkillers may be used for possible post-operative pain for a certain period of time. If you are taking blood thinners such as aspirin before surgery, inform your doctor. The doctors will prescribe suitable medications for your pain and other needs. Do not take any medication other than what your doctor and nurse prescribe.

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

In case of an emergency, the patient should apply to our hospital or the nearest healthcare facility. During discharge, follow the post-operative advice and consult your doctor in case of unexpected situations such as infection symptoms, allergy, delayed wound healing, bleeding or suspicion of bleeding. A follow-up appointment will be scheduled for 1 week after the operation, and you will be informed of the details.

Physician's Notes

<i>Physician's Stamp-Signature-Date-Time</i>	

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 2-pages form. 'and sign.

The patient or patient's parent / relative (degree)

Name and Surname	Sign	Place	Date	Hour

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 General Surgeon	Controlled By Quality Director	Approved By General Director
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