

NECK LYMPH GLAND BIOPSY-EXCISION SURGERY CONSENT FORM



Document Number	Date of Publish	Revision Date	Revision Number
HD.RB.IN.07.17	24.02.2022	-	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

Lymph node biopsy or excision in the neck: It refers to the collection or removal of tissue samples from the lymph nodes in the neck. In order to diagnose the cause of the disease, it may be necessary to completely or partially remove these nodes and send them for pathology examination. Various anesthesia techniques can be used during this procedure, with general anesthesia being the most commonly used.

Estimated Procedure Duration: It is typically around 1-3 hours.

Possible Causes of the Disease and How It Progresses

Causes of neck lymph node enlargement: Lymph nodes in the neck can enlarge due to various reasons such as malignancies (cancer) occurring in different parts of the body, infectious diseases, autoimmune diseases, iatrogenic causes (related to treatment), and rare other conditions.

Expected Benefits from the Process

The diagnosis of diseases that cause enlargement of neck lymph nodes can be achieved through biopsy or excision procedures. The success rate of diagnosis can be influenced by several factors, including the underlying cause of the disease and the amount of tissue obtained. However, when a sufficient amount of material is obtained, the diagnostic success rate of biopsy or excision can reach up to 80%.

Possible Risks/complications

- There may be risks and complications associated with general anesthesia. Particularly, various issues such as allergy, respiratory arrest, cardiac problems, stroke, and even death may occur due to the medications used during general anesthesia.
- Local anesthesia can also lead to local or systemic toxicity caused by the local anesthetic agent. Toxicities of local anesthetics are typically observed in the nervous system and cardiovascular system. The extent of toxicity depends on the administered agent, dosage, and the amount that enters the systemic circulation, including the vasoconstrictor amount that enters the systemic circulation.
- Risks of neck lymph node biopsy/excision surgery: This surgery involves the removal of a portion of lymph nodes or a single lymph node from the neck. The risks of the surgery vary depending on the location, depth, size of the node, and adjacent structures.
- Early complications may include drainage, bruising, swelling (edema), and bleeding at the site where the lymph node was removed.
- Damage to major blood vessels supplying the brain or those coming from the brain may result in stroke and brain-related issues.
- Temporary tracheostomy (an opening in the windpipe) may be performed during the operation to facilitate breathing.
- Facial paralysis may occur due to proximity to the surgical site, and it may require further surgery or lead to permanent paralysis.
- Infection may develop at the incision site.
- Bleeding from major blood vessels in the neck can occur during or after the operation, necessitating a blood transfusion.
- Nerve damage during the operation can cause various complications such as difficulty swallowing (superior laryngeal nerve), voice changes (vagus nerve), breathing difficulties (phrenic nerve), swallowing and speech difficulties, tongue paralysis (hypoglossal nerve), and drooping shoulder (accessory nerve).
- Subcutaneous air leakage (emphysema) may cause swelling at the surgical site.
- Persistent salivary discharge may occur at the incision site.
- If any of the mentioned complications develop, the hospital stay may be prolonged.

Possible risks that may arise in case of rejection include:

If you choose not to undergo this operation, it may delay or even make it impossible to identify the cause of your condition and provide treatment. Especially in cases of malignancy (cancerous tumors), early diagnosis and initiation of treatment can be life-saving. By refusing treatment, your chances of receiving treatment diminish with each passing day as the disease spreads and progresses.

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

- Please follow the post-operative recommendations when you are discharged and consult your doctor if you notice redness, swelling, discharge, or any unexpected symptoms at the surgical site.
- Take your medications as prescribed by your doctor, following the recommended dosage and schedule.
- The information form provided to you upon discharge will outline the dressing changes, follow-up appointments, and further treatment instructions.



NECK LYMPH GLAND BIOPSY-EXCISION SURGERY CONSENT FORM



Document Number	Date of Publish	Revision Date	Revision Number
HD.RB.IN.07.17	24.02.2022	-	00
Reason for Revision:			

Current alternative methods include:

Fine Needle Aspiration Biopsy: It involves using a needle to obtain a small sample of cells from these lymph nodes. This method does not completely remove the nodes, but it can be helpful in diagnosing certain conditions.

Surgical removal is the preferred treatment method for lymph nodes affected by tumors, or alternatively, treatments such as radiation therapy or chemotherapy may be administered.

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

In gage of an emergency places go to our bognital on the peacest health care facility immediately

Pain relievers will be prescribed for a certain period of time to manage potential postoperative pain. Additionally, if you have been taking blood-thinning medications such as aspirin before the surgery, inform your doctor about it. Your doctors will provide appropriate medications for pain and other needs. Avoid taking any medications outside of those prescribed by your doctor and nurse.

in case of an emergency, please go to our mospital of the hearest healthcare facility millieuratery.		
	Physician's Notes	
Physician's Stamp-Signature-Date-Time		

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.

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

I know that I do not have to conser	nt to the treatment if I do not	want to, or I know that	t I can stop the proced	lure at any stage.
Please with your handwriting, write	'I have read, understood a	and accept this 2-page	es form. 'and sign.	-
	The patient or patient's	parent / relative (de	gree)	
Name and Surname	Sign	Place	Date	Hour
NOTE: If the patient is unable to give	e consent, the identity info	rmation and signatur	e of the person who	se consent is obtained is
taken.		. 1 .1		.1
 Both parents of the patient mus of the child himself or has the or 		ents nas tne signature, t	the signer must prove	that patient is taking care
 Unless I have a written request 	•	neated procedures for	ovamnlo dialveie bloc	ad transfusion, waist fluid
removal, in other cases where a				
etc. this consent will be valid.	series of medical of surgical	t treatment win be upp	nea in the same way t	turing the hospitunzation,
❖ The person providing commun	ication in cases where dire	ect communication w	ith the patient canno	ot be established.
I explained the information in the 'Info				
•	•			
Name and Surname	Address	Da	ate	Sign

Prepared By	Controlled By	Approvea By
General Surgeon	Quality Director	General Director