COLOSTOMY/ILEOSTOMY CLOSURE SURGERY CONSENT FORM

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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

Due to previous surgeries/illnesses, after the procedure of joining the small intestine and/or large intestine to the abdomen, it is planned to remove a part of the bowel following the treatment of the previous condition and then reattach the ends (anastomosis) to replace it back into the abdominal cavity. After this procedure, the bowel ends can be joined together as planned (anastomosis), or they may need to be brought out of the abdominal wall and connected to a bag again (colostomy, ileostomy, jejunostomy).

During this operation, unexpected or previously undetected issues may be encountered after the abdomen is opened. In such cases, efforts will be made to identify and address the problem during the surgery.

Possible Risks/complications

a) General complications that can occur in all surgeries (related to anesthesia, bleeding, infection, drug allergies).

As with any surgery, there can be general complications associated with general anesthesia. During the operation, the patient will be administered anesthesia, and their respiration will be maintained through a tube inserted into the trachea. After this procedure, the removal of the tube may be delayed or not possible. In such cases, the patient will be treated in the intensive care unit. Complications related to anesthesia can also result in a risk of death, albeit in a rate lower than 1 in 1000. Detailed information about anesthesia-related complications will be provided by the anesthesia team, and the responsibility for these matters lies with the anesthesia team.

Bleeding may occur during or after the surgery. Consequently, the patient may require blood and blood products. These interventions also carry their own complications and risks of death.

After the surgery, infections may develop in the lungs and respiratory passages, urinary tract, or at the wound site. In some cases, these infections may require further surgery or minor surgical interventions. Additionally, allergies to medications used during treatment may occur, and despite all interventions, allergic reactions can lead to anaphylaxis, a serious condition that can result in death.

b) Possible problems specific to ileostomy/colostomy closure surgery:

i. During the surgery, organs within the abdomen may be adhered to each other due to previous interventions. In such cases, while separating the organs, injuries may occur in certain areas, requiring additional procedures such as partial or complete organ removal. In this situation, the connection between the sections of the intestines that were stitched or injured can spontaneously open and lead to peritonitis and/or fistulas. This condition can pose a life-threatening risk, necessitate reoperation, require intensive care treatment, and result in death. Additionally, in such circumstances, the surgery may involve re-creating the connection of the intestines to the stoma bag.

ii. Due to other complications that may arise during the surgery, reconnecting the intestine to the stoma bag may be necessary.

iii. After the surgery, the intestines may function slowly, leading to a delay in the patient's ability to start oral feeding.

iv. During the surgery, injuries to organs such as the small and large intestine, spleen, pancreas, kidney, ureter, and bladder may occur, requiring additional interventions.

v. Immediately after the surgery or later, synthetic mesh may be used for the repair of the abdominal wall. This mesh can cause a foreign body reaction and inflammation. There are risks of reoperation, mesh removal, and recurrence of the hernia. In the long term after the surgery, there is a risk of the mesh injuring, perforating, or causing fistulas in the intestines.

vi. Additionally, pain may persist after the surgery.

vii. In advanced cancer or other unexpected situations, no surgical intervention may be possible during the surgery, and the problem may not be resolved with treatment.

General problems that may occur after the surgery:

a) Lung problems and infections may develop.

b) Inflammation, blockage, or blood clots can occur in the leg veins, and clots may travel to the lung veins or other parts of the body. Despite all necessary precautions, pulmonary embolism resulting from blood clotting in the veins during or after the surgery can occur. This is a very serious condition with a risk of death. Precautions for this problem will be taken in patients at risk; however, even with these precautions, this condition may still develop.

c) Sometimes, after the surgery, inflammation can accumulate and form an abscess in the operated area or under the incision. In this case, the abscess can be treated by inserting a tube into the abdomen under imaging guidance or by a second surgery without opening the incision. Elderly individuals, obese individuals, those with diabetes, and those with kidney insufficiency are at a higher risk for this complication.

I have been informed that in case these listed complications develop, I may need medical or new surgical/endoscopic/radiological interventions for their treatment, but in some cases, complete recovery or cure may not be achievable.

Matters to be Considered by the Patient After the Procedure

a) Due to the long-term, and possibly lifelong, colostomy or ileostomy bag usage resulting from the intestine being brought out to the abdominal wall, it may be necessary to use certain medications (tablets or injections).

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b) The presence of a surgical scar in the operation area and potential cosmetic issues related to the surgery may be observed.
c) After the surgery, an incisional hernia may develop at the site of the wound.

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.
- 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	**Controlled By**	**Approved By**
General Surgeon	**Quality Director**	**General Director**