



APENDECTOMY CONSENT FORM

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HD.RB.IN.07.08	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

Appendicitis is the inflammation of the appendix, a blind-ended sac located in the lower right quadrant of the abdomen, where the small and large intestines meet. The only known treatment for appendicitis is surgery. Under general anesthesia, the abdominal wall is opened, and the inflamed organ (the appendix) is removed. If a perforated (burst) appendix is detected before or during surgery, a more extensive operation and sometimes a longer hospital stay may be required.

Estimated Procedure Time: 1-2 Hours

Possible Causes of the Disease and How It Progresses

The appendix is a hollow, tube-like structure where many microorganisms live. These microorganisms are the same ones that live in the intestine. When the appendix is blocked due to reasons such as feces or gallstones, its connection with the large intestine weakens.

Swelling of the lymph tissues is also one of the causes of the appendix being blocked.

Microorganisms become pathogenic, and inflammation begins to occur. In untreated cases, it can lead to severe medical conditions such as the spread of infection throughout the body, damage to organs, and most importantly, the bursting of the appendix, causing the formation of intra-abdominal inflammation.

Expected Benefits from the Process

After this procedure, the removal of the inflamed appendix is expected to relieve the most important symptom of acute appendicitis, which is abdominal pain. Additionally, the relief of symptoms such as loss of appetite, nausea, and vomiting that were present before the surgery are among the expected benefits of the procedure.

What are the risks and possible complications of appendectomy?

- Infection may develop causing pain, redness or discharge at the surgical site.
 - Blood clots may form in the deep veins of the legs (deep vein thrombosis), which can cause symptoms such as pain, swelling, and cramps in the legs. Pieces of these clots may break off and block the lung arteries (pulmonary embolism), causing difficulty breathing and even death.
 - Collapse of small airways in the lungs (atelectasis) due to surgery can lead to lung inflammation (pneumonia), prolong hospital stay and require additional treatment.
 - There may be a risk of having a heart attack due to strain.
 - In about 10-20% of acute appendicitis cases, other diseases that mimic appendicitis may be encountered during surgery. In this case, additional surgical procedures (if necessary) may be performed for the non-appendicitis disease detected during the operation, or treatment may be postponed for a later surgery or continued with medication and/or referral to another hospital or specialist physician after the surgery.
 - Bleeding and abscess formation may occur after surgery. These reasons may require re-surgery or skin interventions.
 - If appendectomy becomes difficult to perform due to conditions such as appendiceal abscess or peri-appendicular abscess, the surgery may be terminated without performing appendectomy and postponed to 3-6 months later after medical treatment, in order to avoid causing more harm to the patient.
 - There is a risk of developing a cecal fistula (discharge of colon contents from the drain site or surgical site) after appendectomy surgeries. This risk is 0.01-0.03% after non-perforated appendicitis, 1-15% after perforated appendicitis, and 5-25% after appendicitis with abscess. Additional surgical interventions and/or medication may be required for the treatment of fistula.
 - There is a risk of developing intra-abdominal abscess (accumulation of inflammation in the abdomen) after appendectomy surgeries. This risk is 0.5-1% after non-perforated appendicitis, 10-20% after perforated appendicitis, and 15-35% after appendicitis with abscess. Additional surgical interventions and/or medication may be required for the treatment of abscess.
 - There is a risk of developing an incisional hernia (cutting edge hernia) at the surgical site, which is 0.1-1%.
 - Other intra-abdominal organs may also have a risk of injury, although it is rare. If such an injury occurs, it is generally repaired during the surgery.
 - Due to my surgery, there may be limitations in my daily activities, habits, pleasures, and lifestyle during the postoperative period.
 - There may be a prolonged or sometimes permanent decrease in sensation or tingling around the surgical site.
- Other diseases that can be encountered during surgery and mistaken for acute appendicitis
- Inflammation of the tubes and ovaries in women
 - Inflammation of a residual pouch in the form of a sac on the thin intestinal wall at birth (Meckel diverticulum)
 - Inflammation of pouches formed in the thick intestinal wall (diverticulitis)
 - Ulcerative colitis (non-microbial inflammation of the intestines)
 - Colon tumor
 - Mesenteric lymphadenitis (inflammation of the intestinal slings)
 - Urinary tract stones or inflammations
 - Familial Mediterranean fever (FMF)
 - Gastric or intestinal perforation
 - Various internal, blood-related or metabolic diseases (such as high blood sugar, sickle cell anemia, Ogilvie syndrome)



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Possible risks that may arise in case of rejection include:

In cases where infection is left untreated, there is a risk of the infection spreading throughout the body (bacteremia/sepsis), causing damage to organs, and leading to the formation of abdominal inflammation (peritonitis), which can result in a risk of death.

Critical lifestyle recommendations related to the patient's health:

If spinal anesthesia is applied, you may have difficulty urinating for the first time. In this case, your urine will be temporarily taken out with the help of a catheter.

Your doctor will tell you when you can consume liquids and solid foods based on your examination and other findings. During the postoperative period, you should get up and walk and do breathing exercises as soon as your doctor and nurse allow.

You should avoid intense exercise for a certain period of time.

Current alternative methods:

- Nowadays, surgical treatment of appendicitis can also be performed with laparoscopic (closed) surgeries.
- Sometimes the appendix is surrounded by a membrane, and the inflammation does not spread to the abdomen (plastron). In this case, surgery is not immediately performed, and the patient is monitored in the hospital and given antibiotic treatment.

How to access medical assistance on the same subject when necessary:

Please call your doctor or hospital immediately and provide emergency information if you experience the following symptoms:

- Discharge from the surgical site after surgery
- High fever
- Pain.

Physician's Notes

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