



INTRA-ABDOMINAL MASS SURGERY CONSENT FORM



PRIVATE
Anadolu
Hospital

Document Number	Date of Publish	Revision Date	Revision Number
HD.RB.IN.07.09	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

Removal of the intra-abdominal mass will be performed. To reach the intra-abdominal mass, the subcutaneous and muscle structures are passed. After reaching the mass, it is tried to be removed by separating it from the surrounding tissues. During this procedure, since some organs in the abdomen such as kidney, liver, spleen, intestines, main artery, and main vein from which the mass originates will be worked very closely, some of these organs may need to be partially or completely removed. In order to prevent any blood-fluid accumulation in the remaining space and to allow the space to close quickly, a drain is placed and the layers are closed one by one. If the surgeon suspects cancer during the operation, he may have microscopic examination (frozen section examination, pathology). If the mass cannot be removed, a biopsy will be taken to diagnose it. In rare cases, the tumor may extend into the main vein and heart, although the presence of this condition was investigated before the operation and was not seen, it may be encountered during the operation. In this case, it may be necessary to continue the surgery together with cardiovascular surgery and switch to open heart surgery, but this is unlikely.

Estimated Processing Time: 1-2 hours.

Possible Causes of the Disease and How It Progresses

Cysts, tumors (malignant-benign), aneurysms, abscesses, diverticulum infections, hydronephrosis, hepatomegaly, splenomegaly, Crohn's disease.

Depending on the size and location of these masses, they may progress to organs, leading to death as a result of circulatory disorders.

Expected Benefits from the Process

Symptoms and complaints that may occur depending on the type, content, size and location of the mass will disappear. With the operation, the course of the masses that can grow even more and spread to different parts of the body or that can lead to death in case they cannot be removed by surgery will be prevented.

Risks and possible complications

- Respiratory distress may occur. Therefore, it may be necessary to connect to a ventilator. Patients who are connected to a ventilator may experience problems in their lungs and cardiovascular system. These are inflammation of the lung (infection), suffocation in the lungs, obstructions due to sputum accumulation in the trachea, air leakage from the trachea to the chest, and some other rare conditions.
- Hospital infections may occur.
- Since it is an operation close to large vessels, these vessels may be injured during the operation, there is a risk of bleeding from the abdomen during or after the operation and therefore to be taken to emergency surgery again.
- During the removal of the mass, any of the organs in the abdomen may be damaged (damaged) and accordingly, emergencies may arise that will require reoperation later on.
- Intestinal perforation may occur from the biopsy site, in this case, dirty and harmful substances in the intestine may flow into the abdomen. This situation can be life-threatening and may require emergency surgery again.
- There is a possibility that there will be deficiencies in the duties of the organs that need to be removed in the future.
- There is a risk of inflammation and abscess development in the abdomen. In this case, it may be necessary to use antibiotics or have surgery.
- There is a possibility of accumulation of blood in the surgical wound, the development of inflammation, the opening of the wound at different degrees due to non-healing, and therefore the possibility of emergency surgery.
- Immediate reoperation.
- There is a risk of death, this risk is not very high.
- Long time;
- There is a risk that the mass will recur in the same place and be operated again.
- If the mass is malignant, there will be a possibility that it will spread to other organs and regions.

Possible risks that may arise in case of rejection include:

Depending on the size and location of the mass, pressure on the organs and complications related to the circulatory disorder in the organs may appear as possible risks.

Therefore, the patient's condition may deteriorate and it will be seriously life-threatening.

Critical lifestyle recommendations related to the patient's health:

- Follow the post-operative recommendations during discharge, consult your doctor when redness, swelling, discharge develops at the wound site or in unexpected situations.
- Take your medications as recommended by your doctor and at the time recommended by your doctor.
- In the information form given to you when you are discharged, your dressing, control days and treatment will be stated.



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Current alternative methods:

- Chemotherapy
- Radiation therapy

What are the important features of the drugs to be used during/after your surgery?

Antibiotics will be used before the procedure, and pain relievers will be used for a certain period of time for possible postoperative pain. In addition, inform your doctor if there are drugs that prevent blood clotting, such as aspirin, which we use before the surgery. Appropriate medications will be given by your doctors for your pain and other needs. Do not use drugs other than those given by your doctor and nurse.

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

To apply to our hospital or the nearest health institution in case of emergency.
Follow the post-operative recommendations during discharge, and consult your doctor in unexpected cases such as signs of infection, bleeding or suspected bleeding.

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	Controlled By	Approved By
General Surgeon	Quality Director	General Director