

INFORMED CONSENT FOR BREAST AND AXILLARY SURGERY

Patient Name:

Patient ID :

Date:

Nationality :

Passsport No:

Address:

• MY PROCEDURE

I hereby give my consent for Dr. _____ to perform.

The intervention (decribed below) has been detailed and recommended to me and is planned to take place at _____ hospital.

RIGHT

LEFT

BILATERAL

• MY BENEFITS

Some potential benefits of this procedure may include:

- Diagnosis of breast abnormality. Removal of cancerous, pre-cancerous tissues and non-cancer abnormalities from breast and axilla.
- Removal of breast cancer for cure and staging.
- Extraction of breast tissue to a large extent to significantly reduce the likelihood of cancer in cases of increased/high risk for breast cancer.
- If indicated, axillary lymphatic surgery (sentinel lymphadenectomy or axillary dissection) is performed for staging, planning subsequent adjuvant treatments and preventing tumor recurrence in case of axillary metastasis.

Mehmet Ali Kocdor, MD

Professor in Surgery

Talatpaşa Caddesi · Ortaklar Apt. · No:45/5 · Alsancak İZMİR ·
0(232)4646767 · 0(505)5252777

<http://profdrmehmetalikocdor.com>

- **MY RISKS**

I understand that there are potential risks, complications and side effects associated with any surgical procedure. The problems that may arise if I do not accept or delay the surgical procedure recommended for me are described in detail above. Although it is not possible to list all the risks, the possible surgical risks and complications and the side effects of the surgery that will be applied have been detailed and informed in all its aspects.

These could include but may not be limited to the following: infection; bleeding; cosmetic changes/issues; change in sensation, appearance and shape of the breast; seroma; lymphedema; possible numbness near the incision or behind the arm; possible nerve injury; chronic pain; other rare complications are also possible.

Some of these risks, complications and side effects are not serious or do not happen frequently. Although these risks, complications and side effects may occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the physician performing the procedure.

The more general risks and treatments listed below are described, and I informed as stated below:

As with every surgery, some complications may be related to general anesthesia. During the surgery, the patient will be anesthetized, and a tube will be inserted into the respiratory tube to get my breath from there. The removal of the tube after this process may be delayed or not possible. In this case, the patient is treated in intensive care. Again, anesthesia-related complications can lead to a risk of death less than 1/1000 ratio. Detailed information on complications associated with anesthesia will be obtained from the anesthesiology team, and the responsibility for these matters lies with the anaesthetics team.

During and after surgery, clot (thrombus) from deep venous system can result in pulmonary embolism. To prevent this, the necessary medication will be initiated before the surgery and continued after the operation. Additional measures, such as early mobilization of the patient after the surgery, will also be taken. However, a method that will eliminate this risk 100% is not yet known in medicine. This is a very serious condition and there is a risk of death.

You may have internal or external bleeding during or after surgery. Depending on this, the patient may need to be given blood and blood products. They also have their own risks of complications and death.

Antibiotics can be administered depending on the risk of possible infections. There may be side effects associated with the use of antibiotics. On the other hand, it is medically impossible for antibiotics to reduce the risk of infection to zero. These infections can develop in the lungs and respiratory tract, urinary tract, or in the wound. These may require re-operation or minor surgical interventions in some cases. Despite intervention and antibiotic treatment, there is a risk that the infection will spread and lead to death.

Small, obscure or unseen metastasis may be present during surgery, which cannot be detected with the diagnostic methods that medical science uses today, can grow over time and cause the patient to die. In the place where the tumor is removed during surgery, small tumor fragments that cannot be detected by the eye or by hand can grow even too long after the surgery, causing a local onset of the disease and the patient's death.

I accept the above-mentioned surgical procedures and I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures. I will not resort to legal proceedings because of the surgical complications of my above-mentioned illness and acceptable complications inherent in my treatment.

Use your own handwriting to write "I understand what I read".

.....

Signature: _____ Date: _____ Time: _____

Patient is unable to consent because _____. I therefore consent for the patient.

Authorized Consenter's Signature: _____ Date: _____ Time: _____

Witness

Name: _____

Witness Signature: _____ Date: _____ Time: _____

By my signature below I attest to the fact that I explained the procedure to the patient.

Physician

Name: _____

Physician Signature: _____ Date: _____ Time: _____