

## INFORMED CONSENT FOR PARATHYROID SURGERY

Patient Name:

Patient ID :

Date:

Nationality :

Passport No:

Address:

- **MY PROCEDURE**

I hereby give my consent for Dr. \_\_\_\_\_ to perform.

The intervention (described below) has been detailed and recommended to me and is planned to take place at \_\_\_\_\_ hospital.

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- **MY BENEFITS**

Some potential benefits of this procedure may include:

- Getting rid of a progressive disease that leads to many problems such as severe bone loss, easy bone fracture, kidney failure, developing kidney and urinary stones, high blood pressure, severe muscle and bone pain, frequent urinary tract infections, increased risk of heart attack, pancreatic inflammation, stomach ulcers, sleep and memory problems.

- **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.

The parathyroid gland is a small organ, usually four around the thyroid. One, two, three or all of these organs can grow to produce excess parathormones. This excessive secretion of parathormone causes many deadly effects in the body. Therefore, the excess hormone-secreting glands need to be properly removed. Hyperfunctioning parathyroid glands raise blood calcium to dangerous levels, while calcium in the bones decreases dangerously. The affected parathyroid glands are mostly benign, but must be stopped by surgery. The purpose of the surgery is to normalize calcium levels in the blood and tissue.

**Prof. Dr. Mehmet Ali Koçdor**  
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After a successful parathyroid surgery, the remaining healthy glands may become ill over time and the disease may return.

In some cases, the sick parathyroid may not be found. Because the infected organ is quite small, and it can take 6-7 hours to be found during surgery.

The remaining parathyroid glands may not be sufficient after surgery, and it may take a long time to feed the bone tissue that has lost calcium for a long period of time (hungry bone syndrome). Blood calcium levels can fall significantly. If three or all of the parathyroid glands are removed, a lifelong use of vitamin D may be necessary.

During surgery, the speech nerves may be affected, and, in rare cases, voice alterations may develop. 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.

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: \_\_\_\_\_

\_\_\_\_\_

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