



## KALÇA İMPLANTI AMELİYATI İNGİLİZCE BİLGİLENDİRİLMİŞ ONAM FORMU

Dokuman No:	YÖN.RB.180-01
Yayın Tarihi:	20.08.2014
Rev.No:	00
Rev.Tarihi:	
Sayfa no:	2/1

### INFORMED CONSENT FORM BUTTOCK ENLARGEMENT WITH IMPLANTS

I, ----- hereby authorize, doctor and associates or assistants of his choosing to enlarge my buttocks by means of silicone gel implants. No guarantees or assurances have been given to me by anyone as to the results that may be obtained. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure.

Nature of buttocks enlargement with silicone implants.

Buttocks enlargement with implants is a surgical procedure whereby a polymer device filled with silicone gel is placed under the buttocks through a surgical incision, either under the buttock tissue itself above the muscle. The result of the placement of this implant is to enlarge the size of the buttock.

#### Risks of Buttock Enlargement with Silicone Gel Implant

Additional Surgery (Surgeries) Are Inevitable

I understand that buttock implants are not permanent devices and that at some time subsequent to the original procedure an additional surgery or surgeries will be necessary for one or more of the reasons outlined in the risks of buttocks enlargement below.

**MEDICATION REACTIONS:** Unfavorable reaction to prescribed medications or anesthesia can occur. This may include nausea, vomiting, allergic reactions with skin rash and itching to more severe reactions including convulsions, coma or death all of which are extremely rare.

**SWELLING:** This occurs to some degree after every surgery. Swelling may last days, weeks or months. Some swelling may remain for a year or more after surgery although this is very unusual. You will be given special instructions or treatment if appropriate.

**BLEEDING:** This is controlled at the time of surgery by sutures, cautery or pressure. Hematoma (blood clot) may require removal. Some bloody drainage on dressings is normal. If bleeding occurs, phone our Office. If we cannot be reached promptly, and there are problems that are of concern, go to the nearest hospital emergency room, and tell our answering service where you are going. In a very rare case, extensive bleeding or other complications could require hospitalization and blood transfusion. With most surgery there is bleeding under the skin that leaves a bluish discoloration (bruising) for two or more weeks.

**INFECTION:** Infection is not a usual condition after this type of surgery. If any infection develops, the treatment includes use of antibiotics or an additional surgery.

#### Financial Liabilities

Please ask whether surgical cost covers the hospital and doctor's fees and also methods of payment. You will be liable for some additional charges and payments for some unexpected situation and treatments. Additional charges may occur in case some surgical complications (negative result) emerge. Fees for hospitalization for secondary or revision will be also on your charge.

#### BUTTOCK IMPLANTATION INFORMED CONSENT FORM

My doctor and his assistant explained my medical status and the proposed surgical procedure. I understood the risks of the surgery, risks special to me and possible both positive and negative conditions (complications). My doctor declared to me other treatment methods, the associated risks, my possible medical prognosis and possible risks in case not being treated.



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One information form of anesthesia was given to me. One patient information form was given to me. One patients information form was given to me.

I had a change to talk about my medical condition and risks ,also my questions about alternative treatments. My questions and my concerns are discussed in a satisfactory manner. I agree to blood transfusion during surgery, if it's need.

My doctor told met hat life-threatening events may happen during the surgery. I understood that, photo and video images can be taken during the operation. These can then be used for training of health workers.

I understand that there is no guarantee that the surgery will improve or deteriorate my condition.

**I HEREBY CONFIRM THAT I AM SATISFIED WITH THE VERBAL AND WRITTEN EXPLANATIONS. I CONSENT CONSCIOUSLY AND WITH MY OWN WILL TO ALL TREATMENTS APPLIED IN THE INTERVENTION OR SURGERY, ALSO TO TREATMENTS WHICH MAY BE NEEDED AFTER THE OPERATION, AS WELL AS TO ALL ABOVE STATED ISSUES AND VERBAL STATEMENTS DECLARED.**

Date:...../...../..... Time:.....

IF THE PATIENT'S CONSCIOUS	IF THE PATIENT'S UNCONSCIOUS AND ACCOMPANIED BY HIS/HER LEGAL REPRESENTATIVE
<b>Patient's</b> Name Surname :..... Address :..... Phone :..... <b>Signature :</b> .....	<b>legal representatives* or guardians</b> Name Surname :..... Address :..... Phone :..... <b>Signature :</b> .....
<b>Doctor</b> Name Surname:..... Signature:.....	<b>Doctor</b> Name Surname:..... Signature:.....
<b>Witness **: </b> Name Surname:..... Signature: .....	<b>Witness **: </b> Name Surname:..... Signature: .....