



## Informed consent form

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### **PATIENT INFORMATION AND CONSENT FORM CIRCUMCISION SURGERY AND CIRCUMCISION COMPLICATIONS SURGICAL CORRECTION**

PATIENT'S NAME, SURNAME:

AGE:

DATE OF INFORMATION:

ADDRESS:

This form will inform you about the risks, process and results of the SURGERY FOR CORRECTING SUGNANCY AND SUGNANCY RELATED COMPLICATIONS and will enlighten you about alternative treatments. Please read carefully, sign each page, ask your doctor if you have any questions or do not understand the points.

Circumcision is a minor surgical procedure performed for religious and traditional reasons. It consists of removing the foreskin covering the head of the penis. Although it is usually performed at a child age, there are also patients who apply at an adult age. The difference of adult patients from children is that adult patients have an erection. Therefore, in adult circumcision cases, there may be an opening in the sutures applied to the circumcision suture line due to erection after circumcision. In poorly performed circumcisions, irregularities in the suture line, partial or complete loss of the penis head, asymmetries and necrosis on the skin can be seen. These problems are eliminated by surgery. The plan of the operation depends on the type of circumcision complication in the patient.

#### **ALTERNATIVE**

There is no alternative to circumcision. This procedure can only be performed surgically and with appropriate surgical technique. There is no non-surgical way. The treatment of circumcision complications is also surgical. There is no non-surgical treatment.

#### **BEFORE**

#### **TREATMENT**

#### **SURGERY**

The anaesthetist will evaluate the patient before surgery. He will examine and ask some questions. He/she will carry out the tests and investigations he/she deems necessary to avoid any problems. Tell your doctor if you have a known or suspected disease (such as heart disease, high blood pressure, diabetes), a symptom or an allergy (such as to medicines, medical materials such as plasters or food). Describe any previous operations, procedures or medical problems you have had.

### **ANESTHESIA**

This operation is performed under general anaesthesia. In the operating theatre, the patient's heart rate and blood oxygen level are continuously monitored by electronic devices during the operation. Allergy or drug reactions to the materials used are rare and can be fatal. Moreover, people who are sensitive to these substances cannot be identified in advance by routine tests. However, when these undesirable situations occur under hospital conditions, they can be successfully treated and the possibility of harming the patient is extremely small.

### **OPERATION**

### **PROCESS**

Before general anaesthesia, the patient will not eat or drink anything for 6-8 hours with an empty stomach. After the operation, nothing will be given by mouth for at least 4-6 hours. These periods can be changed by the patient's doctor. The duration of the operation is 1 - 1.5 hours depending on the procedure to be performed. After the operation, the patient is usually monitored in the recovery room for 1 hour and then sent to his/her room. However, if nausea and similar problems occur due to anaesthesia, the duration of stay may be prolonged.

### **POSSIBLE RISKS ASSOCIATED WITH SURGERY**

As after any surgery, there may be some undesirable conditions (complications) after this surgery. There may be infection, bleeding, asymmetry, loss of sensation, necrosis. In order to reduce the likelihood of problems, antibiotics, painkillers and other medications recommended by the doctor should be used without interruption after the operation, and the dressing or bandage should be applied regularly. In case of any problem related to the surgery, the doctor who performed the surgery should be consulted first, since he/she is the person who can best evaluate the source and solution of the problem. Smoking and tobacco use adversely affect tissue circulation and significantly increase the possibility of all problems that may occur. Infection (inflammation) may occur after surgery. Most of the time it improves with dressing and medication. However, this may lead to skin shrinkage and contour disorders. Necessary precautions are taken against the risk of infection. There may also be haematoma (blood collection) in the operation areas. In order to prevent bleeding during the operation, a special bleeding-reducing solution is injected into the

operation area and then the operation starts. If a haematoma is formed, subsequent intervention (such as insertion of tubes called resistors through the cannula holes) may be required to drain it. If bleeding is excessive, it may be necessary to give blood. Swelling and bruising are expected in the relevant areas after the operation. These may last for several weeks.

Seroma (collection of serum) may also occur at the operation site. There is no risk of this. It is usually absorbed back by the body after a while. Although it is a very weak possibility, an allergic reaction to the drugs and suture materials used may develop. In this surgery, sensory disturbances, fluctuations, collapses, heights, symmetry disorders between the two sides may occur. These may be temporary or permanent.

In order to reduce the likelihood of problems, antibiotics, painkillers and other medications recommended by the doctor should be used without interruption after the operation, and the dressing should be applied regularly. In case of any problem related to the surgery, the doctor who performed the surgery should be consulted first, since he/she is the person who can best evaluate the source and solution of the problem. Smoking and tobacco use adversely affect tissue circulation and significantly increase the possibility of all problems that may occur.

## **PATIENT**

## **CONSENT**

My doctor told me about my problems, the type of treatment to be performed, my surgery, alternative treatments, risks and complications I might encounter. He gave me the opportunity to ask any questions I had. I understand that I can be given serum and, if necessary, blood during the operation. I know that if complications develop that may require surgical procedures, I can be operated on again under anaesthesia. I know that if surgical procedures are required due to complications, I will have to pay the hospital costs of these additional surgical procedures.

I have understood that tissues and organs may be removed from me during the operation to reduce excess skin and soft tissues, to be used in another area (called graft or flap) or for pathological examination.

I understand that scars will remain after the operation and that they will not disappear for life. I agree to do what is recommended (massage with special creams, application of silicone sheets) to keep these scars in the least and best way. I authorise the taking of medical pictures and videos of me before, during and after the operation. I understand that these pictures and videos may be shown to other doctors for medical and scientific purposes. I understand that no payment will be made to me for the use of these images and videos in medical publications (articles or books). I understand that there are risks associated with general anaesthesia, that these are the

responsibility of the anaesthesiologist and that I will be explained separately and a form will be signed.

As a result, I understand that I am not guaranteed the outcome of this operation, that there is a possibility that the expected result may not be achieved for various reasons, and that even worse results may be obtained than the current situation. This consent form may contain errors or omissions. If I have any questions about this form or the surgery, I know that I can consult my doctor via my doctor's e-mail address (oytunmd@gmail.com), mobile phone (+90 533 5690649 and +90 505 2965569) and whatsapp (+90 533 5690649).

**Information about the Covid-19 pandemic:  
I have been informed that the surgeries were performed during the covid-19 pandemic but by taking all necessary precautions. Despite all these precautions, knowing that I can get covid-19 infection outside the hospital, I agree to be operated by taking the risks into consideration.**

At the end of these, I accept the "correction of circumcision or circumcision complications" surgery explained to me in detail by my doctor Op. Dr. Oytun idil with my own consent and without any influence.

**Date:** ..... /..... / **2023**

**Patient's name and surname:**

**Signature: (please sign by writing "I READ, I UNDERSTOOD")**

**Relative/witness, name and surname:**

**The patient has signed the form in my presence, awake and conscious.**

**Signature:**