	KALİTE YÖNETİM DOKÜMANLARI	Doküman No: HD-FR-798 Yayın Tarihi : 27.09.2024
	YAĞ ENJEKSİYONU AMELİYATI AYDINLATILMIŞ ONAM FORMU İNGİLİZCE	Revizyon No:00 Revizyon Tar.: Sayfa No :1/4

INFORMED CONSENT FORM FOR FAT INJECTION SURGERY

Patient Name-Surname :

Date

Protocol No :


GENERAL INFORMATION

This form has been prepared to inform the patient and his/her relatives about the surgery to be performed. Information forms are used to explain the anticipated risks and undesirable conditions (complications) of surgical treatments and to provide information about other treatment options. The identified risks are defined in a way to meet the needs of most patients in many conditions. However, this form should not be considered as a document that includes the risks of all forms of treatment. Depending on your personal health condition or medical knowledge, your doctor may give you different or additional information. Do not sign the form on the last page until you have carefully read all the information below and have all your questions answered.

Anaesthesia

In the anaesthesia information sheet you will find information about anaesthesia and possible risks. If you have any concerns, please contact the anaesthetist. If you have not been given an information sheet, please ask for one.

Fat and tissue injections are one of the methods that can be used to increase volume and provide fullness in various parts of the face and body. Cheeks, forehead, cheek-lip line, lips, chin tip, hips and sunken areas on the legs can be counted as examples of places where this application is performed. Generally, the fat taken from the person himself/herself is brought to a certain concentration through some special processes such as washing and filtering, and then it is given to the area to be injected with the help of thin tubes. Since it is tissues taken from the person himself/herself, no undesirable effects and results are expected. In addition, since the injection is made from very small points, no scarring is expected at the injection site. Since some of the injected tissues are absorbed and destroyed by the body, new injections may be required after a while. The melting rate can vary between 30-70%. This amount varies depending on whether the injection area is mobile or immobile. Compared to the retention and absorption rate of fat in immobile areas such as forehead and chin tip, the retention and absorption rate is different in mobile areas such as around the mouth. Blood thinning agents such as aspirin should be avoided for 10 days before the procedure. In addition, any significant disorders in the patient's past and medications used continuously should be reported to the doctor. Fat injections alone can be performed with sedation and local anaesthesia or only local anaesthesia. General anaesthesia is suitable for large areas or multiple areas. As soon as the fat injection procedure is finished, cold application is started to reduce swelling in the application area. Cold application is done with the help of gels

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or bags filled with ice. It is usually applied every 15 minutes every hour by circulating it around the area. Ice should not directly contact the skin. The bag containing ice or gel is applied to the procedure area with the help of a cheesecloth or towel. After the procedure, especially in the first two days, a swelling beyond the amount of fat injection is expected in the application area. This swelling will decrease over time. However, in injections to the lip area, the duration may be prolonged and swelling may sometimes be excessive. Fat injection, except for the first few days, generally does not cause any discomfort that will affect the daily life of the person. The first two days should be spent more resting due to excessive oedema and bruises that may occur in some areas. Small bands placed on the entry points for fat injection can be removed a few hours after the procedure or the next day. Antibiotics are recommended for preventive purposes. This period is approximately 5 days. After the 5th day, antibiotics are not required. If the decreasing oedema increases at any stage, tenderness and heat increase in the area, this may be a sign of an infection. In this case, you should definitely consult a doctor. In the early period after the procedure, the appearance of the face or the injection area is not only formed by the fat given. In addition, although it is small, it is normal to develop oedema in that area since a surgical intervention has been performed. This oedema should not be confused with fat injection. The oedema dissipates rapidly in the days after the operation, decreases and disappears over time. Tissue augmentation with fat injection is a permanent method. Early and late complications of fat injections are as follows.

1. Infection at the procedure site: Since the substance used belongs to the body itself, there is no possibility of reaction and it is very rare. The signs of infection are redness in the procedure area, increase in pain, hypersensitivity, increase in body temperature. Antibiotics should be used immediately and if necessary, it may be necessary to perform medical interventions with small incisions to drain the infected area, called drainage.
2. Another problem that may occur in the early and late periods is asymmetry. During the injection, it is aimed to perform a similar procedure in symmetrical areas in both regions, and if there is already an asymmetry, it is aimed to inject at different rates to balance it.

3. Numbness or hypersensitivity in the application area is a rare problem. Massaging the area may help the sensation to recover more quickly.

4. In very superficial fat injections, a discolouration may appear in the procedure area, which is extremely difficult to correct. Therefore, repeated and very close to the surface injections should be avoided. 5. Although it is extremely rare, if excessive fat is injected to a certain point and the fat is not injected properly, the fat may turn into palpable masses in groups in places. This is more common in areas where the skin is very thin, such as the eyelid. The treatment is massage and anti-inflammatory medication. Sometimes it can be encountered as a permanent problem.

Estimated Duration of the Procedure: 60 - 180 minutes (The duration of the procedure varies according

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to the width and number of areas to be fat injected. 1-3 hours)

Important features of the medicines to be used: During my stay in the hospital, I was informed about the important features of the medicines to be used for diagnosis and treatment (what they are used for, their benefits, side effects, how to use them).

Lifestyle Recommendations Critical to the Patient's Health: I received information about what I should do for my lifestyle (diet, bathing, medication, movement and/or restriction) after my treatment/operation.

How to access medical assistance in the same area if necessary: I received information on how to access medical assistance (to my own physician, to a different physician, to the clinic where I am being treated and to 112 in case of emergency) on the same subject when necessary.

PERSONALISED INFORMATION

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Drugs Used:

Bleeding Time:

Allergy:

OtherDiseases:

Patient Name Surname :..... Signature:

Date

Physician Name Surname :..... Signature:


Date

I consent to the review of clinical information from my medical records for medical study, medical research and for the advancement of physician education; provided that the patient confidentiality rules in the patient rights regulation are adhered to. I consent to the publication of research results in the medical literature as long as patient confidentiality is maintained. I am aware that I can refuse to participate in such a study and that this refusal will not adversely affect my treatment in any way.

Photography/ Viewers: I consent to the photographing or videotaping of the procedure, including appropriate parts of my body, for scientific, medical or educational purposes, provided that the pictures do not reveal my identity. I also consent to the presence of qualified observers in the operating room during surgery for the purpose of enhancing medical education. I have read and understood the contents of the informed consent form. All blanks on this form were filled in before my signature and I have received a copy.

Patient Consent:

I understand that medical practices are not an exact science and that no guarantee can be given about the

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outcome or treatment. I was given detailed information about my condition, the procedure to be performed and its risks, and treatment options in the consent document and in my interview with the physicians. We declare that we are aware that the responsibilities in this regard belong to us and that we accept and consent to the surgery without any violence, suggestion, material or moral pressure.

I am aware that the use of medical devices such as X-ray, scopy, ultrasonography, scintigraphy, computed tomography, magnetic resonance, etc. may be required during interventions; I am aware that I may be exposed to rays that may cause adverse effects on my health in some of these devices / applications, and I approve the use of these medical devices if deemed necessary

I am aware that in very rare cases, an unprecedented situation may develop during the procedure and in this case, I authorise and consent to the team that will carry out the procedure to take such action as they deem appropriate.

I sign this form without any additional explanation, without being under any pressure and consciously.

Patient Name Surname : Date/Time :

Signature :

or

Patient Guardian / Relative Date/Time :

Name Surname : Signature :

(Proximity.....)

Translator's name and surname:

Signature :

Sufficient and satisfactory explanations have been made by me to the patient / patient's relative whose name is written above about his/her disease, the intervention to be performed, the reason and benefits of this intervention, the care required after the intervention, the expected risks, the type of anaesthesia to be applied if necessary for the intervention, and the risks and complications of anaesthesia. The patient/caretaker of the patient has read this form with his/her own consent that he/she has been sufficiently informed about his/her admission and has approved it by signing it.

Physician Name Surname : Date/Time:

Signature :