	QUALITY MANAGAMENT DOCUMENTS	Doküman No: HD-FR-845 Yayın Tarihi :21.03.2025 Revizyon No :00 RevizyonTar... Sayfa No : 1 / 2
	INFORMED CONSET FORM ABOUT SMOKING	

Patient's Name-Surname : \_\_\_\_\_ Date Of Birth : \_\_\_\_\_  
Date : \_\_\_\_\_ Protocol No : \_\_\_\_\_

**GENERAL INFORMATION:** Smoking addiction is one of the most difficult habits to quit. Smoking has countless harmful effects. It is essential to stop smoking immediately before surgery. Continuing to smoke before and after surgery increases your risk of complications. After surgery, tissues need oxygen to heal, but smokers have higher levels of carbon monoxide in their bodies, and toxins in the blood negatively affect the healing process. It also increases the risk of infection. Slow wound healing may prolong your hospital stay. Therefore, you should avoid smoking and exposure to smoke after surgery as well.

Smoking affects the functioning of your lungs and heart, increasing the risk during surgery. Therefore, you should quit smoking as soon as the surgery decision is made. Just 12 hours after quitting smoking, nicotine and carbon monoxide levels in the blood drop, allowing your heart and lungs to function better. Blood circulation improves in less than a day, and the positive effects on your health continue to increase over time.

Smoking increases your risk of developing lung complications after anesthesia by six times compared to non-smokers. Smoking narrows the small airways in the lungs, making them more vulnerable to respiratory complications and chronic cough. Since smokers have more sensitive lungs, the risk of bronchospasm complications increases during anesthesia. Quitting smoking six weeks before surgery can help prevent respiratory problems during anesthesia.


**Patient Consent:** Without requiring further explanation, under no pressure, and with full awareness, I acknowledge that I have been informed about the complications I may experience due to smoking and hereby sign this form.

**Patient Name & Surname:** \_\_\_\_\_  
**Date/Time:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

or

**Patient's Guardian/Relative:** \_\_\_\_\_  
**Date/Time:** \_\_\_\_\_  
**Name & Surname:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
(Relationship): \_\_\_\_\_

**Interpreter Name & Surname:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

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I have provided sufficient and satisfactory explanations to the patient/relative named above regarding their condition, the planned procedure, and the complications that may arise due to smoking. The patient/relative has been adequately informed about smoking-related risks and has voluntarily read and signed this form as confirmation.

**Physician**                      **Name**                      **&**                      **Surname:** \_\_\_\_\_  
**Date/Time:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_