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|  | QUALITY MANAGEMENT DOCUMENTS | Document No: HD-FR-851 Date of Issue :16.04.2025 |
| | INFORMED CONSENT/ASSENT FORM FOR WOUND DEBRIDMENT | Revision No:00 Date of Revision.: Page No :1/3 |

Patient Name-Surname :

Date : Protocol No :

RECOMMENDED TREATMENT

My doctor.....and his/her team explained that I have.....disease and that a wound depriming should be carried out.

What is Debridement Surgery? These are surgical interventions performed for the treatment of wounds and damages that have occurred in your body due to various reasons (diabetes, vascular occlusion, circulatory disorders resulting from pressure or crushing, burns, injuries resulting from accidents, delayed healing or infected disorders due to wound healing problems after the operation(s) you have had, etc.) and cannot be treated with other methods.

Debridement: It is the process of cleaning the wound area by cutting off the dead tissue, crust, inflamed areas, etc. until the healthy tissue is reached.

How Are Wound Debridement Surgeries Performed?

It is performed with local (regional), spinal or general anesthesia.


During the procedures, the wound surroundings are cleaned of all dead tissue, crust, etc. up to the tissue border with healthy circulation. Abscessed areas are opened and emptied. Infected (infected) parts in soft tissue and bones are surgically removed. Areas with no circulation or impaired circulation can be cut. Broken or separated or with various surgical materials are used to try to restore integrity. Permanent scars remain in the areas where these surgeries are performed. At the end of these surgeries, it is not possible to completely eliminate the remaining scar or to keep the mobile parts completely immobile and in one piece. An alternative to this intervention is to leave the wound healing to heal on its own, not to repair the mobile and broken bone and to follow the healing process. However, this will not be able to control the development and progression of infection at the desired level, and the duration of hospitalization and possible extensions in the disease process are expected.

Risks

The purpose of these explanations is not to scare or worry you, but to enlighten you more consciously about your surgery and its risks. These are common risks. There may be less common risks that are not described here. If you have general or specific questions, please ask your surgeon. These risks can occur with any anesthetic. You may experience side effects related to any of the medications used. Common ones are dizziness, nausea, skin rashes and constipation.

Surgery may cause the following risks and limitations:

- When the operation is performed using general anesthesia, small parts of the lungs may close, making it prone to lung infection, and physiotherapy and antibiotics may be needed.
- A clot formation (deep vein thrombosis) may occur, which causes swelling and pain in the leg. If a piece of this clot breaks off, it can travel to the lungs (pulmonary embolism) and cause shortness of breath, which can rarely be fatal.
- Wounds can become infected, causing redness, pain and swelling, and may require antibiotics. If the wound reopens, surgery may be necessary.

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- You may have a heart attack due to the strain on your heart.
- You may have a stroke.
- In rare cases, kidney failure may develop and temporary or permanent dialysis may be required.
- Bleeding may occur in the surgical area. This can be absorbed by the body over time, and rarely, another surgery may be required for this.
- You may experience stomach bleeding as a side effect of the stress of the surgery and the medications used.
- There is a very small chance that you may lose your life during the surgery.
- Bruising may occur along the wound for days or weeks.
- Numbness may occur around the wound and this may take time to resolve.
- Fluid may collect in the wound and this may take weeks to resolve.
- Numbness, redness or pain may occur along the line where the procedure was performed.
- Rarely, a pulsating blood clot (false aneurysm) may form outside the vein in the surgical area. This may require surgical treatment.
- The limb may swell due to increased blood flow. This may take months.
- If you smoke or have chronic lung disease, these risks may be severe.
- Due to the human nature that cannot be listed in this document and the anesthesia you are exposed to, many complications may develop directly or indirectly related to the surgery, even if the probability is very low, and you may even lose your life.
- If this procedure is not performed, wound infection may develop, existing infection may progress, and it may become difficult to control. The possibility of it passing through superficial tissues and advancing into deep tissues will increase. In addition to these, the integrity of the bone being damaged and being in motion will slow down the healing process. The hospitalization period due to the disease will be prolonged and as a result, the possibility of encountering life-threatening situations will increase.

Individual Risks

Once you decide to have this surgery, the following risks and complications may occur depending on your personal characteristics;

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Patient's Statement

- My surgeon provided me with the necessary information about the procedure and alternative treatment options, and answered my questions about specific issues.
- After deciding on this surgery, my surgeon informed me about the risks and complications that may occur due to my personal characteristics.
- I agree to any additional procedures deemed necessary by my surgeon that may be required during the

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surgery.

- I consent to blood transfusion if necessary.
- I agree that any tissue that may be removed during the procedure will be destroyed by the hospital authorities. I understand that some tissue or samples may be kept as part of my hospital record.
- I agree that the proposed surgical procedure will be performed by the team of the doctor I consulted.....
- I understand that photographs and videos may be taken for medical education purposes during the proposed surgical procedure and that this document may be used by medical personnel for educational purposes only, but that I will not be identified in these documents.
- I have received a copy of this form to keep.
- If a needle or sharp object is stuck to a member of the team during surgery, I agree to have my blood drawn again for research purposes to test for HIV and other blood-borne diseases. If this is needed, I understand that I will be informed about this as soon as possible after the surgery and that the necessary recommendations will be given.
- I have read and understood the necessary explanations about the surgery itself, its consequences and risks.
- Since my patient is not fit to give consent, I hereby consent to the surgery.

Name of the Patient or Relative Date Signature

Doctor's Statement

- I declare that I have made the necessary explanations about the surgery itself and its results and explained the risks that may arise for the patient.
- I gave the patient the opportunity to ask questions and answered them.

Doctor's Name Date Doctor's Signature

Witness Statement

(Preferably a relative of the patient)- I confirm that I have witnessed the explanation of this form and the conversations between the doctor and the patient.

Witness Name - Date/Time Witness Signature