Op. Dr. Mustafa Yazır	OTOPLASTY (PROMINENT EAR) OPERATION PERMISSION AND INFORMATION FORM	Doc.Code:HD.RB.259
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Informed consent form describes the surgery, expected benefits of the surgery, possible results if the surgery is not carried out, alternatives of the surgery if any, risks and complications of the procedure and estimated time of the surgery to you/your relatives. Please consult your physician if you have questions about this document. If you accept the surgery, please fill in the space at the bottom of the page in handwritten and write your name and surname and sign.

BARCODE

Interpreter requirement

Is the interpreter required? Yes □ No □

If yes, was a qualified interpreter present while obtaining the consent? Yes □ No □

THE STATUS OF THE PATIENT, INFORMATION ABOUT HIS/HER DISEASE and BENEFITS EXPECTED FROM THE PROCEDURE

The distance from the ear to the base of the skull may differ. Indistinct ear folds and an exaggerated distance of the ear from the skull based are called both referred to as 'prominent ear'. This case does not create medical issues, but may cause psychological trauma during childhood. Prominent ear operation is a surgery that is performed in order to reshape the ear. Since ear development is completed at around 6 years of age, the repair procedure is performed after that particular age. Another reason to perform these operations as of six years of age is to protect the child from psychological traumas during the primary school period. Although prominent ear operations are primarily performed from six years of age, there is usually no obstacle in completing the procedure at later ages as well.

Adult patients should not take aspirin and blood thinner substances for 10 days in the pre-operative period. All past significant diseases, present diseases, and medication used by the patient must be reported to the doctor prior to this procedure.

There are a wide variety of operation techniques that can be used to repair natural-born prominent ears. Technique details related to prominent ear operation are discussed in advance and the most appropriate method is selected for each patient. The operation will be performed after routine blood tests and pre-operative examinations are completed. The operation may be performed under general anesthesia or local anesthesia with sedation (following calming of the child and narcotizing the operation site). General anesthesia is not preferred in older patients, and instead sedation and local anesthesia are prioritized. If the operation is performed under sedation and local anesthesia, hospitalization is not required.

The operation is generally performed by an incision in the posterior part of the ear. By shaping the cartilage, the diameter and distance between the skull base and the ear are regulated. Once again after the incision in the posterior part of the ear is closed (with the sutures that do not require removal) covering and mild compressive medical dressing is applied.

Lying on the ear is not recommended in the first week of the post-operative period. Lying on the ear is acceptable with a soft pillow from the second week on in the post-operative period. The head must be raised with pillows at a 30-degree angle. Sense of stretch and compression is normal in the first two days. This sense of compression and stretch starts to decrease from the third post-operative day. The ears may be mildly edematous, about to turn yellow, or empurpled when the medical dressing is opened for the first time in the 4^{th}-5^{th} day following the operation. The operation site may be washed and moisturizing cream may be applied in the entire ear from the day the medical dressing is opened. A sweatband should be worn to prevent curling of the ear at night for two weeks.

Throbbing type pain, a little swelling in the tissue are normal from time to time in the first weeks. These complaints will decrease day by day. Numbness and sensitivity will start to disappear. The edema in the ear decreases in consecutive weeks as well. Avoid trauma, sunlight, steam rooms and solariums in the first weeks.

Increased and throbbing type pain, leakage and bleeding coming from the operation site in the first days of the post-operative period are situations that require consulting your doctor. In this case your control examination is performed and if necessary, your medical dressing is changed. Medications will also be regulated again.

POSSIBLE OUTCOMES FROM REFUSING THE RECOMMENDED PROCEDURE

There is no medical concern if this procedure is not performed.

ALTERNATIVES OF THE PROCEDURE (IF PRESENT)

There is not an alternative surgery for this operation.

RISKS, COMPLICATIONS OF THE PROCEDURE

Early Period:

1- Bleeding: Despite meticulously performed bleeding control, there may occasionally be leakage in the operation site in the post-operative period. There is no need for concern as long as this leakage is mild. However, if there is a significant amount of leakage and it causes a throbbing type pain, cleaning of the operation site and repeating the bleeding control may be required. If blood accumulation (hematoma) occurs under the ear skin, this must be discharged urgently. Otherwise, tissue loss within the ear skin and a deformity called "wrestler ear" may occur in the future.

2- Infection: Occurs very rarely. Taking protective antibiotics both during the operation and in the post-operative period and performing the operation meticulously limit the risk of this complication substantially. Nevertheless the doctor must be informed immediately in cases such as increasing pain, redness in the operation site, increasing body temperature.

3- Wound dehiscence: It is an extremely rare complication. A trauma experience or straining of the sutures in the early period may cause wound dehiscence. Wound dehiscence may be closed with medical dressings if it is within limited area. However, if it is in a broad area, it may require a new set of sutures.

4- Numbness and sensitivity: Development of permanent numbness is possible in the skin of the ear after ear plastic surgery. This situation does not develop in all cases. Decrease or complete loss of the sense in the skin of the ear region may occur and the sense may not return completely after the ear operations**.**

5- Scar: Although good wound healing is expected after surgical intervention, an abnormal scar may occur in the skin and deeper tissues. This scar may be in a different color from the peripheral skin and may not be aesthetically pleasing. There is a possibility that the sutures may cause apparent scars. Additional treatment may be required.

6- Allergic reactions: There are very rare cases that are reported to develop local allergy for the plaster, suture materials and topical preparations used. More serious systemic reactions may vary with the medications used during the operation or in the post-operative period. Allergic reactions may require additional treatment.

Late Period:

1- The most severe issue encountered in the late period is a failure to achieve the expected result from the operation. Expectations must be expressed very specifically in the pre-operative period and the information provided by the doctor must be listened to attentively. Although prominent ear operation has valid measurements with the main lines, it still has a subjective aspect. Excessive placement of the ear through the skull base also does not display the expected result. It must be known that this situation would result in an unnatural situation. The distance between the skull base and the ear edge is supposed to be approximately 18-20 mm and the operation is generally planned according to these measurements. An expectation apart from that should be discussed.

2- Another potential issue is related to the asymmetry of the ears. There may sometimes be stance difference between the two ears despite an effort to resolve this issue. This case may require additional interventions that are called revision, as long as it is not on a very limited scale.

3- Another problem to encounter in the late period is hardness and thickening in the suture line in the posterior part of the ear. Although it is very rare, if such a case develops, applying the creams that soften the area may be required. Sometimes the sutures used in the ear may become clear in the posterior part of the ear and cause small scars in the skin. Removing the suture knots is required under local anesthesia if such a problem occurs.

ANESTHESIA

The operation will be performed under local/general anesthesia. You will find out information about risks related to anesthesia in "**Anesthesia Permission And Information Form**". Consult your anesthetist about your concerns and questions.

The questions of the patient about the method, time, side effects, success rate of the intervention and what is meant by success and post-intervention:

.....
.....

ESTIMATED TIME OF THE PROCEDURE
It differs from patient to patient, it takes ..... hour **/**minute in average.

If Consulting physician is necessary during the surgery,
Physicians, I prefer, who will be invited if necessary
1)
2)
3)

PATIENT CONSENT

The deed of consent hereby is taken pursuant to the Article 70 of the law number 1219, dated 1928, with the title of 'Concerning the Mode of Execution for Medicine and Medical Sciences'.
I give approval for the operation of **OTOPLASTY (PROMINENT EAR)**
I accept that the investigation/treatment method described above can be administered to me under the authorization and observation of my doctor.
My doctor has answered all my questions about the case, and there is no other issue that I would like to clarify. I have been informed that I can obtain information from my doctor in case of any further questions.
He/she has given detailed information about the method, and he/she has explained possible disadvantages. The results of non-intervention have been expressed. I am satisfied by the information provided by my doctor and the answers I have received in response to my questions.
I allow that all kinds of tissues may be removed from my body, investigated and stored for the records of the hospital if necessary during the operation.
I authorize and allow the doctor and medical personnel that are involved in my treatment, to perform all kinds of medical intervention, medication use or immediate surgical intervention if necessary during my treatment period at the hospital.
I know that undesirable effects may develop as a result of the investigation/treatment method that will be administered; new treatments may be necessary in order to solve these problems.
I have been adequately informed about possible risks and results related to the surgical intervention that will be administered to me.
I know that although it is rare, my expectations may not be met, and an additional intervention may be necessary depending on the results of this surgical procedure.
I have been informed that I should come to control examinations on time and I should follow my doctor's recommendations in order to reduce the risk of complication after the procedure.
I allow my doctor to document the treatment administered to me via visualization, and to use these documents in professional academic presentations.

I have read all information above and/or it has been read to me clearly. I understand all of the information above.

"Dear our patient,
Please write "I understood what was read and explained related to my disease and treatment process to me" in your handwritten. You may contact your physicians by calling 0232 262 28 28 if you need medical help to get information.
……

I am signing this form without need of additional explanation and under no pressure.

Patient:	Guardian/relative and degree
Name surname:	Name surname:
Signature:	Signature:
Date/time:	Date/time:

□ I reject this procedure.
I reject **OTOPLASTY (PROMINENT EAR)**. I was informed about medical outcomes of this rejection.

Declaration of the interpreter
I conveyed any kind of written and oral information/expression including informed consent form provided by the physician to the patient and his/her relatives by translating into ……. (the language spoken by the patient and his/her relatives will be written).

Name surname of the interpreter: Signature: Date/time:

Declaration of the physician: I explained
Condition of the patient
Requirement and time of the treatment
Risks of the procedure and problems to be faced if the procedure is not carried out
Treatment options and related risks
If these risks occur, possible conditions
Special risks specific to the condition of the patient
To the patient and his/her relatives.
Patient and his/her relatives could ask questions about the above-mentioned conditions and express their concerns. I answered these questions and concerns as much as I could as to satisfy the patient and his/her relatives.
I am of the opinion that the patient and his/her relatives understood the above explanations.

Name surname of the physician:
Signature:
Date and time:

Name surname of the witness:
Signature:
Date and time: