CARPAL TUNNEL SYNDROME

Informed Consent Document

Form No: AOF-006	**Rev. No / Date:** 2026 v09 / 10.07.2026

PATIENT PROTOCOL NO		DATE	
TURKISH ID / PASSPORT NO		DATE OF BIRTH	
PATIENT'S FULL NAME		SEX	
DIAGNOSIS			

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1. Dear Patient,

It is your most natural right to be informed about your medical condition and about all medical / surgical treatments and diagnostic procedures proposed to you for the treatment of your illness. After learning the benefits and possible risks of medical treatments and surgical interventions, consenting or not consenting to the procedure to be performed is, again, your own decision. The purpose of this explanation is not to frighten or worry you, but to involve you more consciously in the decisions to be made concerning your health. If you wish, all information and documents concerning your health can be given to you or to a relative you deem appropriate. Although this form has been designed to meet the needs of most patients under most circumstances, it should not be regarded as a document containing the risks of all forms of treatment. Depending on your personal health condition, your physician may give you different or additional information. After learning the benefits and possible risks of diagnosis, medical treatment and surgical interventions, accepting or not accepting the procedures to be performed is your own decision. Except in situations of legal and medical necessity, you may refuse to be informed or withdraw your consent at any time. This form has been prepared to inform you about the risks of the surgery and about alternative treatment methods. Please read this form completely and carefully, and sign this consent form only after you have read it and after all your doubts about the procedure concerned have been resolved by the physician.

2. General Information About the Disease and the Treatment

Compression of a nerve by the surrounding tissues may cause pain, numbness, weakness or loss of function. The fundamental problem is the compression of the nerve by the surrounding tissue. This condition may occur after an injury, after a disease, or as a result of repetitive movements. I have received detailed information from my doctor about the content of the surgery to be performed on me: [Mark the appropriate option] • Compression of the median nerve at the wrist • Compression of the ulnar nerve at the elbow • Compression of the ulnar nerve at the wrist • Compression of the anterior interosseous nerve in the forearm I know and accept that during surgery my surgeon will make a skin incision in the relevant area and release the nerve concerned. I am aware that the intended aim is to relieve my complaints by releasing the nerve under compression.

3. Alternatives to the Surgery, If Any

As alternatives to surgery, I have considered the following options: • As explained to me verbally by my physician, not having this surgery and accepting every associated risk, • Trying to relieve the pain or muscle spasm through medication,

Trying to reduce the complaints with immobilization methods such as splints, etc.,

Trying to relieve the complaints with physical therapy methods,

Having steroid and local painkiller injections.

Other possible treatment options... I have also considered the other treatment methods explained to me by my doctor. The advantages and disadvantages of these alternative methods were also explained to me by my doctor.

4. Expected Benefits of the Surgery

The expected benefit is an improvement in the patient's current neurological condition and complaints. The surgery is performed with the aim of eliminating the complaints and with the expectation of preserving or improving the function of the nervous system. WITH THE SURGERY TO BE PERFORMED; To relieve the neural structures under compression. To eliminate or reduce pain. The aim is for the neurological deficits existing before the surgery (paralysis–loss of strength–numbness–loss of reflexes–urinary incontinence, etc.) and complaints such as pain and spasm to be completely resolved by the surgical treatment to be applied, or for their worsening to be halted.

5. Estimated Duration of the Surgery

The duration of the procedure to be performed may vary according to the disease and the patient's condition, and is on average ..... - ..... hours. In addition, the procedures to be carried out on patients by the anesthesia doctors before and after the surgery are not included in this period. Depending on the circumstances of the case, the procedure may take longer than the stated time. Your doctor will give you detailed information at the end of the procedure.

6. Risks and Complications of the Surgery

In addition to its benefits, the surgical procedure to be performed also carries risks that may arise.

Anesthesia risk: There are risks during and after local and general anesthesia procedures (due to the position given to the patient during surgery). In addition, in every form of anesthesia and in sedation, there are complications and harms that may arise from the drugs. The anesthesia procedure to be applied and the related risks and complications have been explained to me, and I approve the procedure recommended in this regard.

Bleeding: Although very rare, I am aware of the existence of a risk of bleeding, which may be severe, during or after my surgery. In the event of bleeding, additional treatment or a blood transfusion may be needed. In such a situation, I approve the necessary blood transfusion and other treatments. Some medications that I use and/or that need to be used during my treatment may increase the risk of bleeding through drug interactions and/or side effects. In some situations, it may be necessary to use blood-thinning medications earlier than expected, and this may also increase the risk of bleeding.

Blood clot formation: Blood clots may form after any type of surgery. Clots forming in the area of bleeding may obstruct blood flow and lead to complications such as pain, edema, inflammation or tissue damage. If the use of blood thinners is discontinued, the risk of clotting may increase.

Postoperative Neurological Deterioration: Due to problems such as bleeding at the surgical site, nervous system functions may deteriorate after surgery.

Respiratory problems: After surgery, respiratory distress or pneumonia, which are usually temporary, may occur. Pulmonary embolism (blockage of the blood vessels of the lungs) may occur.

Cardiac complications: The surgery carries a low risk of leading to an irregular heart rhythm or a heart attack.

Death: Although very rare, there is a risk of death during or after the surgery.

Increase in pain complaints: Although rare, pain complaints may increase after the surgery.

Infection: Infection may occur at the skin incision site as well as in the surgical field, and even in the bone within the surgical field. Risks related to infection include the formation of empyema-abscess (accumulation of pus).

Recurrence, Residue (Remnant): After the surgery, the symptoms may reappear and additional surgery may be required.

Loss of function: After the intervention, there may be a reduction in, or complete loss of, the patient's existing functions.

Failure of re-innervation: The most frequently encountered complication in peripheral nerve anastomoses is the failure of re-innervation to occur within the expected period (6-8 months). This may be due to the inadequacy of the sutures placed in the nerve, or it may be due to excessive tension at the repair site or to excessive delay after the trauma. If there is no sign of re-innervation within the expected period, the suture site should be explored and, if necessary, neurolysis and/or resection and anastomosis are performed.

I have also understood that during my surgery, in the event of an unexpected situation such as bleeding, injury to a neighboring tissue or organ, etc., my doctor may perform, beyond the planned procedure, other procedures required for my health, and I approve this. I have understood and accept all the risks written above that may arise during and after the surgical procedure to be performed on me.

7. Consequences to Be Faced If the Surgery Is Not Performed

The patient's current complaints and clinical condition may not improve, and there may be a worsening.

8. Important Properties of the Medications to Be Used

If you have a previously identified drug allergy, you must be sure to inform your physician and your nurse about this. During your current treatment process, medications appropriate to the patient's medical condition (painkillers, antibiotics, medications supporting the circulation and the heart, blood products, intravenous fluid treatments, medications specific to your disease) will be given according to the reason for your admission or to newly developing conditions. During the use of medications, side effects may occur and cause damage to the heart, kidneys and other organs. New medications will be added to the treatment to correct organ damage. PROPHYLAXIS: Before and after your surgery, appropriate protective antibiotic treatment is applied with the aim of reducing the risk of surgical site infection. USE OF BLOOD-THINNING MEDICATION: If you are using anticoagulant, blood-thinning medications, different drug treatments or blood products may be given to you in order to counteract the effects of these medications. INTENSIVE CARE-DELIRIUM: For the psychological symptoms that may appear in elderly patients and in patients during prolonged intensive care stays, mental health-regulating medications recommended by a physician for mental and nervous disorders may be used. These medications may cause damage to the heart, kidneys and other organs. In addition to these, anesthesia-related medications are used. The general anesthesia (narcosis) drugs given during surgery may have toxic (poisonous) effects / side effects on organs such as the lungs, heart, brain, kidneys and liver. For this reason, a DANGER OF DEATH may arise.

I have informed my doctor about all my known allergies. I have also informed my doctor about the prescription medications I use, over-the-counter medications, herbal medicines, dietary supplements, illegal drugs, alcohol and narcotics/intoxicants. The effects of using these substances before and after surgery were explained to me by my doctor, and recommendations were made. I have received information about the important properties of the medications to be used for diagnosis and treatment

during my stay in the hospital (what they are used for, their benefits, their side effects, how they are to be used).

9. Lifestyle Recommendations Critical to the Patient's Health

Tobacco and Tobacco Products: It has been explained to me that smoking tobacco and tobacco products (cigarettes, hookah, cigars, pipes, etc.) before or after my surgery may cause my recovery process to be prolonged. Anesthesia risks are greater in patients who smoke, and death due to anesthesia is seen more frequently. If you smoke, you should know that the success of your treatment/surgery will be lower than the general average success rate.

Follow your doctor's recommendations (exercise, nutrition program, etc.) and, if one has been requested, do not neglect your outpatient follow-up examination on the date requested of you.

I have received information about what I need to do regarding my lifestyle after my treatment/surgery (diet, bathing, medication use, mobility status and/or restrictions).

10. Patient-Specific Section

*The patient's personal, individual circumstances are recorded at the end of the form under **Section 14 — Signatures**.*

11. How to Access Medical Assistance on the Same Matter When Needed

Refusing the treatment/surgery is a decision you will make of your own free will. If you change your mind, you may personally reapply to our hospital / to the hospitals able to perform the treatment/surgery in question.

I have received information about how to access medical assistance on the same matter when needed (my own physician, a different physician, the clinic where I was treated, and in emergencies, 112).

12. Permissions

I authorize the Head of the Surgical Team, Responsible Specialist Doctor **Dr. Özgür Akşan**, and his team to perform my surgery.

I understand that this intervention is directed at eliminating my complaints and is performed with the intention of preserving or improving the function of the nervous system. I confirm that my doctor has explained all of the above information, that I have understood this information, and that all of my questions regarding this intervention have been answered. Therefore, I give my consent for **CARPAL TUNNEL SYNDROME SURGERY** and for all different or additional surgeries and additional treatment interventions that my doctor deems necessary.

Use of tissue: Any tissue that is not required for medical diagnosis may be used for medical research within the framework of ethical rules. I consent to the use of any tissue, medical device or body parts that may have been removed during the surgical procedure.

Medical research: I consent to the review of clinical information from my medical records for the advancement of medical study, medical research and physician education, provided that the rules of confidentiality are observed.

Photography/Observers: I consent to the surgery to be performed being photographed or video-recorded for scientific, medical or educational purposes, provided that the images do not reveal my identity.

13. Consent Verification

I know the alternative treatment methods and their risks.
I know the risks and side effects of the intervention.
I know the probability of success and of failure.

I know what may happen if I am not treated.
I understand that the procedure to be performed may not carry a guarantee of cure.
I have understood everything that has been told to me.
My doctor has answered all of my questions.
My doctor explained what is written here to me item by item, in a clear, understandable and explanatory manner that I could comprehend.
I know the meaning of the Informed Consent form.
I have been informed about the approximate cost of the treatment.
I am making this decision of my own free will.
I had enough time, a reasonable period before the intervention, to obtain a second opinion.
I have read and understood the content of the Informed Consent form.
All the blanks on this form were filled in before I signed it, and I have received a copy.

Signatures

A) Patient-Specific Conditions

The patient writes in their own handwriting any personal conditions (allergies, medications, previous surgeries, etc.). If there are none, writing "NONE" is sufficient.

B) Handwritten Declaration

The patient writes the following sentence in their own handwriting:

"I have read this form carefully, I have been informed about CARPAL TUNNEL SYNDROME, my questions have been answered, and I consent to this procedure of my own free will."

C) Signatures

	Full Name	Signature	Date / Time
Patient			
Patient's Legal Representative / Relative (Relationship: .....)			
Head of Surgical Team, Responsible Specialist	**Dr. Özgür Akşan**		