SUPRATENTORIAL TUMOR REMOVAL

Informed Consent Document

Form No: AOF-011	**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 recommended to you for the treatment of your illness. After learning the benefits and possible risks of medical treatments and surgical interventions, it is again your own decision to consent or not to consent to the procedure to be performed. The purpose of this explanation is not to frighten or worry you, but to involve you more consciously in the decisions to be made about matters 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 many circumstances, it should not be considered 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, it is your own decision to accept or not to accept the procedures to be performed. Except in situations of legal and medical necessity, you may refuse to be informed or may 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 all your doubts regarding the procedure in question have been resolved by the physician.

2. General Information About the Disease and Its Treatment

The surgery for the removal of tumors located supratentorially, that is, in the upper part of the brain, begins with the craniotomy procedure, which means that after all or a certain part of the hair is shaved, a portion of bone is removed from the skull and put back in place at the end of the surgery. I know that the doctor who will perform my surgery needs to perform a craniotomy in order to remove the tumor. I know that before the craniotomy, the doctor who will perform my surgery will incise the region of the scalp corresponding to the area over the tumor. A piece of the skull called the "bone flap" will be cut out with a surgical saw and removed. Depending on the location of the tumor, my doctor may cut the dura, the thick membrane surrounding the brain, in order to better see the underlying brain tissue. After as much tumor tissue as can be removed has been removed, the dura will be closed, the bone flap will

be put back in place and the scalp incision will be sutured. However, if the brain is more swollen than expected, my surgeon may make the decision not to put the bone back in place.

This intervention is performed with the aim of relieving the neural structures under compression; of resolving, through the surgical treatment to be applied, the neurological deficits present before the surgery (paralysis, loss of strength, numbness, loss of reflexes, urinary incontinence, etc.) and complaints such as pain-spasm, or of halting the worsening; of correcting or preventing the progression of hormonal and visual disturbances, if any; and, in addition, of eliminating the pressure that leads to high intracranial pressure and hydrocephalus. Your doctor, after evaluating your condition in detail, has decided on the most appropriate surgical treatment method for you and has recommended this approach to you.

3. Alternatives to the Surgery, If Any

As alternatives to the surgery, I have considered the following options:

As explained to me verbally by my doctor, accepting all risks and not having this surgery,
Accepting all risks and follow-up with computed tomography, magnetic resonance imaging or other examinations,
Trying to relieve the problems through medication therapy and periodic radiological examinations,
Radiotherapy,
Stereotactic radiosurgery (Gamma Knife) (targeted radiation therapy),
Endovascular interventions (embolization),
Application of chemotherapy or radiotherapy,
Stereotactic biopsy and, according to the histopathological diagnosis, subsequent long-term chemotherapy and radiotherapy,
Other possible treatment options...

I have also evaluated other treatment methods explained to me by my doctor, such as stereotactic biopsy. The advantages and disadvantages of these alternative methods have also been explained to me by my doctor.

4. Expected Benefits of the Surgery

I know that the aim of this procedure is to remove as much of the tumor as possible and to relieve the pressure on the brain, while also preserving or improving the neurological function as much as possible. The surgery is performed to eliminate the complaints and with the expectation of preserving or improving the function of the nervous system. I am aware that there is no guarantee that the results of this procedure will be good or that the entire tumor will be removed, but I accept the intervention.

5. Estimated Duration of the Surgery

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

6. Risks and Complications of the Surgery

In addition to the benefits of the surgical procedure to be performed, there are also 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 the surgery). In addition, in every form of anesthesia and in sedation, there are also complications and harms that may occur due to the medications. The anesthesia procedure to be applied and the related risks and complications have been explained to me, and I approve the recommended procedure 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 case of bleeding, additional treatment or blood transfusion may be needed. In such a case, 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 cases, 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 bleeding area 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: After the surgery, nervous system functions may deteriorate, albeit with low probability, due to problems such as bleeding into or around the brain (within the brain, on its surface, or beneath the skull-outside the brain membrane), brain edema (accumulation of fluid to an extent that puts pressure on the brain) or vasospasm (narrowing of the vessels). Depending on the loss of function, the patient may have problems such as paralysis, blindness, deafness, loss of the sense of smell, inability to swallow and inability to breathe.
Bleeding in the Surgical Bed: After the surgery, bleeding may occur into the cavity from which the lesion was removed, above or below the brain membrane, or under the skin. Repeat surgery may be required to stop and evacuate these bleedings.
Damage to Brain Tissue: There is a risk of damage to the surrounding brain tissue during the procedure. The complaints related to this damage may differ according to the location of the tumor. Due to unexpected anatomical features, damage may develop in the important nerves and vessels of the brain, leading to the patient not waking up, or remaining in intensive care for a long time and having permanent sequelae. In masses with suprasellar extension, there is a risk that the procedure to be performed will cause damage to the surrounding brain tissue; the symptoms arising from this damage may vary according to the location of the damaged region.
Damage to the Brain and Brainstem: There is a risk that the procedure to be performed will cause damage to the brain, cerebellum and brainstem tissue; the symptoms that may occur after this damage may vary according to the location of the surgical field and the tumor. The brainstem is the place through which all the neural pathways between the cerebral hemispheres and the spinal cord pass. It contains balance centers such as those for respiration, circulation (heartbeat), swallowing and body temperature; and, in addition, it contains a great many pathways such as those for sitting and walking balance, hand-arm coordination, the centers that move the arms and legs, and the auditory pathways. Due to damage to these centers and pathways, the following additional problems may occur in the patient:

- Respiration may stop and, as a result, the patient may die, or during a period of his/her life or for the entire remaining part of it, may remain with a tracheostomy (a tube inserted into the windpipe from below the Adam's apple) and/or dependent on a respirator.
- Due to the loss of brainstem functions, the patient may remain in a vegetative state, in intensive care, until the end of his/her life. Paralysis may occur in the hands and arms.
- Due to damage to the cranial nerve pairs, after the surgery the patient may be unable to move his/her eyes, may be unable to close the eyelid; as a result, problems in the eyes called keratitis, which may progress to blindness, may occur. Also for this reason, facial paralysis may occur and the patient may be unable to move the facial muscles and the mouth. Due to this or to difficulty in swallowing, saliva may flow from the corner of the mouth.
- Swallowing problems may occur; the patient may be fed temporarily or for life through a tube that goes from the nose to the stomach (NG-ND) or a tube inserted directly into the stomach through the navel (PEG).
- Hand-arm and leg coordination problems may occur.

Temporary or Permanent Speech Disorder (Dysphasia/Aphasia): After the surgery, depending on the location of the tumor, a temporary or permanent speech disorder or a condition of inability to speak

may occur. Inability to speak (Mutism); in the surgery of this region, temporary or permanent speech problems may occur, albeit rarely.

Seizure Activity (convulsion, epilepsy): Abnormal electrical activity may arise in the brain, and this may lead to epileptic (seizure) attacks. This condition may result from complications developing in the intracranial part of the surgery, from the tumor itself, or from the changes occurring after the removal of the tumor.

Hydrocephalus: After the surgery, the intracranial cerebrospinal fluid circulation pathways may become obstructed and the placement of a device called a shunt may be required. In order to correct this condition, the application of various additional treatments, including surgery, may be required.

Cerebral Vasospasm (narrowing of the vessels): In patients with hemorrhage, or after bleedings that may occur during surgery, before or after the surgery, a regression in nervous system functions may occur due to ischemia in the brain (impairment of the brain's nourishment).

Stroke: Although rare, a stroke may be seen during or after the surgical intervention.

Neuropsychological Disorders: After the surgery, there is a possibility, albeit low, of loss of intellectual (mental) capacity or of depression.

Visual Disturbances / Loss of Vision: Due to the tumor or after the surgery, there may be a decrease in visual acuity or a loss of vision. After the surgery, progressive and irreversible permanent loss of vision may occur.

Paralysis: After the surgery, paralysis or partial weakness may occur.

Balance Problems: Balance disorder and/or dizziness may result from the tumor itself, and the tumor removal surgery may also lead to these. Nausea and/or vomiting may be seen after the surgery.

Hearing Loss: After the surgery, hearing loss of various levels may be encountered.

Nerve root injury: Nerve root injury may cause pain in the leg, weakness in the relevant muscle groups, and sensory disturbances in the relevant dermatomes (nerve areas).

Spinal cord injury: Although very rare, paralysis due to spinal cord injury may occur during the surgery.

Respiratory problems: After the surgery, respiratory distress, which is usually temporary, or pneumonia may be seen. Pulmonary embolism (obstruction of the vessels of the lungs) may be seen.

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

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 meningitis (inflammation of the membranes surrounding the brain and spinal cord) and empyema-abscess formation (accumulation of pus).

Risk of cerebrospinal fluid leakage: After the surgery, cerebrospinal fluid may leak from the wound site to the outside. Following skull base surgery, after extensive bone resection, cerebrospinal fluid may flow out from the site of the surgical wound, from the nose, from the ear or from the throat. For the treatment of this condition, the placement of a catheter (spinal/spinal cord catheter) from the lower back or a repair by repeat surgery may be required. This catheter is a sterile closed-system device placed in the lower back region to prevent cerebrospinal fluid leakage, which will drain the fluid to the outside, and it can be operated for 4-7 days. If the fluid leakage continues, an additional intervention aimed at repairing the same wound site again may be required.

Loss of pituitary function: After the surgery, a decrease or loss of pituitary functions may be seen. Clinical conditions that may pose a danger to life may develop due to the effect on the hormone pathways. After the surgery, it may be necessary to use hormone medications for life.

Diabetes Insipidus and Other Hormonal Abnormalities: After the surgery, hormonal disorders may occur depending on the operative site. There may be excessive or insufficient secretion of the patient's hormones such as the thyroid, growth hormone, sex hormones, and ADH, which regulates the water balance. As a result, growth-development problems in children (dwarfism-gigantism),

sexual problems, menstrual irregularities in menstruating women, drinking a lot of water, urinating a lot, and consequent abnormalities in the blood sodium and other electrolytes may occur.

Impairment of reproductive health: Impairment of reproductive health due to hormonal irregularities may be seen.

Recurrence, Residue: After the surgery, the symptoms may reappear and additional surgery may be required. The risk of recurrence may vary depending on the type of tumor or on the extent to which it could be removed in the first surgery. In case of bleeding into the residual tumor, sudden clouding of consciousness, loss of vision and even death may be seen.

Postoperative Pain: After the surgery, headache due to the craniotomy may be seen, over durations that may extend from 1 (one) week to 1 (one) month. Pain arising from the vascular access lines and from the wounds in the skin and bone where the surgical intervention was performed may also occur.

Failure of the surgery: The tumor may not be completely removed with the surgery. In addition, the neurological condition and complaints present before the surgery may not improve after the surgery and may even worsen.

Death: Although a very rare complication, complications resulting in death reported in the literature may develop. Sudden death may occur, as well as undesired problems resulting in death due to the above-mentioned complications.

I have also understood the possibility that, during my surgery, in the face of an unexpected situation such as bleeding, injury to an adjacent tissue or organ, etc., my doctor may perform other procedures required for my health apart from the planned procedure, and I approve this.

I have understood and accept all the risks written above that may occur 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. The disease may not be diagnosed, and the disease may not be treated appropriately; this situation may lead to all kinds of disability, blindness, deafness, mental impairment and even death. Because the location is close to the optic nerve, in case the tumor grows, progressive and irreversible loss of vision, impairment of reproductive health due to hormonal irregularities, clinical conditions that may pose a danger to life due to the effect on the hormone pathways, and, in case of bleeding into the tumor, sudden clouding of consciousness, loss of vision and even death may be seen.

8. Important Characteristics of the Medications to Be Used

If you have a previously identified drug allergy, you must 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, fluid therapies, medications specific to your disease) will be given according to the reason for your admission or newly developing conditions. During the use of medications, side effects may emerge and cause damage to the heart, kidneys and other organs. New medications will be added to the treatment to correct organ damage. ANTIEPILEPTIC MEDICATION: After brain surgeries, seizure-preventing medications called antiepileptics are used to prevent epileptic seizures. PROPHYLAXIS: Before and after your surgery, appropriate protective antibiotic therapy 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 medication therapies or blood products may be given to you to counteract the effects of these medications. INTRACRANIAL MASS, HYDROCEPHALUS, HEMORRHAGE CASES: Medications (antiepileptic medications) may also be given to lower the pressure in the brain (intracranial pressure) and the blood pressure; to prevent spasm (narrowing) in the vessels and seizures. In the presence of brain edema due to the tumor and progressive clinical symptoms, anti-edema medications may be used. HEMORRHAGED CASES-VASOSPASM: In case vasospasm-narrowing

of the vessels develops after the treatment, medications supporting the circulation may be used to keep the blood pressure high. These medications may disturb the water-salt balance and may damage the heart, kidneys and other organs. PITUITARY CASES: Due to the pituitary gland being affected during the surgery, appropriate medications may be used to maintain the body's water and salt balance. The medications used may also cause disturbances in the body's hormonal balance. After the surgery, appropriate medications (anti-edema medications, medications supporting the circulation) may be used to reduce brain edema and to increase its nourishment. In this case, the blood sugar balance may be disturbed. In case of severe pain after the operation, medications sold under a green (controlled-substance) prescription, which may cause dependence, may be used. SHUNT INFECTION, EVD: As a result of a CSF infection, it will be necessary to start appropriate antibiotics recommended by infectious diseases. Among these treatments, the method in which medications are applied into the brain ventricles by means of an EVD, expressed as intraventricular treatment, may also be used. INTENSIVE CARE-DELIRIUM: In elderly patients and during prolonged intensive care stays, for psychological symptoms that may emerge in patients, mental health-regulating medications recommended by a psychiatrist may be used. These medications may damage the heart, kidneys and other organs. In addition to these, medications related to anesthesia are used. The general anesthetic medications given during the surgery may have toxic (poisonous) effects / side effects on organs such as the lungs, heart, brain, kidneys and liver. For this reason, 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 the use of these substances before and after the surgery have been explained to me by my doctor and recommendations have been made. During my stay in the hospital, I have received information about the important characteristics of the medications to be used for diagnosis and treatment (what they are used for, their benefits, their side effects, how they are to be used).

9. Lifestyle Recommendations Critical for Patient Health

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

Follow your doctor's recommendations (exercise, nutrition program, etc.) and, if applicable, do not neglect your outpatient clinic check-up 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 restriction status).

10. Patient-Specific Section

*The patient's individual specific 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

Not accepting the application of 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/hospitals capable of performing 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 performed with the aim of eliminating my complaints and with the intention of preserving or improving the function of the nervous system. I confirm that my doctor has explained all the information above, that I have understood this information, and that all my questions regarding this intervention have been answered. Therefore, I give my consent for **SUPRATENTORIAL TUMOR REMOVAL SURGERY** and for all different or additional surgeries and additional treatment interventions deemed necessary by my doctor.

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

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

Photography/Observers: I consent to the photographing or video recording of the surgery to be performed 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 possibility of success and 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 my questions.
My doctor has explained to me what is written here, item by item, in a clear, understandable and explanatory manner that I can comprehend.
I know the meaning of the Informed Consent form.
I have been informed about the approximate cost of the treatment.
I am making my decision of my own free will.
I had enough time before the intervention to obtain a second opinion within a reasonable period.
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 SUPRATENTORIAL TUMOR REMOVAL, 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**		