PITUITARY TUMOR (ENDOSCOPIC ENDONASAL)

Informed Consent Document

Form No: AOF-022	**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

Tumors originating from the pituitary (hypophyseal) gland or from its surroundings (the base of the brain, the back part of the nose) may press on vital structures or on the visual pathways and may lead to loss of vision. In addition, by disrupting the balance of the hormones secreted by the pituitary gland, they may cause various hormonal (endocrine) disorders in the body. In cases where surgery is necessary, it is possible to reach the tumors of this region more easily by way of the sphenoid sinus. In this procedure, called the transsphenoidal approach, a small incision is made in the mucosa at the back part of the nasal cavity; one of the anterior openings of the cavity called the sphenoid sinus is found and enlarged, and through this cavity the tumor is reached with an endoscope (a thin camera) and the tumor is removed. In the endoscopic endonasal (through-the-nose) technique the skull is not opened; the procedure is carried out using the natural nasal passage, under a magnified and illuminated image.

The aim of this procedure is to confirm the diagnosis of the disease and/or to remove as much tumor tissue as possible; however, there is also the possibility that the surgeon may not be able to remove all of the tumor tissue. After the pressure on the visual pathways is relieved, vision may improve; but there is no guarantee of this. The surgery may not always result as desired. In the event of an unforeseen or unexpected situation, it is possible that the surgeon and his assistants may perform an intervention different from what has been described above. 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,
Trying to relieve the problems through medication therapy and periodic radiological examinations,
Radiotherapy,
Stereotactic radiosurgery (Gamma Knife) (targeted radiation therapy),
Surgery by craniotomy (opening the skull) that may be applied to remove the tumor,
And other options...

I have also evaluated the other treatment methods explained to me by my doctor. The advantages and disadvantages of these alternative methods have also been explained to me by my doctor.

4. Expected Benefits of the Surgery

It is the improvement of the patient's current neurological picture 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.
It is aimed that the neurological deficits present before the surgery (paralysis-loss of strength-numbness-loss of reflexes-urinary incontinence, etc.) and complaints such as pain-spasm are completely resolved with the surgical treatment to be applied, or that their worsening can be halted.
Correction of the Hormonal Disorders present before the surgery or prevention of further worsening.
Correction of the Visual Disorders or prevention of further worsening.
Elimination of the pressure leading to high intracranial pressure and hydrocephalus.

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 2 - 6 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: Nervous system functions may deteriorate after the surgery due to problems such as bleeding at the surgical site, brain edema (pressure on the brain as a result of fluid accumulation) or vasospasm (narrowing of the vessels).
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.
Death: Although very rare, there is a risk of death during or after the surgery.
Failure of the surgery: It may result in the tumor not being completely removed or in an increase of the visual disturbance.
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 meningitis (inflammation of the membranes surrounding the brain and spinal cord) and empyema-abscess formation (accumulation of pus).
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.
Damage to Brain Tissue: In pituitary adenomas with suprasellar extension, the procedure to be performed carries a risk of damaging the surrounding brain tissue. The symptoms arising from this damage may vary according to the location of the damaged region.
Injury to a large vessel (carotid artery): The pituitary gland is in close proximity to the main brain vessels (carotid arteries) that pass on either side of it. Although very rare, injury to these vessels during surgery may lead to serious bleeding, stroke and danger to life; in such a case, additional surgical intervention or vascular (endovascular) treatment may be required.
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.
Risk of cerebrospinal fluid leakage: Following the transsphenoidal surgery of pathologies of the sella or the sellar region, after the surgery cerebrospinal fluid leakage (rhinorrhea) may occur from the wound site or from the nose / throat to the outside. For its treatment, a spinal (spinal cord) catheter may be required. This catheter is a sterile, closed-system device placed in the lower back region to drain the fluid to the outside in order to prevent cerebrospinal fluid leakage, 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 and hormonal disorder: 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. In addition, due to the effect on the pituitary gland, the body's water and salt (sodium) balance may be disturbed; temporary or permanent diabetes insipidus (excessive urination and disturbance of the water-salt balance) may develop and may need to be regulated with medication.

Recurrence, Residue: After the surgery, the symptoms may reappear and additional surgery may be required. In case of bleeding into the residual tumor, sudden clouding of consciousness, loss of vision and even death may be seen.
Seizure Activity: Abnormal electrical activity may arise in the brain, and this may lead to epileptic (seizure) attacks.
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.
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.
Impairment of reproductive health: Impairment of reproductive health due to hormonal irregularities may be seen.
Visual disturbances: After the surgery, progressive and irreversible loss of vision, permanent loss of vision may occur.
Neuropsychological Disorders: After the surgery, there is a possibility, albeit low, of loss of intellectual (mental) capacity or of depression.

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. 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 may be 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. PITUITARY CASES: Due to the pituitary gland being affected during the surgery, appropriate medications (including medications used in the treatment of diabetes insipidus) 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, lifelong hormone (replacement) therapy may be required. 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. 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 **SURGERY FOR ENDOSCOPIC ENDONASAL TRANSSPHENOIDAL REMOVAL OF A PITUITARY GLAND TUMOR** 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 PITUITARY TUMOR (ENDOSCOPIC ENDONASAL), my questions have been answered, and I consent to this procedure of my own free will."

C) Signatures

	Full Name	Signature	Date / Time
Patient			

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