

## INFORMED CONSENT FORM

Doküman Kodu: HD.RB.01	Yayın Tarihi: 01.05.2024	Revizyon No: 0	Revizyon Tarihi:	Sayfa No: 1 / 7	Bilgi Sınıfı: Kişisel Özel
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**Patient No** :  
**Patient Name Surname** :  
**Date of Birth** : ..... / ..... / .....  
**Gender** : Female  Male   
**Section** :

### INFORMATION

PRE-DIAGNOSIS :.....  
PLANNED TREATMENT:.....  
ESTIMATED DURATION:.....

The purpose of this form is to inform you about the medical treatment/procedure and to enable you to make an informed decision about your health.

This form has been designated to meet the needs of most patients in many conditions. However, this form should not be considered as a document that includes the risks of all treatment methods. Depending on your own health condition or medical knowledge, your doctor may give you different or additional information.

Once you know the benefits and possible risks of the medical treatment/surgery/procedure, it is entirely up to you to consent to them. Except for the cases of legal and medical necessity, you can refuse to give consent or withdraw your consent at any time.

### INFORMATION ABOUT THE PROCEDURE

As a result of hair loss in the hairy scalp/hairy skin, aesthetic problems may occur and patients may be dissatisfied with this situation. This attempt is purely for aesthetic purposes and aims to treat aesthetic problems. The alternative to the procedure is not to go through the procedure.

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**BEFORE THE PROCEDURE**

Before the procedure, you should inform your doctor in detail about the diseases you currently have, and those you previously had, medications you have used, previous surgeries, alcohol and cigarette consumption, and known allergies. Genetic hair loss can be progressive, and hair loss may persist after the hair transplantation in areas where there was hair originally. The time and severity of this hair loss cannot be predicted by your doctor. In case your hair loss persists in your original hair, a second hair transplant or more sessions may be needed.

Detailed information about the method (FUE) you have selected for your hair transplant will also be given orally by your doctor before the procedure. In order to see the success of the procedure, you can meet with the patients who had a hair transplant before. Hair transplantation is an aesthetic operation focused on patient satisfaction. For this reason, please state the areas where you want a hair transplant to your doctor clearly during the planning stage, and evaluate your doctor's suggestions in this regard.

After agreeing on the hair transplant plan, your doctor will take photographs of the recipient and donor areas from different angles before, during and after the procedure. These photographs bear importance in terms of plans to be made both during and after the procedure. If you approve this form, you will also give your consent for your photographs to be taken and shown to other medical patients.

**DESCRIPTION OF THE PROCEDURE**

Hair transplant operation is the process of preparing and transplanting the grafts (hair follicles) obtained from the back of your head (between the nape and two ears) into areas where deemed necessary.

The purpose of this procedure is to achieve a better appearance than the current situation by transplanting as much as possible on the areas (including beard, eyebrow, moustache and beard ) where the hair is lost or thinned.

Oftentimes, it is impossible to achieve an appearance that looks like you've never had a hair loss and have a bushy thick hair structure. The result to be achieved depends on the thickness, shape, colour, amount of hair loss and hair density in the donor area at the back of your head as well as the success of the surgical method. It may take 2 or 3 operations to achieve the best possible result.

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Hair transplant operation will be performed under local anesthesia. in some cases, sedation anesthesia may also be administered additionally. Allergy or drug reaction related to local anesthesia can rarely be observed and can be fatal. However, these undesirable situations can be successfully treated thanks to the precautions taken beforehand, and the possibility of a situation that will harm the patient is extremely rare. Susceptible individuals can not be determined with routine tests.

Hair transplant operation may take up to 4-12 hours depending on the number of grafts to be transplanted and the extent of thinning. The operation is completed in an average of 6-8 hours.

Eyebrow transplant refers to the process of transplanting the grafts obtained from the hair on the nape in the form of single roots to the area where there is no eyebrow or it's sparse.

This technique is the same for moustache and beard transplants. After the eyebrow transplant operation, it is natural to have various degrees of bruising-swelling in the transplanted area and on the eyelids and will disappear on its own within 3-4 days. Since the transplanted eyebrows tend to grow longer, it will be necessary to shorten these hair strands from time to time with scissors.

in rare cases, excessive bleeding may occur in the operation area. There might be cases where the number of grafts specified in the preliminary interview may not be attained in order not to cause trauma in the donar area.

**THE POST-OPERATIVE STAGE AND THE RISKS OF THE PROCEDURE**

After the procedure, it is recommended that you rest for a few days, refrain from strenuous physical activities, the consumption of alcohol and tobacco products for two weeks, and stay in hygienic environments, at home if possible, avoid very hot, very cold or dusty environments.

There may be redness, crusting, swelling, numbness and lethargy on the skin after the operation. These are expected to disappear over time.

The healing process of the wounds is between 4-10 days. Swelling in the forehead area may last from the 3rd to the 5th day. During the hair regrowth period (between the 10th and 20th weeks), some acne may occur on the skin. Although very rarely, skin necrosis may occur.

The numbness that occurs after the surgery is expected to disappear within 1-3 months. As with any operation, there is a risk of infection and death. in order to decrease the possibility of complications, you should pay attention to the hygiene conditions, take the antibiotics, painkillers

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and similar drugs recommended by the doctor without delay, and apply dressing and bandage regularly after the operation.

in case there is a problem with the procedure, as the treating doctor is the person who can best the root of the problem and the solution, he/she needs to be consulted first. The transplanted hair transitions to the shedding phase from the 3rd week and this phase may last until the 8th week. This is completely expected and natural. Even in rare cases, there may be a temporary loss of hair in the immediate surroundings of the transplanted area. This is a completely reversible spill.

The transplanted hair starts to grow approximately after the 3rd month, while it may take 12-18 months for all of them to grow, including the crown area. At the end of the 6th month, results are obtained at the 70-80% rate. The final result of a hair transplant is obtained in a period of up to 18-24 months. Depending on the number of grafts obtained from the nape area where the hair follicles are harvested, and depending on the skin structure of the person, there is a possibility that scarring and hair loss may occur.

Some of the transplanted hair may not be successful. The success rate for the hair transplant in our clinic is approximately 90%. Following the hair transplant, a personal care period is required for the first ten days and it is recommended to spend this period in a clean environment. in accordance with the world standards, a success rate above 90% is defined as 'very successful'. During this period, crusting on the back of the head where hair follicles are obtained, and on the transplanted area, and various degrees of edema and swelling may occur on your face and eyes during this period.

individual reasons for hair loss. These can be listed as stress, lifestyle, diabetes, circulatory disorders and similar diseases, dermatitis, nutrition and a number of other problems that make hair weaker, opaque, light (thin) and therefore an easy target for hair loss. The main cause, Dihydrotestosterone (DHT); as an antagonist against the hair follicles, produces an excessive amount of sebum that prevents hair growth and over time, it causes atrophy by suffocating the hair root. an antagonist of hair follicles, it produces an excessive amount of sebum that prevents hair growth and over time suffocates the hair root, causing atrophy.

it is not entirely correct to think that obtained hair follicles will retain their "characteristic" qualities without fail even once they are transplanted to their new places. Though the expectation that the roots transplanted from the donor area, which is not impacted by DHT will not be affected by

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DHT, it still may not be confirmed. Androgenetic alopecia has a multifaceted and unpredictable phenomenology.

Based on our experience, it is possible for the transplanted hair to become thinner and, in very rare cases, to fall out in a certain patient group and due to individual factors. In such cases, a second operation or professional treatment (Finasteride and Minoxidil) may be necessary to increase the success and permanence of transplantation by 45%.

After the operation planning is done, the operation will be carried out in accordance with this planning. After the operation planning is done, the operation will be carried out in accordance with this planning. It is expected that your hair will grow and grow as planned 12-15 months after the operation. After this point, if the above-mentioned personal health problems are experienced, the negative process that can be seen on the transplanted hair can not be considered as an operation failure.

Hair loss is a lifelong process. Therefore, it may be recommended to use various treatments immediately after the operation to support the application and delay hair loss. If the loss of your available hair continues and you wish to have thicker hair, you may need other operations for a higher density.

***Diagnosis:******Treatment/Operation :***

My physician informed me about my disease/condition; what kind of treatment/procedure will be done, its purpose, duration, benefits, the chance of success, that the procedure does not guarantee to improve the current situation, the healing process, possible risks and complications, alternative methods, situations that I may face if I do not accept the treatment, that there is no certainty in medicine and surgery, that though good results are expected, the aimed result of the procedure can not be guaranteed, that no warranty can be given in this regard, that the result may not be satisfactory, an additional operation/intervention/application can be performed if deemed necessary, and an operation beyond the scope of the given consent may be performed due to medical necessity during the treatment/procedure.

He/she answered all my questions regarding these issues and it was stated that I could seek medical help by applying to the health institution regarding the same issue when necessary.

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it was explained that under the authority, observation and management of my physician, the application described above would be carried out by physicians, nurses and other healthcare professionals on the patient I am the legal representative of

it was explained to me that, if necessary, anesthesia will be administered by an anaesthesiologist, and sedation will be administered by an anaesthesiologist or a physician competent to perform sedation; and local general anesthesia and sedation have risks that could lead to complications, injury and even death.

I accept the medical operation with clear consciousness and declare that I am capable of making decisions, and give my consent to my physician and his/her team to perform the medical treatment/surgery procedure they deem necessary. I know that I can withdraw my consent at any time, under my sole responsibility, if there is no medical problem.

I give permission to the health institution for the inspection, examination, destruction or storage of the tissues or organs that were removed during the operation I consented to above.

I consent to photographing and recording during and after the medical procedure, and to the use of these photographs and records and my medical records in educational and scientific research.

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### PATIENT

Name Surname:

Signature:

Date:

Hour:

### LEGAL REPRESENTATIVE OF THE PATIENT

Name Surname:

Degree of Affinity:

**Reason for obtaining consent from the patient's legal representative**

Patient is unconscious

Patient is below the age of 18

Patient can not make a decision

Emergency

### WITNESS

Name Surname:

Date of Birth:

Signature:

Date:

Hour:

### INFORMING PHYSICIAN

Name Surname:

Date of Birth:

Signature:

Date:

Hour:

### TRANSLATOR (WHEN THERE IS A NEED)

Name Surname:

Date of Birth:

Signature:

Date:

Hour:

*\* I translated the information disclosed to the patient by the physician. I am of the opinion that the information I translated to the patient were understood by the patient, and thus, the patient consented.*