Dear Patient. Dear Parent/ Guardian

This surgery will be performed in order to prevent damage to your testicle due to dilation of the veins. In this way, damage to your testicles and sperm will be prevented, and normal function and structures will be preserved.

THE GENERAL RISKS OF AN OPERATION

1. Small areas of the lungs may close, which can increase the risk of lung infection. Antibiotic therapy and physiotherapy may be required.
2. Clots in the legs ( deep vein thrombosis ) can cause pain and swelling. Rarely, some of these clots break off and travel to the lung and can be fatal.
3. A heart attack may develop due to an increase in the load of the heart.
4. There may be death due to the procedure.

THE RISKS OF THIS SURGERY

1. Depending on the preferred surgical method, fluid collection ( hydrocele ) may develop in the scrotum ( ovarian bag ) after the operation (3- 15% )
2. The testicular artery may be injured or ligation may cause testicular atrophy and /or impairment of spermatogenesis (14% )
3. Varicocele may recur after surgery (1-45% )
4. Infection may develop at the incision site. Antibiotic treatment may be required. If it does not heal, stitches may need to be removed and open wound dressing may be required.
5. It may be necessary to install a temporary catheter for urine drainage after the operation. Injury and stenosis may occur in the urethra while the catheter is installed. Permanent catheter may need to be installed.
6. Improvement in semen quality may not be at the expected level. This should be checked by repeated semen analyses
7. Peritoneal injury may occur in the patient and additional surgical procedures may be required.
8. Fat and smokers have an increased risk of wound infection, lung infection, thrombosis, heart and lung complications.

I- Over time, a hernia may develop due to the discharge of fascia stitches at the wound site or the formation of a tear in the fascia, and the need for additional intervention may occur.

1. In some people, wound healing may be abnormal, and the wound site may thicken. It may be red and painful.
2. Some people may experience bleeding after surgery, the need for additional intervention may occur.

**What you need to know about your disease:** In the veins that collect dirty blood from your eggs ( testicles ), the valve system, which normally prevents the blood from escaping back, has been disrupted for hereditary or acquired reasons. The dirty blood in this vein escapes back and dilation (varicocele) is observed in the testicles. Although the dirty blood escaping back

should increase the temperature of the testicles ( normally the temperature of the testicles is 1-2 degrees lower than the body temperature.), due to harmful metabolites, it leads to testicular pain, shrinking of your testicles, disorders in sperm function and structure, and infertility may develop.

**What can happen if the attempt is not made?** Infertility may develop due to testicular pain, shrinking of your eggs over time, and a decrease in the structure and function of your sperm.

**The issues that the patient should pay attention to before the procedure:** You should not eat or drink anything from the night you will have surgery. You should stop taking blood-thinning medications such as Aspirin, Coraspin and their derivatives 1 week in advance.

**The patient's questions about the form, time, side effects, success rate and what is meant by success, post-intervention:**The operation is planned in advance, under general, spinal or local anesthesia, with a 3-5 cm incision made from the groin, the skin, subcutaneous and muscles are cut and the veins from the testicle are reached. Veins are cut by connecting. The cut muscle layers and skin are closed by suturing in accordance with the anatomy with the threads used in the surgery. The intention of success is to cut and connect the dilated vessels and thus prevent the shrinking of your testicle and ensure the preservation of sperm structure and functions.

Consent statement of the patient, parent or guardian:

* My doctor gave me the necessary explanations about my health condition.
* I have obtained detailed information about what the planned treatment /intervention is, its necessity, the course of the intervention and other treatment options, their risks, the consequences that may occur if I am not treated, the probability of success of treatment and side effect.
* I understood the issues that I should pay attention to before and after the treatment/intervention.
* My doctor answered all my questions in a way that I could understand.
* I have learned about the people who will apply treatment/intervention.
* I am sane and I consider myself qualified to make decisions.

I know that I do not have to give consent to the treatment /intervention if I do not want to and/or I can stop the procedure at the stage I want.

**Estimated Duration of the Operation:**  40 – 120 minutes.

**Important Characteristics of the Drugs to Be Used:** During my stay in the hospital, I was informed about the important features (what it is used for, benefits, side effects, how to use it) related to the drugs that will be used for diagnosis and treatment. **Lifestyle Recommendations That Are Critical For The Patient's Health:** After my treatment/surgery, I was informed about what I need to do for my lifestyle (Diet, bathing, medication use, movement status and/or restriction status).

**How to Get Medical Help for the Same Issue When Necessary**: I was informed about how to get medical help for the same issue (to my own doctor, to a different doctor, to the clinic where he/she is being treated and to 112 in case of emergency) if necessary.

**Phone Numbers Where You Can Contact Us:** Hospital Phone: 0 322 454 44 30

You can consult your doctor to get more detailed information about the procedures to be performed.

**Approval for the treatment of unpredictable conditions:** I agree to the implementation of the above-mentioned intervention and other additional interventions that may be required as a medical necessity during the intervention. I will not take legal action due to complications arising from the surgery, provided that they do not exclude acceptable complications specific to my illness and treatment mentioned above.

The patient must write in his/her own handwriting **I HAVE READ, HAVE UNDERSTOOD, ACCEPT**.

**Witness :**

Name and surname:

Relativeness to patient:

Signature

**Patient or legally responsible person:**

Name and surname:

T.R. Identity no:

Protocol no.:

Signature:

Signature

**The part to be filled by the physician after the patient's permit is completed:**

I confirm that I have explained the procedure, risks, possible complications and expected results described above to the patient or his/her legal representative prior to the patient's permission.

**The treating physician:**

Stamp-Signature Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Time:..... ……