Investigation of the Effect of Regional Anesthesia Methods on Postoperative Outcomes in Minimally Invasive Coronary Artery Bypass Graft Surgery

Informed Consent Form

Dear Patient,

You are invited to participate in the research titled “Investigation of the Effect of Regional Anesthesia Methods on Postoperative Outcomes in Minimally Invasive Coronary Artery Bypass Graft Surgery” which is conducted by the Department of Cardiovascular Surgery and the Department of Anesthesiology and Reanimation of the University of Health Sciences Gülhane Training and Research Hospital. In order to accept participation in this study, it is necessary that you understand the purpose of the research and decide freely within the framework of this information.

Please read the information below carefully, and if you have any questions, ask and request clear answers. This study is planned to evaluate the contribution of regional anesthesia methods used in our patients undergoing minimally invasive coronary artery bypass surgery to postoperative pain, quality of life, and recovery, by comparing patients receiving regional anesthesia techniques with a control group receiving standard anesthesia care without regional block application.

In this study, patients aged between 18 and 80 years who undergo minimally invasive coronary artery bypass surgery and give consent will be included. Participants will be allocated into different groups, including groups receiving regional anesthesia methods and a control group that will not receive any regional anesthesia intervention beyond standard perioperative care. No additional intervention other than routine procedures will be performed. At 6, 12, 18, 24, 48, and 72 hours after surgery, questionnaires including questions such as pain, nausea, and vomiting will be administered, and your experiences after surgery will be recorded.

Your participation in this study is entirely voluntary. You may refuse to participate in the research or withdraw after it has started. Whether you are included in a regional anesthesia group or the control group, your standard medical and surgical care will not be affected in any way. The results of the research will be used for scientific purposes. If you withdraw from the study, the data obtained from you will not be used. Since the data will be anonymized, it will not be possible to withdraw from the study once anonymization has occurred. All information obtained from you will be kept confidential, and if the research is published, your identity information will be kept confidential.

I have read and understood the text containing the information that should be given to volunteers before participation in the study. I have thought carefully about participating in this research. I declare that I accept participation in the research voluntarily, without any pressure or coercion, by signing this written consent form. I understand that I can decide to withdraw from the research at any time without giving any reason. I declare that I accept that the personal data obtained within the scope of the research may be used for scientific purposes, recorded in accordance with confidentiality rules, and published.

Patient or Legal Representative
Name Surname:
Signature:
Date:
Time:

Physician
Name Surname:
Signature:
Date:
Time:
Tel: 0312 304 5218