HAIR TRANSPLANTATION AND HAIR TREATMENT INFORMATION AND INFORMED PATIENT CONSENT FORM

Patient No:
Patient Name and Surname:
Date of Birth: ……../……../……. Gender: Female ☐ Male ☐

INFORMATION
Preliminary Diagnosis:
Planned Treatment:
Procedure to be Performed By: …….
The purpose of this form is to inform you about the medical treatment/procedure and to enable you to make an informed decision regarding your health.
This form has been prepared to meet the needs of most patients under many conditions. However, it should not be considered as a document that includes all risks of every type of treatment. Depending on your personal health condition or medical background, your physician may provide different or additional information.
After learning about the benefits and possible risks of the medical treatment/surgical procedure, it is entirely your decision whether to consent. Except in cases of legal and medical necessity, you may refuse to give consent or withdraw your consent at any time.

INFORMATION ABOUT THE PROCEDURE

Hair loss on the scalp or other hairy areas may cause aesthetic concerns and dissatisfaction. This procedure is entirely cosmetic and aims to treat aesthetic problems.

Genetic hair loss may be progressive, and hair loss in the original hair-bearing areas may continue even after transplantation. The timing and severity of this loss cannot be predicted by your physician. Although rare, due to continued hair loss in your original hair, additional sessions may be required.

Detailed information about the methods to be used for hair transplantation will also be provided orally by your physician prior to the procedure. Any of the currently used DHI and FUE methods, or a combination of both methods, may be preferred. Which method is to be preferred is evaluated from an aesthetic perspective according to the area where you request the transplantation, and the general planning is carried out before the operation. Hair transplantation is an aesthetic intervention focused on patient satisfaction. For this reason, please clearly share the areas where you want the transplantation with your physician during the planning stage and make an evaluation by taking your physician's recommendations into account. After a consensus is reached on the transplantation plan to be applied, photographs of the transplantation and donor areas will be taken from different angles by your physician before, during, and after the procedure. These photographs are important in terms of the planning to be made both during and after the procedure.

During the surgery, changes may be made depending on factors such as the condition of your scalp, the condition of the hair strands, the status of the grafts and tissue collected, the amount of bleeding, and similar variables. The changes in question cover the differences in the approach that the specialist doctor foresees as a medical necessity and an aesthetically beneficial adjustment during the implementation of the established plan. In order to observe the success of the procedure, you may consult with patients who have previously undergone transplantation.

DESCRIPTION OF THE PROCEDURE

The hair transplantation operation is the process of appropriately preparing grafts (hair follicles) taken from the scalp at the back of your head (nape – behind both ears) or hairs taken from the beard or chest area and placing them into the required area.

The purpose of this procedure is to achieve a better appearance than the current state by transplanting as much as possible into areas where hair has disappeared or thinned (including the head, beard, eyebrows, mustache, and beard scars). It is often impossible to achieve the appearance of a person who has never lost any hair and has a very dense hair structure. The result to be achieved depends on the success of the surgical method as well as the thickness, shape, and color of your hair strands, the amount of your hair loss, and the hair density in the donor area at the back of your head. To achieve the best possible result, 2 or 3 operations may be required.

Hair transplantation will be performed under local anesthesia. In some cases, sedation anesthesia may be used additionally.

The hair transplantation operation may last between 4 to 12 hours depending on the amount of grafts to be transplanted and the extent of the hair loss. The operation is completed in an average of 4 to 8 hours.

Eyebrow, mustache, and beard transplantation is the process of transferring grafts taken from the hair on the nape or from the beard or chest area in the form of single follicles to the area where eyebrows are missing or sparse. This technique is the same for mustache and beard transplantation. After eyebrow transplantation, it is natural to have various degrees of bruising and swelling in the transplanted area and on the eyelids, which will subside spontaneously within 3–4 days. Since the transplanted eyebrows tend to grow, it will be necessary to shorten these growing hairs with scissors from time to time.

After starting the operation, in the rare event that more bleeding than expected or a similar unforeseen situation is encountered in the operation area, or if the hair transplantation is canceled at that moment due to any personal health problem, the hair transplantation is postponed to a date convenient for both parties, and the hair follicle transplantation is performed on the person on this determined date. Depending on the current situation, complete cancellation is also within the realm of possibility.

In order to avoid causing trauma to the donor area, it may be possible that the number of grafts specified in the preliminary meeting cannot be reached. In the donor nape area where hair follicles are taken, or in the beard or chest area where hairs are taken, there is a possibility of some scarring and loss of hair or bristles depending on the number of grafts taken and the skin structure of the individual.

EXPECTED BENEFITS OF THE PROCEDURE: Providing a more aesthetically pleasing appearance cosmetically.

CONSEQUENCES THAT MAY BE ENCOUNTERED IF THE PROCEDURE IS NOT APPLIED: The existing problem persists. Since it is a cosmetic surgery, it does not pose any health-related problems.

ALTERNATIVES TO THE PROCEDURE, IF ANY: There is no alternative.

PROBABLE UNDESIRABLE EFFECTS OF THE DRUGS TO BE USED AND MATTERS TO BE CONSIDERED: Allergic reactions may occur in case of individual sensitivity to the drugs used for local anesthesia. In such cases, the necessary drugs, materials, and devices for emergency intervention are kept ready in our clinic for early intervention.

Patient-specific risks: ……
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MATTERS THE PATIENT SHOULD CONSIDER BEFORE THE PROCEDURE: Before the procedure, you must provide your doctor with detailed information regarding your existing and past illnesses, the medications you use, surgeries you have undergone, alcohol and cigarette consumption, and your known allergies. If you are using blood-thinning medications, please report when you last took them.

MATTERS THE PATIENT SHOULD CONSIDER AFTER THE PROCEDURE:

After the operation, the donor area will be covered with a dressing. The transplantation area will remain exposed and must be protected from contact. In the event that the transplantation area is traumatized in any way during the first 72 hours, it will negatively affect the attachment of the placed grafts to the tissue and will decrease the success rate. Here, the responsibility belongs to the patient themselves.

The donor area dressing will be opened during the specialist doctor's examination on the day after the surgery. The necessary treatment planning may vary in applications such as re-dressing, the application of external antibacterial cream, or performing only washing.

During the first 72 hours, the edema that will occur in the operation area is expected to be distributed homogeneously into the tissue. During the first 72 hours, while sitting and standing, you need to position your neck and head upright. In the reclining position, you should lie down parallel to the horizontal plane, without turning to the right or left as much as possible. If these matters are not taken into consideration, edema of varying degrees may accumulate in a specific area of your head or face. This situation is generally temporary. Other than creating an aesthetic concern, it can rarely turn into a medical problem and the necessity for additional treatment may arise.

After the operation, there may be widespread redness, scabbing, swelling, numbness, and drowsiness on the skin. These are expected to disappear over time. As in every operation, there is a risk of infection and the risk of this leading to death. To reduce the possibility of problems, hygiene conditions should be observed after the surgery, the antibiotics, painkillers, and similar medications recommended by the doctor should be used without interruption, and dressings and bandages should be applied regularly.

It is recommended that you rest for the first few days after the procedure, stay in hygienic environments (at home if possible) during this time, and stay away from very hot, very cold, and dusty environments. It is recommended that you stay away for two weeks from heavy physical activities and consumption products such as alcohol and tobacco, which may create circulation problems and negatively affect the healing process.

Following the hair transplantation, a personal care process of the first ten days is required, and you must spend this period in a clean environment. In the following days and months, an inflammation of the hair follicle, which we call folliculitis, may occur. In this case, it is recommended that you obtain an opinion from the specialist physician who organized the operation or from any dermatology specialist.

In the donor nape area where the hair follicles are taken, or in the beard or chest area where the hairs are taken, there is a possibility of some scarring and loss of hair or bristles depending on the number of grafts taken and the individual's skin structure.

The transplanted hair enters a shedding process starting from the 3rd week, and this process can continue until the 8th week. This is a completely expected and natural situation. Furthermore, even if rarely, there may be a temporary shedding of the hair in the immediate vicinity of the transplanted area. This is a completely reversible shedding.

The transplanted hair starts to grow after approximately the 3rd month; it may take 12–18 months for all of it to grow, including the crown area. At the end of the 6th month, a 70–80% result is obtained. The definitive result of the transplantation is obtained in a period extending up to 18–24 months.

Some of the transplanted hair may not take root. In our clinic, the probability of the transplanted hair holding is on average and approximately 90%. On a global scale, a retention rate of over 90% is defined as highly successful.

There are individual-specific reasons for hair loss. These include chronic sleep disorders, stress, lifestyle, diabetes, circulatory disorders and similar diseases, dermatitis, nutrition, and many other problems that make the hair weaker, opaque, light (thin), and therefore an easy target for hair loss. The primary cause, dihydrotestosterone (DHT), acts as an antagonist to hair follicles, inhibits hair growth, produces excessive amounts of sebum, and over time causes atrophy by suffocating the hair root.

It is not entirely correct to assume that there is a guarantee that the harvested hair follicles will retain their "characteristic" qualities even after being transplanted to their new locations. The expectation that hair follicles harvested from the donor area, which are not under the control of DHT, will not be affected by DHT may be correct, but it may not be verifiable. Androgenetic alopecia has a multifaceted and unpredictable phenomenology.

Based on our experience, it is possible for the transplanted hair to thin and, in very rare cases, for hair loss to recur in a specific group of patients and due to individual factors. In such cases, the need for a second operation or professional treatment (Finasteride and Minoxidil) may be necessary to increase the success and permanence of the transplantation by 45%.

After the operation planning is made, the operation will be carried out in accordance with this planning. 12–15 months after the operation, your hair is expected to grow and lengthen as planned. If the aforementioned personal health problems are experienced after this point, the negative process that may be observed on the transplanted hair cannot be evaluated as an operation failure.

Hair loss is a lifelong process. For this reason, supportive treatments planned to be applied immediately after the operation are of great importance.

If there is any problem regarding the procedure, the doctor who performed the procedure should be consulted first, as they are the person who can best evaluate the source of the problem and its solution.

RISKS AND COMPLICATIONS OF THE PROCEDURE

1. **Bleeding:** Bleeding may be observed at the site where the scalp was harvested. Depending on the amount of blood loss, a blood transfusion may be required.
2. **Infection:** Infection may be observed in the area where the scalp was harvested or in the transplanted areas, requiring a longer period of dressing and antibiotic treatment.
3. **Scalp Sensitivity:** There may be sensitivity in the area above the incision line or partial tissue loss at the site where the scalp was harvested.
4. **Bruising:** There may be bruising in the forehead area, especially in the first few days.
5. **Appearance:** After hair transplantation, especially from the 3rd week onwards, an appearance may not have been achieved in the way the patient imagined.
6. **Revision:** In the event that problems related to the aforementioned appearance occur or an appearance in the way the patient imagined is not achieved, revision surgery may be required.
7. **Folliculitis:** Inflammation of the hair follicle may occur some time after the procedure and can heal in a short time with the recommended treatment.
8. **Complications:** Every surgery has risks in general. There may also be undesirable results arising from the doctor performing the surgery, the probabilities of which occur at varying rates.

9. **Allergic or drug reactions related to local anesthesia** can be observed, albeit rarely, and can be fatal. However, these undesirable situations can be successfully treated thanks to precautions taken in advance, and the probability of a situation that would harm the patient is extremely rare. Sensitive individuals cannot be detected in advance through routine tests.

What you need to do during the washing days after the operation is provided below:

- Washing begins on the 3rd day after the operation (Post-op Day 3).
- The foam or lotion to be used for washing is applied in a way that covers the transplantation area. The aim is to ensure the moisturizing of the tissue.
- We apply the foam to the transplantation area with dabbing (tampon) movements from top to bottom; you can apply it to the donor area with circular movements.
- After waiting for 45 minutes with the foam or lotion, without rinsing, we lather the shampoo with our hands or with the help of a sponge and apply it onto the transplantation area with dabbing movements.
- While washing with foam, lotion, or shampoo, we avoid rubbing or scratching in a way that applies pressure to the skin, other than applying dabbing movements.
- After waiting for 2–3 minutes with the shampoo, we proceed to rinsing.
- While rinsing, we perform the rinsing with the help of a bowl or a pitcher. The water must definitely be lukewarm.
- Shower heads and similar apparatuses that provide pressurized water should not be used for 1 month.
- Clean disposable cloths can be used for drying; if deemed necessary, you can ensure drying with the help of a cold blow dryer from a distance.
- These procedures must be repeated every day until the date of crust shedding.

ADDITIONAL SURGICAL REQUIREMENTS:

Additional surgical or medical treatments may be required in the treatment of complications. Even if risks and complications are rare, it is possible to encounter them in any patient. Although good results are generally expected, no guarantee is given regarding the results in any way.

RECOMMENDED ADDITIONAL PROCEDURES:

After the hair transplantation procedure and if your physician deems it appropriate; additional treatments such as PRP, mesotherapy, and laser can be applied to increase the effectiveness of the hair transplantation procedure and to shorten the recovery period.

ALTERNATIVE TREATMENT OPTIONS AND THE RISKS/BENEFITS OF THESE TREATMENTS:

Synthetic hair applications are available, which can be removed and attached by the person or applied in the form of bonding, to cover hairless areas. Among surgical methods, methods such as narrowing the hairless areas by applying the process of surgical removal (scalp reduction) and stretching the scalp at certain intervals (tissue expansion) can also be counted. Each of these methods has its own advantages and disadvantages, and their areas of use show limitations depending on the method.

ESTIMATED DURATION OF THE PROCEDURE: The surgery will last approximately ……(Average 4 - 12 hours).

LIFESTYLE RECOMMENDATIONS CRITICAL FOR THE PATIENT'S HEALTH: Comply with your doctor's recommendations (exercise, nutrition program, etc.) and do not neglect your polyclinic control on the date requested from you, if any.

HOW TO ACCESS MEDICAL ASSISTANCE ON THE SAME SUBJECT WHEN NECESSARY: After the procedure/surgery, the phone numbers of the person/persons you can reach in any situation and for your questions will be provided to you by the relevant team.

PATIENT CONSENT (CONSENT, PERMISSION)

My physician has provided information about my disease/condition; they explained what kind of treatment/procedure will be performed, its purpose, duration, benefits, chance of success, the fact that there may be no guarantee of improving the current situation, the healing process, possible risks and complications, alternative methods, the situations I may face if I do not accept the treatment, that there is no certainty in medicine and surgery, that although good results are expected, the intended result of the procedure is not guaranteed, no warranty is given in this regard, the result may not be satisfactory, an additional surgery/intervention/application may be performed if deemed necessary, and that procedures outside the scope of consent may be performed during the treatment/procedure due to medical necessity. They answered all my questions regarding these issues and stated that I could receive medical assistance by applying to the healthcare institution on the same subject when necessary.

It was explained that under the authority, observation, and management of my physician, the application described above would be performed on me / on the patient for whom I am the legal representative, by physicians, nurses, and other healthcare professionals.

It was explained that during the application to be performed, if necessary, the anesthesia application would be performed by an anesthesiology specialist, and the sedation application would be performed by an anesthesiology specialist or a physician competent in performing sedation; and that local/general anesthesia and sedation carry risks that could even lead to complications, injury, and death.

By accepting that my consciousness is clear and in place and that my decision-making capacity is sufficient, I accept the medical application to be performed and give my consent to my physician and their team to perform the medical treatment/surgical procedure they deem necessary. I know that I can withdraw my consent at any time, provided that there is no medical drawback, with all responsibility belonging to me.

I give permission to the healthcare institution, when applicable, for the examination, analysis, destruction, or storage of tissues or organs removed during the application for which I have given consent above.

I give permission for photographs and video recordings to be taken before, during, and after the medical procedure, and for these and my medical records to be used in educational studies and scientific research.

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(Please write in your own handwriting that you have been INFORMED, that you have READ AND UNDERSTOOD, and that you GIVE CONSENT to the procedure. Please sign at the bottom of each page and the relevant field on the last page).

HAIR TRANSPLANTATION AND HAIR TREATMENT INFORMATION AND INFORMED PATIENT CONSENT FORM

PATIENT Name and Surname: Date of Birth: Signature: Date: Time:	**LEGAL REPRESENTATIVE OF THE PATIENT** Name and Surname: Degree of Relationship: Reason for Obtaining Consent from the Legal Representative: ☐ Patient is unconscious ☐ Patient lacks decision-making capacity ☐ Patient is under 18 years of age ☐ Emergency Signature: Date: Time:
PERSON PERFORMING THE PROCEDURE Name and Surname: Title: Signature: Date: Time:	**PHYSICIAN PROVIDING THE INFORMATION** Name and Surname: Title: Signature: Date: Time:
WITNESS Name and Surname: Date of Birth: Signature: Date: Time:	**INTERPRETER (IF NEEDED)** Name and Surname: Date of Birth: Signature: Date: Time: