INFORMED CONSENT FORM

1. General Information About the Research/Thesis

- **Research/Thesis Title:** Efficacy of Ultrasound-Guided Pericapsular Nerve Group Block
- **Responsible Researcher / Thesis Author:** Research Assistant Dr. Fatma KÜÇÜK
- **Thesis Supervisor:** Prof. Dr. İclal ÖZDEMİR KOL
- **Institution / Department:** Sivas Cumhuriyet University Faculty of Medicine, Department of Anesthesiology and Reanimation
- **Ethics Committee Approval:** Sivas Cumhuriyet University Clinical Research Ethics Committee (Date: 1 June 2021, Decision No: 2021-06/11)

This study is being conducted to evaluate the effects of an ultrasound-guided pericapsular nerve group block (PENG block), performed under general anesthesia in patients undergoing hip surgery, on postoperative pain control (analgesia), morphine consumption, and side effects. Your participation in this study is entirely **voluntary**.

2. Procedures and Study Process

- If you agree to participate in the study, your surgery will be performed under general anesthesia.
- After general anesthesia has been administered (while you are asleep and do not feel pain), a special needle will be inserted under ultrasound guidance into the area containing the nerves around your hip, and a pain-relieving medicine (bupivacaine) or normal saline will be administered.
- After surgery, you will be connected to a Patient-Controlled Analgesia (PCA) device to control your pain, and your pain level (VAS score), morphine consumption, and vital signs will be monitored for 24 hours.

3. Possible Risks and Side Effects of the Study

The possible risks and side effects you may experience during the procedure and follow-up are as follows:

- **Risks Associated with Local Anesthesia and Injection:**
    - Mild pain, tenderness, bruising, or superficial bleeding at the injection site.
    - Although the procedure is performed under ultrasound guidance, there is a small risk of nerve injury or tissue injury.
    - In very rare cases, systemic reactions or toxicity due to the local anesthetic medicine administered (Local Anesthetic Systemic Toxicity - LAST).
- **Side Effects Associated with Postoperative Pain Medicines (Opioids/Morphine):**
    - Nausea and vomiting
    - Constipation
    - Sedation (mild drowsiness) or itching

Important Note: Because all injections and follow-up procedures will be performed by anesthesiology specialists in the operating room under ultrasound guidance, all safety precautions will be maintained at the highest level.

4. Potential Benefits

- **Individual Benefit:** The aim is to substantially reduce the pain you experience after hip surgery, reduce your need for pain medicine (morphine), and minimize morphine-related side effects (nausea, vomiting, etc.).
- **Scientific Benefit:** The data obtained will contribute to the development of safer and more effective methods of postoperative pain management for patients undergoing hip surgery and to the medical literature.

5. Confidentiality and Data Protection

- Your medical records, Turkish Republic identity number, and personal information will be kept strictly confidential.
- The data and findings obtained from the study will be used only in scientific publications, the specialty thesis, and scientific congresses, with your identity fully anonymized (without stating your name).

6. Voluntary Participation and the Right to Withdraw from the Study

- Taking part in this research is entirely your choice. You may refuse to participate.
- Even if you agree to participate, you may withdraw your consent and leave the study at any time without giving any reason.
- Not participating in the study or withdrawing later will not adversely affect your medical care, treatment, or relationship with your doctors in any way.

VOLUNTEER CONSENT DECLARATION

I have been fully informed about the specialty thesis study entitled "Efficacy of Ultrasound-Guided Pericapsular Nerve Group Block," conducted by the Department of Anesthesiology and Reanimation, Sivas Cumhuriyet University Faculty of Medicine. I have read about the purpose of the research, the procedures to be performed on me, the possible risks and side effects I may experience, and my rights, and these have also been explained to me verbally. I have had the opportunity to ask all my questions and have received satisfactory answers.

I agree to participate in this study entirely of my own free will. I will be given a signed copy of this form.

Volunteer (Patient):

- **Full Name:**
- **Turkish Republic Identity No:**
- **Date:**
- **Signature:**

(If the volunteer is a minor or has a legal representative) **Legal Representative / Guardian:**

- **Full Name:**
- **Relationship to the Volunteer:**
- **Date:**
- **Signature:**

Researcher Providing the Information:

- **Full Name / Title:** Research Assistant Dr. Fatma KÜÇÜK
- **Date:**
- **Signature:**