

BARKOD



Document Code:

HD.RB.06

First Release Date:

25.08.2016

Rev. Date: 05.12.2023

Rev. Number

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Dear Patient / Legal Representative;

To be informed about your health condition / your patient's health condition and all kinds of medical, surgical or diagnostic procedures recommended for you / your patient and their alternatives, benefits, risks and even possible harms, and to reject, accept all / some of them or the procedures to be performed. You have the right to stop at any stage. This document, which we want you to read and understand, has been prepared not to scare you or keep you away from medical practices, but to inform you and obtain your consent in determining whether you will consent to these practices. Before deciding whether to accept the oral and dental health services and recommended treatment offered by our center, all kinds of treatment and examination procedures are subject to patient permission and approval in accordance with **Article 14 of the Medical Deontology Regulation**. Before starting treatment, if the patient has systemic disorders (heart, diabetes and blood disease, blood pressure, goiter, epilepsy, etc.), an infectious disease (hepatitis, etc.), is receiving chemotherapy or radiotherapy, is pregnant or suspected of being pregnant, has asthma or is allergic to any drug, if any. It is important for both his own safety and the physician to share the medications he uses with his physician.

Please read the information form below carefully about the treatments to be applied by your dentist and sign the form. Ask your doctor to explain anything you do not understand.

TO INFORM
PRELIMINARY DIAGNOSIS: :
PLANNED TREATMENT/PROCEDURE:
NAME/SURNAME OF THE PHYSICIAN WHO WILL PERFORM THE PROCEDURE:

INFORMATION ABOUT THE TRANSACTION:

- TOOTH EXTRACTION APPLICATION; Impacted teeth, remaining roots, extremely ruined teeth that cannot be treated and restored, teeth with chronic abscesses that cause extensive bone tissue loss, teeth that cannot be treated with root canal treatment or whose treatment has failed, loose teeth, teeth that are close to falling out or problematic milk teeth whose infection damages the permanent tooth below. It is applied to teeth that will disrupt the balance of the prosthesis and will not support the prosthesis, teeth that are too many or malposed (in wrong position) for orthodontic purposes, and teeth that need to be extracted due to lack of space.
- The aim of local anesthesia is to anesthetize the area where the procedure is performed, to prevent and reduce pain, and therefore to treat the patient without feeling any pain.
- The application is carried out by removing the tooth from its bone socket. Thus, it is aimed to eliminate pain, infection foci, chronic abscesses, prepare the mouth for prosthetic and orthodontic treatments, prevent the infection from spreading to other organs of the body and cause damage, and prevent gum diseases.

EXPECTED BENEFITS FROM THE PROCESS:

- <u>Local Anesthesia Application</u>: Provides anesthesia of the area locally.
- General Anesthesia Application: It involves restricting the movements of disabled patients.
- Impacted/Tooth Extraction: It is applied to relieve pain and infection, if any, caused by the tooth, or to prevent its
 occurrence.

CONSEQUENCES THAT MAY BE ENCOUNTERED IF THE PROCEDURE IS NOT IMPLEMENTED:

- As a result of not extracting a tooth that needs to be extracted, these teeth may cause pain, swelling and even bone loss in the jaws, and infected milk teeth/root residues that are not extracted may also damage the permanent teeth coming from below.
- If local anesthesia is not applied, the patient may feel severe pain, faint (syncope) or go into pain shock during the procedure.



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ALTERNATIVES TO THE PROCEDURE, IF ANY:

• There is no alternative to tooth extraction.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

- To prevent pain during the treatment, the relevant area can be anesthetized with local anesthesia. If the planned treatment and procedures are to be performed under local anesthesia, some complications may occur.
- If you have a history of allergy to local anesthesia, heart disease, blood diseases, high blood pressure or other general health-related conditions, be sure to warn your physician.
- Your doctor is not responsible for any problems that may occur due to misrepresentation. Pain, swelling, burning, infection, temporary or permanent nerve damage and unexpected allergic reactions may develop during and after local anesthesia application.
- Allergic reactions; Itching, rash, nausea, vomiting, difficulty breathing, increase (tachycardia) or decrease (bradycardia) in heart rate, may be life-threatening with a very low probability. Pain and discomfort may occur where the anesthesia (injection) is administered.
- The patient may not be able to open his mouth fully. This situation is temporary. In rare cases, if the tip of the anesthesia needle passes too close to the nerve, a sudden sensation of tingling in the tongue, teeth or lips may occur. There may be numbness in this area for a few days. Excessive use of alcohol and cigarettes also weakens the effect of anesthesia.
- Some risks and complications may occur during planned treatments and procedures. During the treatment, pain and discomfort, swelling, bleeding, injury to the adjacent tooth and soft tissue, temporary or permanent numbness and allergic reaction, fracture of the tooth at the extraction site, local infection (alveolitis), dry socket (failure to fill the extraction space with blood) may develop, lips and/or or temporary or permanent loss of sensation in the tongue, swelling or facial discoloration may occur.
- If any complications occur during tooth extraction, your interventions can be performed in the clinic or in maxillofacial surgery clinics.
- It is quite normal to have some tingling on the first day after the procedure. If the severity of pain after tooth extraction cannot be endured, painkillers and anti-inflammatory drugs can be taken under the supervision and advice of a physician.

ESTIMATED DURATION OF THE PROCESS:

- Tooth extraction will be performed by your clinician in the clinic you apply to.
- Estimated processing time varies between 30 and 45 minutes.

POSSIBLE UNDESIRABLE EFFECTS OF THE DRUGS TO BE USED AND POINTS TO BE CONSIDERED:

- Before the application, before giving local anesthetic, you should definitely inform your doctor if you have any systemic disease, pregnancy, any medications you use, or any allergies.
- If local anesthesia is to be applied to provide pain control during treatments, if necessary, the gums or the inner part of the cheek are first anesthetized with a topical anesthetic substance (spray).
- When the area is numb, anesthetic liquid is injected with a syringe and the tooth and the area where it is located are numbed for a while.
- Although rare, the patient may experience allergic reactions, loss of sensation, bleeding, temporary muscle spasms, and temporary facial paralysis after local anesthesia.
- Local anesthesia is a successful application as long as there are no anatomical differences or acute infections in the area. When local anesthetic substances are applied to the area to be treated, they temporarily stop nerve conduction and provide numbness for 1-4 hours, depending on the amount of the substance applied and the place of application. For this reason, eating and drinking is not recommended until the numbness subsides to prevent wounds on the inside of the cheek and lips due to biting.
- In case of bleeding during the application, various haemostatic drugs (Transamine amp and K vit.amp. etc.), various haemostatic medical materials, anti-inflammatory agents, graft-membrane material, periodontal pastes can be used when necessary. An allergic reaction may occur to the active ingredients contained in these agents.
- In case of sensitivity, the fluoride your dentist will apply and the toothpaste or creams he will recommend will reduce this tooth sensitivity.
- In dentistry, anesthetic substances with active ingredients such as articaine, bupivacaine, lidocaine, mepivacaine, prilocaine, benzocaine etc. are used to provide local anesthesia.
- Painkillers and mouthwash may be prescribed after the operation.



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THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

• The procedure can be performed locally/regionally/infiltratively. Therefore, take <u>aspirin</u>, <u>vitamin E</u>, <u>coenzyme Q</u>, <u>etc. for 3 days before</u> the procedure.

You should not take blood thinners such as: If you are using medication or similar substances, or if you have an infectious disease such as AIDS, Hepatitis B/C, or a problem such as diabetes, heart, high blood pressure or kidney failure, you must inform your doctor.

- Before giving an anesthetic agent, your doctor should be informed about any systemic disease, pregnancy, any medications used, or any allergic condition.
- Excessive use of alcohol and cigarettes weakens the effect of anesthesia. It then hinders the healing process.
- Avoid sudden movements (moving the head, intervening with hands) while performing the procedure inside the mouth. Failure to pay attention may cause injuries to the surrounding tissue and adjacent teeth.
- The rate of lung infection (microbial diseases), thrombosis, heart and lung complications (adverse situation) is higher in smokers. Quitting smoking 6 weeks before the procedure may help reduce the risk.
- Oral care (mouthwash, etc.) should be taken into consideration to protect against infections.
- After the application, nothing should be eaten or drunk for 2 hours, and soft and warm foods and drinks should be consumed in the first days. There may be a period of sensitivity to cold hot drinks and foods.
- After tooth extraction, the mouth tampon should be removed after half an hour, the tampon should be changed frequently and not spit out, the mouth should not be rinsed, and the teeth should not be brushed on the first day.
- Nothing should be eaten or drunk for 2 hours after tooth extraction.
- After the second day after tooth extraction, soft and warm foods and drinks should be taken.
- After the treatment is completed, the patient should pay attention to oral care. Brush your gums with a soft toothbrush as recommended by the dentist and use dental floss/a brush designed to clean between your teeth.

PROBLEMS THAT MAY OCCUR IF NOT PAY ATTENTION TO THE POINTS THAT MUST BE FOLLOWED:

- Your doctor will inform you about the problems you may experience if you do not pay attention to the precautions.
- After tooth extraction, the mouth tampon should be removed for half an hour, the tampon should be changed frequently and not spit out. Otherwise, your bleeding will increase.
- In addition, nothing should be eaten or drunk for 2 hours after tooth extraction, soft and warm foods and drinks should be consumed.
- After the tooth extraction procedure, attention should be paid to oral cleaning (brushing, using dental floss, etc.) to protect the extraction site from infections and <u>not brushing the teeth on the first day</u>.

HOW TO REACH MEDICAL HELP ON THE SAME ISSUE IF NECESSARY:

- Not accepting treatment/surgery is a decision you will make with your free will. If you change your mind, you can personally reapply to our hospital(s) that can perform the treatment/surgery in question. **Phone:** +90 232 330 04 67/68
- <u>Medical research</u>: Reviewing clinical information from my medical records for the advancement of medical study, medical research, and physician education; I give my consent on the condition that the patient confidentiality rules in the patient rights regulation are adhered to. I consent to the research results being published in medical literature as long as patient confidentiality is protected. I am aware that I may refuse to participate in such a study and that this refusal will not adversely affect my treatment in any way.



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APPROVAL I have read the above information and have been informed by the physician who has signed below. I was informed about the purpose, reasons and benefits, risks, complications, alternatives and additional treatment interventions of the treatment/procedure to be performed. I approve this transaction consciously, without needing any further explanation, without any pressure. (Hand written "I READ, UNDERSTAND, RECEIVED A COPY") Signature **Date/Time Consent Received** Name-Surname (hand written) **IF THE PATIENT CANNOT CONSENT: Date/Time Consent Received** Patient / legal representative **Signature** Name-Surname (hand written)/...../....... REASON FOR THE PATIENT'S FAILURE TO CONSENT (TO BE FILLED IN BY THE PHYSICIAN): I will inform the patient/legal representative whose name is written above about the disease, the treatment/procedure to be performed, the purpose, reason and benefits of this treatment/procedure, the care required after the treatment/procedure, the risks and complications of the treatment/procedure, the alternatives of the treatment/procedure, if necessary for the treatment/procedure. If necessary, adequate and satisfactory explanations have been made about the type of anesthesia to

PHYSICIAN W	HO WILL APPLY THE TREATMENT/PROCEDURE	Signature	Date / Time	
Name and Surnar	ne:		/	:
Title	i			

be applied and the risks and complications of anesthesia. The patient/legal representative has signed and approved this form with his/her own consent, stating that he/she has been adequately informed about the treatment/procedure.

IF THE PATIENT HAS A LANGUAGE / COMMUNICATION PROBLEM;					
I translated the explanations made by the doctor to the patient. In my opinion, the information I translated was understood					
by the patient.					
<u>Translator's</u>	Signature	Date / Time			
Name and Surname (hand written):		/			

EXPLANATION:

- You can apply to the <u>Patient Rights Unit</u> during the day for all your complaints about medical practices or any issue you want to address.
- Legal Representative: Guardian for those under guardianship, parents for minors, and first degree legal heirs in cases where these are not available. Signing this consent document does not eliminate the patient's legal rights.