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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:**

- Teeth with inflammation at the root tip are treated with root canal treatment. If this treatment cannot be responded to, the root tips are removed along with the inflamed tissue following root canal treatment in order to provide aesthetics and keep the front teeth in function for a longer period of time.
- Since the tooth will not be resistant to trauma and stress at the end of the operation, the length of the tooth can be shortened slightly if necessary. In some cases, it may be necessary to place a filling material at the root end of teeth that have undergone apical resection to prevent leakage into the tooth canal and provide a better seal. This procedure is performed after the root tip is removed and then it is checked whether there is any filling residue left in the operation area and the routine procedure continues. Additional or different applications such as tooth extraction, root canal treatment, and biomaterial application may be required during or after the operation.

#### **EXPECTED BENEFITS FROM THE PROCESS:**

- Infection is eliminated. The success rate of an apical resection operation performed after a properly performed root canal treatment is very high.

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

- If this procedure is not accepted, gingivitis, bone loss, infection, sensitivity or loosening of teeth, tooth loss and related problems in chewing and jaw joint functions may occur.

#### **ALTERNATIVES TO THE PROCEDURE, IF ANY:**

- There is no alternative to the procedure.

#### **RISKS AND COMPLICATIONS OF THE PROCEDURE:**

- During planned treatments and procedures, local anesthesia-related or routine surgical complications may develop.
- 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.
- Successful results may not be achieved due to reasons such as poor oral hygiene, missing appointments, and not following the doctor's recommendations and warnings regarding treatment.
- The area is washed with plenty of serum, stitches are placed, and a tampon is applied. The stitches should be removed after 1 (one) week. There is a risk of infection. Or, if self-dissolving stitches are used, the inside of the mouth should be carefully brushed as they will remain in the mouth for a long time.
- The resected tooth may need to be extracted later. The resected root piece may remain in the bone cavity, excessive bleeding may occur, infection may result in delayed healing in the operation area, pain may occur, and damage to adjacent teeth, anatomical formations such as sinuses, nasal cavity and mandibular canal may occur.

#### **ESTIMATED DURATION OF THE PROCESS:**

- The estimated duration of the surgery varies depending on the number of teeth to be operated.

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

- 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. After local anesthesia, although rare, the patient may experience allergic reactions, loss of sensation, bleeding, temporary muscle spasms, and temporary facial paralysis.
- 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 used 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 hemostatic 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.
- You will need to use some medications during and after the procedure. The medications your doctor recommends you use will have some side effects. These side effects include nausea, vomiting, weakness and drowsiness, and anaphylactic reactions.

#### **THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:**

- The procedure can be performed locally/regionally/infiltratively. Therefore, **take aspirin, vitamin E, coenzyme Q, etc. for 3 days before** 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.
- If your pain complaint persists, please contact your physician.
- You should not smoke for 3-4 weeks after the procedure.

**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.
- The mouth tampon should not be removed for half an hour after the application, the tampon should not be changed frequently and spit out. Otherwise, your bleeding will increase.
- After the procedure, attention should be paid to oral cleaning (brushing teeth, etc.) to protect the extraction site from infections.
- After the procedure, you can start eating at the time allowed by your doctor. Follow your doctor's recommendations (exercise, nutrition program, etc.) and do not neglect your polyclinic check-up, if any, on the requested date.

**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 the clinics/hospitals that can perform the treatment/surgery in question.
- In case of possible side effects related to the practices performed in our institution, emergency interventions will be carried out by the responsible physician and relevant healthcare personnel. If you encounter any complications; You can apply to our clinic without an appointment. **Phone: +90 232 330 04 67/68**

• **Medical research:** Reviewing clinical information from my medical records for the advancement of medical study, medical research, and Physician education; I give my consent provided that the patient confidentiality rules in the patient rights regulation are adhered to. I hereby consent to the research results being published in the 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")**

**Patient**Name-Surname **(hand written)****Signature****Date/Time Consent Received****IF THE PATIENT CANNOT CONSENT:****Patient / legal representative**Name-Surname **(hand written)****Signature****Date/Time Consent Received****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 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.

**PHYSICIAN WHO WILL APPLY THE TREATMENT/PROCEDURE****Signature****Date / Time**

Name and Surname:.....

...../...../..... :.....

Title :.....

**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.

**Translator's****Signature****Date / Time**Name and Surname **(hand written)**: .....

... .. / ... .. / ... ..

**EXPLANATION:**

- You can apply to the **Patient Rights Unit** 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.