



Document Code:

HD.RB.11

First Release Date:

25.08.2016

Rev. Date: 05.12.2023

Rev. Number

01

Page Number

1 / 4

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:**

- The procedure to be performed is a cyst enucleation operation under General anesthesia (and/or Local anesthesia).
- During this treatment, the bone underneath the soft tissues will be reached and some bone tissue may need to be removed to reach the cyst inside the bone. Depending on the amount of damage caused by the cyst, it may be necessary to remove the necessary amount of tissue from unsupported hard and/or soft tissues.
- During your surgery, necessary attention and care will be taken to avoid damage to the anatomical formations, but depending on the size of the lesion and the degree of proximity to vessels, nerves and other anatomical formations, inevitable and sometimes permanent damage may occur. Depending on the size of the lesion, there is a risk of fracture of your jaw bone. If a fracture occurs during surgery or later, bone fixation with miniplates, microplates and/or special screws may be required to reduce the risk of fractures. During reposition, some parts can be shaped, some can be removed, and it may be necessary to support them with grafts. Before the screws are applied, necessary corrections will be made on the bone and the screw slot will be opened. These operations are performed with special rotating bone cutting devices and hand tools.
- Although cysts are completely removed surgically, some types require long-term follow-up. They may recur sometimes in a very short time and sometimes in the long term. In this case, it may need to be removed with a repeat operation. They may need a second procedure after the operation. The desired results can be achieved three to six months after the surgery.

**EXPECTED BENEFITS FROM THE PROCESS:**

- After the cyst is removed and the surgical field is cleaned, the opened soft tissues will be brought back into place and stitched. If the lesion has caused soft tissue loss, this situation can also be intervened. As a result of our intended treatment method, the asymmetry and/or deformities in your jaw bones will be eliminated and the cystic lesion will be completely removed.
- Treatment will most likely be successful, but the risk of recurrence of some cysts is very high.

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

- If you do not accept the recommended treatment; Your current complaints will continue. There will be no improvement in your current complaints, and they will increase over time.

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

- There is no alternative to the procedure.

**RISKS AND COMPLICATIONS OF THE PROCEDURE:**

- The procedure can be performed under **Local/GeneralAnesthesia** with the recommendation of the physician. General anesthesia keeps you asleep during the surgery. You don't feel pain and you don't remember. Although modern local and general anesthesia is quite safe today, it still carries some side effects and risks.
- **If local anesthesia** will be used in the procedure, the relevant area will be anesthetized with local anesthesia to prevent pain. During the planned treatment and procedures, some complications may develop due to local anesthesia. 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
- **Some risks and complications may occur during the procedure depending on the surgery.**
- Cysts in the maxillofacial region are almost similar to each other and form insidiously without any warning and can reach different sizes. Therefore, the surrounding anatomical tissues it affects may feel like their integrity has been disrupted, especially after surgery.
- If you have teeth around it, it may have lost its vitality due to the lesion. This will either result in the removal of a certain part of your tooth, extraction, or the need for root canal treatment.
- Your jaw bones melt due to the pressure of the lesion, and after the lesion is removed for treatment, aesthetic function problems may occur in the relevant area.
- Due to the pressure on the nerve formations around the lesion or complete removal of the lesion during surgery, they may cause loss of sensation or increased sensation.
- Edema due to fluid accumulation between tissues may be observed during and after the operation. Emphysema may be observed due to air escape deep into the tissue and may cause swelling in the area ranging from very mild to covering the entire jaw, limitation of movement, and color changes on the skin. Problems such as taste, chewing, swallowing and numbness may occur. In cases where the cyst reaches large sizes, jaw fractures may occur after the procedure, depending on the examination of the bone.

**ESTIMATED DURATION OF THE PROCESS:**

- Although the estimated duration of the surgery varies depending on local/general anesthesia for the operation, it is **approximately 30-90 minutes.**

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

- This procedure is performed under local/general anesthesia by planning an incision according to the size of the inflammatory tissue observed on the x-ray. If local anesthesia will be applied to provide pain control during the treatments, if necessary, the gums or the inner part of the cheek will first be 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 **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.
- During the procedure, 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. During this one-week period, the patient is given some medications.



Document Code:

HD.RB.11

First Release Date:

25.08.2016

Rev. Date: 05.12.2023

Rev. Number

01

Page Number

3 / 4

Antibiotic drugs and mouthwash etc. Your doctor will give you analgesic medications to control the infection and keep the wound clean, and to control the pain.

- If local anesthesia is not applied, the procedures either cannot be performed because they will be too painful, or they are performed under general anesthesia.
- You will need to use some medications during and after the surgery. The medications your doctor recommends you use will have some side effects. These side effects include nausea, vomiting, weakness and drowsiness, and anaphylactoid reactions.

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

- The procedure can be performed under /local/regional/infiltrative. 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.
- If the procedure will be performed under general anesthesia, you should follow your doctor's recommendations regarding the issues you should pay attention to before and after.
- 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. You should not smoke for 3-4 weeks after the procedure.
- After the treatment is completed, the patient should pay attention to oral care. Treat your gums as recommended by the dentist.

**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 (gargle, tooth brushing, 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.



Document Code:

HD.RB.11

First Release Date:

25.08.2016

Rev. Date: 05.12.2023

Rev. Number

01

Page Number

4 / 4

**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**

**Signature**

**Date/Time Consent Received**

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 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.