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:

- Abscesses seen in the jaw area are formed by the spread of inflammation in the teeth.
- They cause swelling and fever under the chin and in the facial area, which can spread to the eyes. Due to the infection, the patient experiences general fatigue. The use of antibiotics temporarily treats the abscess formation and it is necessary to drain the inflammation from the area where it is located.
- In some cases, these swellings may decrease by removing the infected tooth. For abscesses that your doctor decides cannot be treated otherwise, a small incision is made inside the mouth or on the skin and a drain is placed to provide drainage.
- The day after the abscess is drained, the source tooth is extracted and the treatment is completed successfully.

EXPECTED BENEFITS FROM THE PROCESS:

- Surgical removal of inflammation that can damage teeth and adjacent anatomical structures.

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

- If the procedure is not performed, the risks that may arise are pain, swelling, loss of more teeth or bone loss in the jaws, and in more advanced cases, sepsis (infection mixing with the blood). It is not possible to benefit.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

There is no alternative treatment option for intraoral and extraoral abscess drainage.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

- Before the abscess is drained, local anesthesia is performed through the mouth, depending on its surroundings and location. This complications related to anesthesia 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.
- Abscess drainage is a painful procedure. Both during the incision phase, during the evacuation of the abscess, and with a hemostasis. Entering and squeezing the swelling are all painful procedures. In the drainage process to be performed through the skin, the abscess is reached by making an incision in the appropriate place on the skin. After this procedure, if necessary, a drain is placed into the abscess. This process spoils the overall appearance because buffering will be done. This tampon will remain as long as the physician deems appropriate.

• Even if there is healing after this skin incision, scars may remain on the skin. Incision in cases of hairy skin Scars may remain in the area, and local hairlessness may also develop in that area.
• Drug-related side effects may occur due to the drugs given during abscess treatment. Despite the interventions, the abscess may not go away and become more severe, swelling may increase, and the condition may worsen and death may occur after septicemia (the abscess passes into the blood and spreads to all tissues). The patient may be hospitalized or bedridden.
• The abscess may spread to surrounding tissues. It may involve important adjacent tissues. Those organs due to this involvement complications may develop. For example, inability to open the jaw due to involvement of the jaw muscles, closing of the eye due to involvement of the eyelid, elevation of the tongue due to involvement of the floor of the mouth, difficulty in breathing, inability to eat, bad odor, general fatigue, increased fever, and delay in daily activities may occur. Teeth associated with abscess are extracted and may be accompanied by complications related to tooth extraction. Particularly these teeth may develop healing problems.
• Osteomyelitis (intrabony) due to the intrabone spread of the abscess and the resistance of the microorganisms that cause the abscess may also accompany the event. The process of treating abscesses depends on the microorganisms that cause them, and the treatment process may take longer depending on their resistance and type.

ESTIMATED DURATION OF THE PROCESS:

• Although the estimated duration of the procedure varies depending on the local/regional/infiltrative anesthesia performed, it is estimated **to be 15-30 minutes.**

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 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.
• 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 anaphylactoid reactions.

THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

• The procedure can be performed locally/regionally/infiltratively. For this reason, **aspirin, vitamin E, coenzyme Q, etc. for 3 days before surgery**. 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.
• 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.
• There may be a period of sensitivity to cold and hot drinks and foods.
• If your pain complaint persists, please contact your physician.

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.
• If the application is performed intraorally, the mouth tampon should be removed according to your doctor's recommendation, the tampon should be changed frequently and not spat out, if blood occurs, it should be swallowed, the procedure site should not be opened or tampered with.
• After the procedure, you must follow the doctor's recommendations to protect yourself 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.

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 **Signature** **Date/Time Consent Received**

Name-Surname (**hand written)**

……..…..……. ……./……/…….. …….

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 PHICIAN):

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.