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:

• There is a connective tissue (cushion) between both sides of the jaw joint that absorbs the pressure coming from the joint. This connective tissue is damaged or its position changes due to joint disorders for various reasons. As a result, conditions such as pain, inability to open the mouth, and joint sounds occur. For this purpose, the connective tissue in question is removed from the joint area. The procedure is performed under general anesthesia.

EXPECTED BENEFITS FROM THE PROCESS:

• The benefits of implementing this process are; It is aimed to reduce joint pain, reduce joint sounds, increase mouth opening, increase joint movements, and prevent the progression of joint disease.

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

• Decreased joint mobility
• Increase in pain
• Progression of the disease in the joint (inability to fully open, ankylosis, etc.)
• There may be a continuation or increase of existing findings.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

• Artriocentesis (joint destruction; may offer a temporary solution), Prolotherapy (joint injection), Condicelotomy: Removal of the disc together with the bone in the joint, Joint prosthesis

RISKS AND COMPLICATIONS OF THE PROCEDURE:

• General anesthesia-related or routine surgical complications may develop during planned treatments and procedures. Any type of general anesthesia or sedation has the possibility of causing the following complications (negative outcome), although very rare.
General and Anesthesia-Related Complications:
• Atelectasis: Collapse may occur in small areas of the lungs, which may increase the risk of lung infection. This condition may require antibiotic treatment and physiotherapy.
• Clots in the legs (deep vein thrombosis) can cause pain and swelling. Rarely, some of these clots break off and travel to the lungs and can be fatal.

• Heart attack may occur due to increased heart load.
• After surgery, bowel movements may slow down or stop completely (<1%). This can cause bloating and vomiting as a result of fluid accumulation in the intestine. It may require treatment. Death may occur due to the procedure.
• Procedure Related Complications:
• Bleeding: During cutting of the jawbone and surrounding soft tissues, bleeding may occur as a result of damage to the adjacent vessels.
• Difficulty breathing (need for tracheostomy): If there is a problem in breathing during and after the surgery, and if a tube cannot be placed into the windpipe through the mouth and nose, a tube may be placed through an incision made in the front of your throat and into the windpipe to allow you to breathe temporarily.
• Blood donation: In case of severe bleeding and blood loss, blood donation may be required.
• Numbness: The inferior alveolar nerve runs on both sides of the lower jaw. This nerve also passes through the incision line created by cutting the jawbone. It is close to the surgical area. Therefore it usually suffers some damage. In some cases, the damage may be severe; the nerve may be completely cut or crushed between bone fragments. In these cases, repair of the nerve is not possible. Numbness occurs in the lower teeth, lower lip and lower cheeks. If this condition is temporary, it may last 6-12 months, but it may also be permanent. The lingual nerve, which carries out the nerve transmission of the tongue, runs in the lower jaw close to the tongue. It provides sensation and taste to this side of the tongue. It is possible for this nerve to be damaged during surgery. As a result, the tongue becomes numb in that area. In cases where the damage is minor, numbness may occur for 6-12 months. However, if the nerve is completely damaged, this condition becomes permanent.
• Facial nerve injury: This nerve, which comes from under the earlobe towards the cheek, activates the mimic muscles of one half of the face. During the cutting process performed on the jawbone, the branch of this nerve that runs close to the edge of the lower jaw (marginal mandibular branch) may be injured. As a result, the lip cannot be pulled down and out. Depending on the severity of the nerve injury, this condition may be permanent.
• Bones placed in the jaw joint area may not heal and additional surgeries may be required. It may not always be possible to return the jaw joint to its normal position. When closing the mouth, the teeth may not be seated properly and chewing functions may be impaired.
• In cases where the jaw joint is not operated as recommended after surgery, the jaw begins to lock again and the mouth opening decreases. For this reason, it is important to carry out physical therapy practices and use of appliances as recommended. Swelling, bruising and pain occur.
• A loss of 3-4 kilos is expected during the fixation period (intermaxillary fixation) due to the jaws remaining closed for a long time.
• Joint problems existing before the surgery may disappear, decrease, or worsen after the surgery. The status of these complaints after surgery cannot be known in advance.
• There is usually no severe pain after surgery. If surgery is performed under low blood pressure to reduce bleeding during surgery, headache may occur. There may be pain in the jaw joint due to a new positioning. These pains can be controlled with painkillers.
• Some or all of the bone ends or bone fragments that have been separated and reconnected by surgery may become inflamed or lose their vitality as a result of blood supply problems, and the body may discard these parts. A scar may remain around the ear.
• Your joint problem may go away, stay the same, or progress.

ESTIMATED DURATION OF THE PROCESS:

• Although the procedure time varies depending on the extent and complexity of the operation and complications during the procedure, it can take between 1 (one) and 3 (three) hours on average.

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

• Routinely used local anesthetics, haemostatic materials and general anesthetics will be used. Allergic reactions may occur to these materials. The possible risks of general anesthesia are mentioned above.
• 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 under general anesthesia. Therefore, **take aspirin, vitamin E, coenzyme Q, etc. for 10 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.
• 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.
• Your discharge time after the procedure is estimated to be 1-2 days. Do not skip the necessary jaw exercises after discharge.
• Care for the wound area as instructed.
• Have your stitches removed after 1 week.
• Sudden swelling, extreme pain, bleeding, etc. In such cases, consult your doctor.

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 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.).

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 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.