

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:**

- **RETREATMENT( CANAL TREATMENT RENEWAL):** When the physician decides that the previous root canal treatment has failed, it is the process of removing the canal filling, removing the root canal filling materials, cleaning, filling and rebuilding the canal.
  - o Retreatment is usually done if there are obvious signs and symptoms that indicate previous treatment has failed.
  - o As a result of the evaluation of root canal treatment, in the relevant tooth; In the clinical examination of the physician, if there are clinical symptoms such as pain, sensitivity in percussion (hitting with an instrument) and palpation (manual examination), intra-oral or extra-oral swelling or discharge tract (fistula), and radiological changes such as the formation of new periapical lesions and enlargement of the lamina dura, root canal treatment should be considered. may need to be renewed.
  - o As your dental treatment continues, different or additional treatment needs may arise from the treatment plan determined in the first examination.
- **ACCESSING AND CLEANING THE ROOT CANAL:**
  - o Access Hole Opening: An access hole is opened to reach the root canal.
  - o The old channel filling must be removed and all residues must be cleaned.
  - o Use of Files: Files of increasing diameter clean the inside of the root canals by scraping them.
  - o Cleaning of Micro Residues: During the process, micro residues are cleaned using physiological saline or sodium hypochlorite.
- **CLOSING THE TOOTH**
  - o Gutta-Percha Material: This material is placed inside the hole to prevent leakage.
  - o The opened external access hole is closed with composite filling.
  - o If there is excessive tooth tissue loss, a crown should be applied to prevent the tooth from breaking.

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

- Preserving the integrity of the tooth by eliminating complaints and continuing the functions of the tooth.
- Preventing systemic damage by treating teeth that are thought to form a focus of focal infection.
- Elimination of clinical and radiological symptoms,
- Relieving pain complaints, preventing possible tooth extraction by stopping decay,
- Regaining aesthetics and chewing function, Preventing premature loss of teeth, To prevent the spread of infection.

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| Document Code: | HD.RB.25 | First Release Date: | 25.08.2016 | Rev. Date: 05.12.2023 | Rev. Number | 01 | Page Number | 2 / 4 |
|----------------|----------|---------------------|------------|-----------------------|-------------|----|-------------|-------|

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

- If the recommended treatment is not applied, your current complaints may continue.
- Loss of dental tissues continues, bone destruction and abscess (swelling) formation around the tooth roots may be observed, loss of function, aesthetic impairment and bad breath may occur.
- Continuation of existing pain and complaints, the need for tooth extraction when it becomes untreatable, the need for a prosthesis to replace the extracted tooth, or the spread of infection are possible consequences. The progression of the lesion (bone destruction) may continue and the tooth may become mobile within the jawbone.
- When it becomes untreatable, your tooth may be extracted.

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

- Depending on the condition of your teeth, the physician may recommend root end surgery or tooth extraction.

**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.
- Some complications may occur during and after root canal treatment, depending on the condition of the tooth.
  - o Perforation in the tooth while cleaning tooth decay or during root canal treatment
  - o Breakage of the canal device inside or outside the canal, swallowing of the canal tool or leakage into the trachea
  - o As a result of the canal filling material and washing solutions overflowing from the root tip of the tooth; If the upper jaw protrudes into the nasal cavity (maxillary sinus), damage to the maxillary sinus can occur; If it overflows into the lower jaw nerve canal (mandibular and mental nerves); Nerve damage such as long-lasting numbness in the lips
  - o Risk of burning, rashes or permanent damage in the mouth due to contact of canal irrigation solutions with surrounding tissues and inside the mouth.
  - o Between or after root canal treatment sessions; pain and swelling on the face or inside the mouth, fractures that may require tooth extraction,
  - o Pain in the joint and/or dislocation of the jaw joint as a result of long root canal treatment sessions
  - o Tongue, lip and cheek injuries due to sudden movements of the patient while working with rotary tools
  - o Pain for a while after the canal filling procedure, sensitivity during eating and temperature changes
  - o After the root canal treatment is completed, in case of failure; requiring renewal of root canal treatment, root-end surgery and eventually tooth extraction.
- Due to reasons such as the body's defense mechanism and the presence of microorganisms in the root canal and periapical tissues, the symptoms in the relevant tooth may recur, resulting in the need for renewal of root canal treatment or a surgical procedure.

**ESTIMATED DURATION OF THE PROCESS:**

- Root Canal Treatment is a single session lasting approximately **30 minutes - 1 hour**. Your dentist will decide how many sessions the procedure will take, depending on the condition of your tooth (infection in the tooth). Infection: If there is an infection, wait a week with medication placed inside the tooth or oral medication. The interval between each session is at least **2-3 days**.

**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

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|----------------|----------|---------------------|------------|-----------------------|-------------|----|-------------|-------|
| Document Code: | HD.RB.25 | First Release Date: | 25.08.2016 | Rev. Date: 05.12.2023 | Rev. Number | 01 | Page Number | 3 / 4 |
|----------------|----------|---------------------|------------|-----------------------|-------------|----|-------------|-------|

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. 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.
- If your pain complaint persists, please contact your physician.
- You should regularly use the antibiotics recommended by 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 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. When local anesthetic substances are applied to the area to be filled, 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.

#### 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**)

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

**IF THE PATIENT CANNOT CONSENT:**

**Patient / legal representative**

**Signature**

**Date/Time Consent Received**

Name-Surname (**hand written**)

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**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.