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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:

• **FLEP OPERATION**; In our clinic, surgery is performed using sterile materials and in accordance with surgical rules. It is performed under local anesthesia. The gums are opened in the diseased areas and the inflammatory tissues around the roots are cleaned. The root surface is smoothed with hand tools, and if necessary, ready-made bone graft and artificial membrane can be placed in the area of bone loss. After the bone is corrected and the gum is shaped in accordance with the bone, stitches are placed and antibiotic treatment may be given if necessary. The stitches are removed after 7-10 days.

• **FREE GUM OR CONNECTIVE TISSUE GRAFT**; It is a procedure that aims to create gums in the presence of gingival recession and unhealthy gums by taking a piece of tissue from the palate or any toothless area in the mouth, placing the taken piece in the area with gingival recession and suturing it. When a connective tissue graft is applied, the surgical procedure begins with local anesthesia in the areas where the graft will be placed (recipient area) and the areas where the graft will be removed (donor area). Then, an incision is made in the gum with a scalpel in the area where the graft will be placed and the area where the graft will be placed is prepared. The area where the graft will be taken is usually the palate. In the area where the graft will be taken, an incision is made in the gum with a scalpel and the gum is lifted like a cover. Connective tissue equal to the area of the area to be placed is removed from under the gum, and the removed cover is replaced and stitched. The harvested graft is placed in the prepared recipient area and stitched. Paste (pink paste) is applied to the recipient area where the graft is placed to protect the operation area. After 1 week, the paste in the recipient area is removed, but the stitches are not removed (the stitches are removed on days 10-14 in accordance with the doctor's recommendation), while the stitches in the donor palate area are removed. If necessary, your dentist may re-paste the operation area. For full recovery to occur, at least 4-6 weeks must pass after the operation.

EXPECTED BENEFITS FROM THE PROCESS:

• **FLEP OPERATION**; Reducing or eliminating gingivitis, stopping gum disease, reducing bleeding, regaining healthy teeth and gums, and preventing tooth loss.

• **FREE GUM OR CONNECTIVE TISSUE GRAFT**; It is the formation of healthy gums, ensuring that the tooth remains in the mouth for a longer time, and preventing gum recession. Gum recession may occur due to mucogingival problems, hot and cold sensitivity of the tooth may increase, root caries may occur, and even tooth loss may occur. This procedure aims to stop the progression of the mentioned problems and treat them.

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

• If not treated in both applications, mucogingival problems may continue, gum recession, hot and cold sensitivity of the tooth may increase, root caries may occur, gingivitis, bone loss, bleeding, bad breath, taste disorder, and tooth loss are the risks that may be encountered.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

- There is no alternative treatment in both applications,
- Apart from tooth surface cleaning and root planing and frequent checks, no treatment can be performed and free gingival graft can be applied. Additionally, in cases where the donor tissue in the patient's palate area is insufficient for the graft, self-dissolving or non-dissolving membrane material can be used and placed in the recipient area. If a non-self-dissolving membrane is used, this membrane must be removed from the area with a second minor surgical procedure after a certain period of time, in accordance with the manufacturer's instructions.
- However, if the recommended treatment is not applied, gum problems may continue, gum recession, hot and cold sensitivity of the tooth may increase, root caries may occur, and tooth loss may occur in the future.

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.
- Risks and complications in both applications; Pain, swelling, spread of infection, loss of sensation in teeth and surrounding tissues, damage to adjacent teeth, fracture of teeth/teeth, transmission of tooth or broken part to different anatomical locations, injuries to gums and mucosa, protrusion of the jaw, tooth or foreign object entering the respiratory tract, nerve damage temporary/permanent damage, trauma to the jaw joint, limitation in opening the jaw, bruises and bruises on the jaw and corners of the mouth, infection, bleeding, injury to the adjacent tooth and soft tissue, temporomandibular joint disorder, temporary or permanent numbness and allergic reactions, fever, weakness, These include death as a result of septicemia, reversible or permanent numbness or paralysis in the tissue due to nerve injury, the need to remove existing prostheses and replace them after treatment, loosening of the teeth, and failure of the operation.

ESTIMATED DURATION OF THE PROCESS:

- In both procedures, the procedure time varies depending on the extent and complexity of the operation and complications during the procedure, but the average procedure time can last **between 1-2 hours.**

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.

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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.
- 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.
- 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.
- **FLEP OPERATION;** The stitches placed during the operation are removed after 1 week. Medicines and mouthwashes given for a week should be used regularly. Very hot, cold and hard foods should be avoided. The physician's recommendations should be taken into consideration. Tooth brushing, flossing and interdental care should not be neglected.
- **FREE GUM OR CONNECTIVE TISSUE GRAFT;** The area from which the piece was taken; It will heal spontaneously within 1 month. A soft plate is worn for the first 10 days to ensure patient comfort, avoid bleeding, and protect the wound. The area with receding gums is stitched and covered with protective paste. This paste should be kept for 10 days without being broken or tampered with. After 10 days, both the plate and the stitches are removed. This procedure aims to create healthy gums, not to cover receding gums.

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 application, the tampon should be removed according to your physician's recommendation, the tampon should be changed frequently, it should not be spit 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.).
- A paste can be placed in the operation area according to your doctor's decision. Patches and stitches must be removed after 1 week. Do not neglect your polyclinic check-up on the requested date.
- The response (healing) of the gingiva, which is a living tissue, to the treatment varies from patient to patient. Therefore, there may be cases where there is no response to treatment and repeated sessions may be required. It may take 3-4 weeks for tissues to repair after some gum treatments. For this reason, it may be necessary to wait up to 1 month for prosthesis construction after gum treatment. After the necessary gum treatments, the first check-up appointment is made 3 months later, and subsequent checks are generally made at 6-month intervals. While complete recovery may occur as a result of this treatment, advanced periodontal surgical treatments may also be recommended when deemed necessary.

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.