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:

• GINGIVECTOMY; Surgical removal of gum tissue,
• GINGIVOPLASTY: It is the shaping of healthy gum tissues around the teeth.
• In both applications, under local anesthesia, sterile materials are used to cut and reduce the size of the gums with a scalpel, laser or cautery in accordance with surgical rules, leveling the gingival edges, eliminating gingival enlargements or prosthetically extending the length of the teeth.
• CROWN LENGTH INCREASE: This is the process of removing excess gum around the teeth with a scalpel, laser or cautery, under local anesthesia, with sterile materials and in accordance with surgical rules. The required amount of bone is removed from around the tooth with the help of a bur attached to the tip of the rotary tool. This procedure can also be done with hand tools, depending on the amount of bone to be removed. The gum is stitched and the operation area is covered with pink protective material.

EXPECTED BENEFITS FROM THE PROCESS:

• GINGIVECTOMY AND GINGIVOPLASTY: Since it is performed for the treatment of gum disease, elimination of gingival enlargements, leveling of the gingival edges or prosthetically extending the length of the teeth, it provides healthy gums (in size, color and consistency), reduction of bleeding, elimination of bad odor, chewing problems, aesthetic improvement. It helps in correction.
• CROWN LENGTH INCREASE: It helps to make a more functional, aesthetic and long-term fixed prosthesis.

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

• GINGIVECTOMY AND GINGIVOPLASTY: Increased gingival growth, pain, bleeding, difficulty in chewing, bad breath, and aesthetic problems continue. It is not possible to benefit. Mouth breathing, poor oral care, and some medications (such as antihypertensives) cause gum enlargement. If these growths are not treated, they cover the entire tooth; causes loss of function and aesthetics.
• CROWN LENGTH INCREASE: It occurs due to wear and tear of the tooth, growth of the gum around it due to the old prosthesis, systemic diseases and trauma. It becomes difficult to make a functional, aesthetic and long-term fixed prosthesis or a fixed prosthesis cannot be made.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

• Gingivectomy and Gingivoplasty In both applications, it is the patient's choice not to receive any treatment. The patient's existing symptoms increase,
• For crown height increase; Orthodontic maintenance of the tooth or in some cases combined teeth impaction and prosthetic restoration.

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.
• GINGIVECTOMY AND GINGIVOPLASTY: Loss of sensation in the tissues, damage to the adjacent tooth, fracture of the tooth/teeth, transmission of the tooth or broken part to different anatomical localizations, injuries to the gums and mucosa, fracture of the alveolar bone, dislocation/fracture of the jaw, tooth or foreign object entering the respiratory tract, Temporary/permanent damage to the nerves, perforation of the sinus, trauma to the jaw joint, limitation in opening the jaw, bruises and bruises on the jaw and corners of the mouth. In this operation, after local anesthesia, the gum is cut out and the area is covered with periodontal paste (protective pink paste).
• CROWN LENGTH INCREASE: Pain, swelling, damage to the adjacent tooth, fracture of the tooth/teeth, transmission of the tooth or broken part to different anatomical localizations, gum and mucosa injuries, protrusion of the jaw, tooth or foreign object getting into the respiratory tract, restriction in opening the jaw (trismus). Bruises and bruises on the chin and corners of the mouth,
• The tooth may be temporarily sensitive to hot and cold.

ESTIMATED DURATION OF THE PROCESS:

• GINGIVECTOMY AND GINGIVOPLASTY: Although the procedure time varies depending on the extent and complexity of the operation and complications during the procedure, the average procedure **time is 30-60 minutes**.
• CROWN LENGTH INCREASE: Although the procedure time varies depending on the extent, complexity of the operation and complications during the procedure, the average procedure time is **15-45 minutes**.

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

• Before starting the procedure, your doctor should be informed about any systemic disease, pregnancy, all medications used or any allergic condition.
• 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. Painkillers and mouthwash may be prescribed after the operation.

THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

• Procedures 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. Nothing should be eaten or drunk for 2 hours after the application, 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.
• Oral care (mouthwash, etc.) should be taken into consideration to protect against infections.
• It is very important to take into account the recommendations after the procedure and protect the wound area.
• Mild pain may be felt during treatment.
• Gum treatment may require removal of existing dentures and replacement of these dentures with new ones after gum treatment.
• Pain, bleeding, slight swelling, and skin color change (ecchymosis) may occur in the first 1-2 days (To prevent these, the doctor's recommendations should be followed to the maximum extent).
• Depending on the severity of gum disease, conditions such as gaps in the teeth, gum recession, and easier food accumulation between the teeth may occur. After the treatment, bleeding and hot-cold sensitivity may occur in the teeth.
• This protective material and stitches are removed one week after the crown lengthening operation.

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.