



HD.RB.38 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022

Dear patient/parent/guardian,

- Please read this document carefully.
- You have the right to be informed about your medical condition and the treatments and procedures recommended for the treatment of your illness.
- The purpose of these explanations is to inform you about issues related to your oral dental health and to ensure your participation in the treatment process.
- If you have any questions other than those mentioned here, it is our duty to answer them. We are here to help you.
- Once you have learned about the benefits and possible risks of diagnostic procedures, medical and surgical treatments, it is your decision to consent to the procedure.
- If you wish, all information and documents related to your health can be given to you or a relative of your choice.
- If you have literacy problems or if you would like another person of your choice to participate in the process of consenting to the procedures to be carried out on you, you can allow the person you designate to be a witness to the interview to participate.
- You may refuse to be informed except in cases of legal and medical obligation.
- If you have literacy problems or if you would like another person of your choice to participate in the process of consenting to the procedures to be carried out on you, you can allow the person you designate to be a witness to the interview to participate.
- You are required to inform your physician about existing systemic diseases, allergies, medications and general health status. You are responsible for any concealment or failure to disclose any information.
- In order not to disrupt the order and treatment program of our health institution, please make sure that you keep your appointments and arrive on time. If it is not possible for you to come, please cancel your appointment at least 24 hours in advance. If you do not arrive at the appointment time, your appointment may be postponed to another day depending on the intensity of the clinic.
- Information and consent processes will be carried out with you for unconscious patients, pediatric patients, mentally disabled patients, patients who do not have the ability to make decisions regarding diagnosis and treatment, and patients requiring emergency intervention, for whom you are the parent or guardian.
- The processes of informing and obtaining consent in accordance with the disability status of the disabled people whose parents or guardians you are, will be carried out with you.
- If necessary, you can reach the clinic where you received treatment/procedures during office hours (8.30-16.30) by calling 0246 211 33 49 for medical assistance.

1. INFORMATION

THE TOOTH TO BE TREATED	DIAGNOSIS	TREATMENT PLANNING
55 54 53 52 51 61 62 63 64 65 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28 48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38 85 84 83 82 81 71 72 73 74 75		

In young permanent teeth that have not yet completed root development (root end open), which are accompanied by pain, abscess, swelling of the face or soft tissue in the mouth due to various reasons such as deep caries, trauma, etc., it is thought that the part containing vessels and nerves (pulp tissue) is inflamed and has lost its vitality. As a result of the removal of this tissue with the apexification method, it is aimed to prevent the spread of infection and to maintain root development. For procedures not included in the Health Implementation Communiqué (SUT) list, charges are made according to the Public Health Services Sales Tariff Price List.

Content of the Treatment:

X-ray: It may be necessary to take X-rays of the oral and/or maxillofacial region at the beginning of treatment, during treatment and after treatment for control purposes. The application is performed by intern students under the supervision of an X-ray technician, research assistant, faculty member and/or research assistant in an X-ray room configured in accordance with the legislation. The number of X-ray examinations and the number of X-rays to be requested are determined by your physician. Protective equipment (lead apron, cervical collar) is worn before the X-ray. There are different types of X-rays, such as those obtained by placing the X-ray film in the mouth and holding it by hand by the patient or his/her parents (periapical, occlusal radiography), bitewing it between the teeth (bitewing radiography) or rotating an X-ray device around the patient's head (panoramic).

Expected benefits from the process: It allows you to see fractures, areas of decay (e.g. decay between teeth) and decay developing under existing fillings that are not visible on visual inspection. Shows abnormalities related to the teeth. Provides information about bone loss due to gum disease. Allows visualization of problems in the root canal. It helps to identify pathologies such as cysts and tumors in bone and soft tissue. It enables diagnosis, correct planning of the treatment to be applied and control of the treatments applied. Provides information about the oral-dental-jaw development and growth of children. **Consequences if the procedure is not followed:** Failure to do so can lead to diagnostic difficulties, delayed diagnosis, difficulty and delay in administering the correct treatment, and inability to assess the success of the treatment.

Alternative to the process: None. **Complications of the procedure:** The X-rays used in X-rays are harmful to living tissue. For this reason, your doctor will order the minimum number and type of X-rays required for you. Nausea and sometimes vomiting may occur during X-rays. In this case, measures such as rinsing the mouth with cold water and applying local anesthetic spray can be taken. It is necessary to remain immobile during the procedure. If you move or the film is shifted, the film may come out badly and need to be retaken. **Estimated duration of the process:** 2-10 minutes. **Points to be considered before and after the procedure and problems that may occur if not taken into consideration:** When necessary (pediatric patients, pregnancy and illness), lead aprons and neck collars should be worn. Failure to do so may



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result in harmful effects of X-rays. Before X-rays showing all teeth, the patient should remove all metal objects (earrings, hairpins, necklaces, necklaces, glasses, hearing aids, etc.) from the head and neck area. If these items are not removed, the X-ray image may be distorted. During the X-ray, the patient should remain still and stationary in order not to cause X-ray repetition.

Vitality testing: It is a test in which the nervous response of the teeth to an external stimulus (cold, hot, electrical, etc.) is evaluated in order to diagnose and plan the treatment correctly. During the procedure, sudden and short-term pain may be felt.

Expected benefits from the process: The treatment method is determined according to the test result of the teeth. It is ensured that the treatments are controlled. **Consequences if the procedure is not followed:** The correct treatment method cannot be determined. The treatments cannot be controlled. **Alternative to the process:** None. **Complications of the procedure:** Depending on the condition of the teeth, surrounding tissues and fillings, a false positive or false negative response may be obtained. **Estimated duration of the process:** 24- minutes. **Points to be considered before and after the procedure and problems that may occur if not taken into consideration:** It is necessary to remain immobile during the procedure. The physician's instructions must be followed during the procedure. Otherwise, the duration of the procedure may be prolonged, a false positive or false negative response may be obtained and the treatment method may not be determined correctly or the treatments may not be controlled correctly.

Local anesthesia: It is the temporary prevention of conduction of a certain area of the nerves that transmit sensation in the human body with anesthetic substances. The duration of loss of sensation as a result of local anesthesia used in dentistry varies between 1-4 hours depending on the anesthetic substance used, the area where the anesthetic is applied and the age and anatomical structure of the person. The application is performed by the dentist. **Expected benefits of the procedure:** To prevent pain by numbing the area to be treated during the interventions to be performed and therefore to perform the treatments without the patient feeling pain. **Consequences that may be encountered if the procedure is not performed:** If the procedure is not performed, the patient may experience pain of varying intensity depending on the type of treatment. **Alternative to the procedure:** Sedation or general anesthesia. **Complications of the procedure:** A temporary loss of consciousness called syncope (fainting) may occur due to fear, excitement or hunger. Difficulty in opening the mouth called trismus may occur, which resolves spontaneously within 2-3 weeks. Pain or edema may occur during anesthesia. Pain or bruising may occur at the injection site (up to 1 week). Side effects such as facial paralysis (temporary facial paralysis), temporary strabismus, temporary blindness, muscle weakness, difficulty swallowing, numbness of the earlobes, nose and tongue, swelling or discoloration of the face may occur due to the nerves adjacent to the anesthetized area. Topical anesthesia can be used to reduce the child's sensation of stinging, aching and pain from the needle. These will recover completely after the effect of the anesthesia (numbness) wears off. If the patient scratches, bites or chews on the anesthetized area, it may cause a self-inflicted wound. Sometimes the anesthesia may not provide the desired numbness and may need to be repeated. Although very rare, allergic reactions (angioneurotic edema, anaphylactic shock, redness and skin rashes, etc.) may occur, affecting all tissues and organs in the body. When these possible side effects occur, life-saving medications such as antihistamines, adrenaline, cortisone and emergency medical intervention are administered to the patient by the responsible physician and Code Blue team. **Estimated duration of the procedure:** 2-4 minutes. **Points to be considered before and after the procedure and problems that may occur if not taken into consideration:** Any systemic disease or allergic condition or medication use must be told to the doctor who will perform the procedure. Failure to tell the doctor may result in allergic reactions or side effects that can be life-threatening. Do not be too hungry or too full; otherwise, the effect of anesthesia (drowsiness) may be aggravated, fainting and vomiting may occur.

Treatment of apexification: Depending on the intervention type, hand tools (such as excavators, mine chisels), low-speed hand tools (angle-former), or water-cooled high-speed hand tools (aerator) are used to remove decayed or fractured tooth tissue. After this stage, three different approaches can be applied; your dentist inform you about the approach that is suitable for you.

1. After the removal of decayed or fractured tooth tissue, the portion of the tooth's root canals containing blood vessels and nerve tissue (pulp tissue) is removed using canal instruments (hand tools or rotary instruments). Following the disinfection of the root canals with various irrigating solutions, a canal filling material that can stimulate root end development is placed. Periodic clinical and X-ray checks are performed at intervals recommended by the dentist (2-3 months), and if necessary, the canal filling material is renewed. Once the root end closure is achieved, permanent canal filling and tooth filling are performed to complete the tooth restoration. This treatment can last from 3 months to 2 years, depending on the condition of the tooth.

2. After the removal of decayed or fractured tooth tissue and the extraction of the portion of the tooth's root containing blood vessels and nerve tissue (pulp tissue) using canal instruments (hand tools or rotary instruments), the root canals are disinfected with various irrigating solutions. A biologically compatible material is placed at the apex of the root canal to create a plug, preparing the tooth for canal filling. After the waiting period determined by the dentist (1-7 days), permanent canal filling and tooth filling are performed to complete the tooth restoration.

3. After the removal of decayed or fractured tooth tissue, canal instruments (hand tools or rotary instruments) are used to reach the portion of the tooth's root canals containing blood vessels and nerve tissue (pulp tissue). To ensure the disinfection of the root canals, a canal filling paste containing a triple antibiotic (metronidazole, minocycline, and ciprofloxacin) is placed in the root canals, and the tooth is temporarily sealed with a temporary filling material. In the next treatment session, if there are no signs of pain, swelling, etc., the antibiotic paste in the canal is removed by rinsing with various irrigating solutions, and the canal is dried. Bleeding is induced at the apex of the root canal using canal instruments (hand tools), and the canal is allowed to fill with this blood, forming a clot. The clot is then covered with biologically compatible materials, and tooth filling is performed to complete the tooth restoration. This approach is called revascularization therapy.

Benefits expected from the procedure: The anticipated benefits of the treatment include the relief of existing pain, preservation of tooth tissues, prevention of tooth loss, and continuation and completion of root end development. The ongoing function of the tooth is also expected.

Consequences of not undergoing the procedure: Without the treatment, loss of tooth tissues may persist, and damage to the bone around the tooth roots and swelling (abscess) may occur. Tooth extraction may be necessary. **Alternative to the procedure:** There is no alternative to apexification treatment. **Complications of the procedure:** Complications may include cuts on the tongue, lips, and cheeks due to movement during the removal of tooth decay or apexification treatment. Complications such as dislocation of the jaw joint during apexification treatment, ingestion or aspiration of instruments or liquids used in the treatment, perforation of the hard tissue base between the tooth crown and/or roots due to hand tools or decay, instrument breakage in the root canal, extrusion of canal instruments, irrigation solutions, or filling materials beyond the root apex, and the development of allergic reactions may occur. Pain and swelling may be observed in the tooth undergoing apexification



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treatment. The success of the treatment may depend on the regenerative ability of tooth tissues, the patient's oral hygiene, and regular attendance to follow-up appointments. The duration of the treatment may extend if not regularly attended, and the root of the tooth may develop less than normal or remain short. Revascularization treatment may result in various degrees of blockages in the root canal. If apexification treatment is unsuccessful for any reason or if it is determined that it is not appropriate, or if the inflammation in the tooth progresses more than anticipated, the decision may be made to extract the tooth or perform various surgical procedures during or after the treatment process. While it is expected that there will be no complications or failures, each case is unique. Additionally, after treatment, depending on the size of the decay or fracture in the tooth, there may be breakage in the remaining tooth structure, a change in tooth color, or displacement of the filling. In such cases, it is important to consult the dentist. Successful results may not be achieved due to poor oral hygiene, missed appointments, and failure to comply with the dentist's treatment recommendations and warnings. Estimated duration of the procedure: Each session lasts for 45 minutes. Precautions before and after the procedure and potential problems if not followed: Regular oral care before and after the procedure is essential for the success of the treatment. After the anesthesia effect wears off, it is permissible to eat. There may be slight discomfort and sensitivity. If medication is prescribed, it should be taken regularly. In case of temporary filling, if it breaks or falls, or if there is pain, swelling, or mobility in the tooth, the patient should revisit the clinic. Failure to maintain adequate oral hygiene and consumption of hard foods may result in the fracture of the tooth treated with apexification and filling, leading to treatment failure. Patients should attend regular appointments as determined by the dentist.

Date:

The physician responsible for the patient

Name-Surname:

Signature:

Faculty member responsible for the patient

Name-Surname:

Signature:

2. CONSENT (PERMISSION)

I/th undersigned guardian of the patient,

Dentist.....I have been informed about the diagnosis and treatment planning, alternative treatments, results, unwanted side effects, I have been informed about, understood and accepted the treatment to be applied. I have been informed about the possible risks that may arise if the treatment is not applied, cost calculations according to alternative treatments, consultation from other physicians may be requested if deemed necessary, I have been informed about, understood and accepted. I was informed that treatment services are provided by appointment in the clinic of the Department of Pedodontics for patients other than emergencies (fractures and injuries in the mouth, teeth, jaw area, facial swelling), patients requiring special care (disabled), patients with life-threatening systemic diseases, as determined by the first examination physician. All questions I wondered about the treatment of my treatment/guardian were answered. It was explained to me that attending the appointments without fail and following the recommendations and practices of the physician regarding the treatment can directly affect the results of the treatment. I was explained, understood and accepted that the success of the treatments to be performed depends on me, that I should follow the oral cleaning and recommendations at home, that I should fulfill the recommendations regarding harmful habits that should be abandoned, and that I should use the medications in the prescriptions to be prescribed in the doses and durations appropriate to the recipe. I was explained, understood and accepted that the treatments to be applied aim to protect oral and dental health, that medical services will be carried out with care, but that the result cannot be guaranteed in medical procedures. I was informed in detail about patient rights and responsibilities, physician rights and obligations. I am aware that Süleyman Demirel University Faculty of Dentistry is an educational institution and that trainee dentists and specialty students work here. I give permission to Süleyman Demirel University Faculty of Dentistry faculty members, dentists and trainee dentists to perform oral dental examination, diagnosis and treatment of the individual whose parent/guardian I am. I (Write "I give" or "I do not give" in your handwriting.) permission to take photographs and use my medical records during the intervention/treatment to be applied to me, provided that the identity information is kept confidential and used only for education and research purposes.

(*) Legal Representative: For minors and/or incompetent persons, the informed consent of the parent or guardian is required.

Dear Patient, You have the right to be informed about your health condition and the benefits/harms, risks and alternatives of the proposed diagnostic or therapeutic procedures; to accept or partially/completely reject the treatment; and to stop the procedures at any stage! This document, which we want you to read and understand, has been prepared not to scare you or to keep you away from medical practices, but to inform you, to determine whether you consent to these practices and to obtain your consent. This consent form consists of 3 pages and has been prepared in 2 copies in accordance with Article 70 of the Law No. 1219 and Article 26 of the Turkish Criminal Law (No. 5237), and one copy has been given to the patient/patient's legal representative.

THE TREATMENT FOR MY DISEASE HAS BEEN EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT. (Note: This statement will be printed below in the patient's/relative's OWN HANDWRITING).

PATIENT'S/RELATIVE'S/GUARDIAN'S
 NAME SURNAME :.....
 DATE:.....
 TIME:.....
 SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION
 NAME SURNAME :.....
 DATE:.....
 TIME:.....
 SIGNATURE/STAMP