

ARTHROCYNTHESIS/TMJ ARTHROSCOPY INFORMED (CONSENT) CERTIFICATE

Dear Patient, Dear Parent/Guardian

As a result of the examination and tests performed, you/your child/the person you are guardian will be diagnosed with any existing discomfort in the Temporomandibular joint. It was decided that surgical intervention was required before the surgical intervention, your doctor will tell you about the possible course of this procedure and its different forms. You will be given detailed information about the risks and as a result you will be able to decide with your free will regarding the surgical intervention. You will be able to give this written form informs you/your child/your guardian about the surgical procedure to be performed and the complications related to this procedure. To explain to you basic information about (negative situations that may develop during and after the intervention) and alternative treatment methods, it is an informed consent form prepared for the purpose of.

General Information

Arthrocentesis removes the inflamed synovial fluid in the joint space, ensures appropriate synovial fluid viscosity and maintains hydraulic fluid. It is the removal of adhesions with the help of pressure. Post-operative pain control greatly improves the general condition of the patients. It has many effects and is an important part of postoperative care. This situation negatively affects the blood circulation of the patients. while affecting the risk of heart attack, cardiovascular complications (unwanted cardiovascular system problems) and cerebrovascular accident (stroke). may cause an increase. Pain occurring during and after the operation may cause patients' pain perception to increase. This condition is acute It may cause (quick-short-term) pain to turn into chronic (long-term) pain or vice versa. Some ways to reduce post-surgical pain: methods have been suggested. Systemic or local analgesic (pain relieving) regimens are used to prolong the effect of the drug given without trauma and is based on increasing its effectiveness. Prolonged postoperative pain following surgical procedures is more common than expected. Increased central sensitivity resulting from surgery is biphasic: incisional (surgical incision) and inflammatory (response to tissue damage). Therefore, preemptive analgesia should be initiated before trauma and cover the inflammatory process in the postoperative period. Preemptive analgesia Many drugs have been used for this purpose. The most important among these are non-steroidal anti-inflammatory drugs (NSAIDs). of these drugs They are frequently used in preemptive analgesia because they are safe and have fewer side effects. Ibuprofen for many types of pain It is an NSAID that is considered safe and effective.

The main purpose of arthrocentesis is to remove the inflamed synovial fluid in the joint space, to maintain the appropriate synovial fluid viscosity, and removal of adhesions with the help of hydraulic pressure. Arthrocentesis is generally used to reduce pain and joint dysfunction. It has been reported to be effective in improving functions. The major indication for arthrocentesis is anterior non-reducing disc condyle in the upper joint space with acute or chronic limitation of movement (closed locking) resulting from displacement. It is hypomobility caused by restriction of translation. In addition, DD with anterior reduction is the chronic pain of arthrocentesis. In patients, anchored disc phenomenon (ADP), prevention of recurrence of open locking cases and, at a low rate, in patients with osteoarthritis. It has been successfully applied to patients. Arthrocentesis has been reported to be effective in patients with DD with or without reduction. It is not effective in muscle and myofascial pain. Additionally, Arthrocentesis is contraindicated in cases of fibrosis or bone ankylosis. Possible complications of arthrocentesis are infection, external auditory canal perforation, fluid extravasation into soft tissues, biting, changes, TMJ cartilage injury and hematoma, and it is known that these have not yet been reported in practice. Except that extradural hematoma, severe bradycardia during the procedure, infected swelling in the preauricular region, medial wall perforation of the joint capsule, Facial nerve paralysis with ipsilateral burning, numbness of lips and tongue, and TMJ due to accidental irrigation of the upper joint space with alcohol. It can be seen after arthrocentesis. The method is not only the least invasive method but also the least expensive and has the least potential. It is a procedure with proven results in patients with a risk of complications and acute or chronic closed locking. It is known that it is probably an intermediate treatment method in the treatment of irregularities. Arthrocentesis is comparable to arthroscopy. It is known that it relieves as much pain and, on the contrary, does not require as much surgical equipment as required in arthroscopy. TMJ arthrocentesis can be achieved by different methods.

TMJ arthroscopy has recently become widely used in the diagnosis and treatment of TMJ pain and dysfunction. In cases where treatment with conservative methods is not possible, at least one or more treatments can be performed without resorting to more invasive open surgery. In other words, it provides diagnosis and treatment with a minimally invasive surgical method. Especially movement caused by TMJ internal irregularities. Arthroscopic lysis and lavage (the process of separating and washing intra-articular adhesions) and/or to relieve complaints of limitation and pain. Arthroscopic surgical procedures are quite successful. The high morbidity of open TMJ surgeries is associated with longer hospital stays and less invasive procedures such as arthrocentesis and arthroscopy. Arthrocentesis and arthroscopy are the primary choices in TMJ disorders because similar success rates can be achieved with other procedures. The view that it should be done has become popular in recent years. All procedures involving the TMJ carry the risk of complications. Complications may occur during surgery or in the postoperative period. The surgeon is informed about all possible complications and

must have sufficient knowledge to prevent it. Although most complications are related to the technique,

The experience of the operator also affects the incidence of complications.

Complications That May Encounter During TME Arthroscopy

- Anesthesia problems, airway problems, vascular injuries, otological complications, instrument breaks, thermal injuries, infections, neurological damage and nerve injuries.
- Arthroscopy can be performed under local or general anesthesia. Local anesthetics used during arthroscopy are normally they are not given in doses that will cause cardiovascular system and central nervous system toxicity, but intravenous injections or rapid absorption of local anesthetics with adrenaline from the synovium may cause tachycardia and cardiac irregularities. Process mandibular manipulations applied during surgery may cause arrhythmia due to the massage effect it creates on the external carotid artery.
- Fluids leaking from the medial capsular region into the fascial spaces during arthroscopy may cause obstruction in the airways. TMJ is surrounded by a dense vascular network. Vascular injuries can be caused by inflating the joint with a syringe or entering the joint with a trocar may occur during.
- Complications related to various structures of the ear may occur during TMJ arthroscopy. Otitis externa, otitis interna, tympanic membrane perforations, damage to ear ossicles and other middle ear structures are possible it is one of the leading complications.
- Instrument breakage during arthroscopic procedures is a rare but difficult to correct complication. Fractures that cannot be removed arthroscopically may require open surgery. Tools lost in the joint are larger may cause problems.
- Although arthroscopy is performed under aseptic conditions, infection within the joint and/or adjacent areas may occur, although rarely can be seen.
- Neurological damages that may occur during arthroscopy include injuries to the regional nerve network and glenoid fossa. Brain damage in the middle cranial fossa due to extradural bleeding that may occur as a result of perforation of the roof of the brain.

Arthrocentesis/TMJ Arthroscopy Consent Form

- I received detailed information about the medical diagnosis and current situation from the relevant doctor and I understood this situation.
- Doctors explained the benefits of the surgical procedure to be performed and I understood the benefits of the procedure explained.
- I listened to and understood all the risks related to the surgery explained by my doctors.
- I discussed my medical condition, treatment and risks, and alternative treatments with my doctor. I received satisfactory answers to my thoughts.
- In order to fully fulfill the requirements of the surgery, in addition to the preoperative findings and more importantly, Based on the findings of the surgery, no more extensive surgical intervention should be performed than what was explained in writing and verbally before the surgery. It was stated that compulsory treatment may occur and I may have more sequelae.
- I agree to blood donation when necessary during the surgery.
- Organs and tissues may be removed during the surgery, these will be stored for a while for analysis and then transferred to the hospital, I was informed that it would be expelled.
- I was informed by my doctor that life-threatening events may occur during the surgery.
- Photographs and video images can be taken during surgery and these can be used later in the training of healthcare professionals, I know it can be used.

- I understand that there is no guarantee that surgery will make your condition better or worse.
- If unforeseen situations occur during or after surgery or during anesthesia, I understand that procedures other than those described may be required. In this case, the above-mentioned doctor and his assistants to decide and carry out the practices that may be required, and also to consult experts in relevant branches that they deem appropriate. I approve their participation in the surgical procedure. I have read all the above information and there are many other verbal information besides this information was given.
- In the postoperative period, following nutritional recommendations and using recommended medications regularly, I know that my hygiene and dressings are very important. Nutrition, medication use, dressings and recovery period I agree to comply with all suggestions regarding.

Special Cases: Call the doctors of SDÜ Dentistry Surgery Department Clinic on 0246 2113348 or by coming to they can reach. I was informed about the Implementation Communiqué published by the Social Security Institution (SGK) regarding the relevant treatments. Invoices for items for which SGK does not pay for the materials to be used during the stages of the treatment I was informed that it must be paid by me. I declare that I am satisfied with the verbal and written explanations given to me. the treatment or surgery to be performed, and then all treatments to be performed in possible situations, the items listed above, as well as verbal and written comments made to me. I consent to the statements with my own will and will and I want this treatment. My identity information is kept confidential and my anamnesis information, radiological images, photographs, examination results (pathology report, It has been explained to me that laboratory results, etc.) may be used for diagnostic, scientific, educational or research purposes. Dear Patient, Information about your health condition and the benefits/harms, risks and alternatives of the procedures for diagnosis or treatment recommended for you to have knowledge; accept or partially/completely reject treatment; the right to stop the transactions to be carried out at any stage you have! This document, which we want you to read and understand, is not intended to scare you or keep you away from medical practices. It has been prepared to inform you and determine whether you consent to these practices and to obtain your consent. This consent form 2 It consists of 2 pages and is published in 2 copies in accordance with Article 70 of the Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237. was prepared and a copy was given to the patient/legal representative of the patient.

THE TREATMENT FOR MY DISEASE WAS EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT

(Note: This statement will be written below in the patient's/relative's OWN HANDWRITING.)

.....

THE PATIENT/RELATIVE/GUARDIAN

NAME AND SURNAME.....

HISTORY:.....

HOUR:.....

PHYSICIAN WHO PROVIDES THE INFORMATION

NAME AND SURNAME

HISTORY:.....

HOUR:.....

SIGNATURE SIGNATURE/STAMP



