Patient Name and Surname:

File No:

Barcode

GENERAL INFORMATION

Long before the baby is born, in the first weeks of development, the left and right sides of the lip and patate develop separately and then fuse.

However, in about i in 1,000 babies, the normal fusion does not occur and the lip and palate remain deft. Cleft palate can occur alone or in combination with cleft lip (rabbit lip). The problems of the baby in this situation are considerably more than babtes with cleft lip only. Cleft hip and palate may also accompany other congenital diseases and problems related to these diseases may be encountered There are multiple factors that cause cleft lip and palate. In addition to being a congenital anomaly, some environmental factors, certain medications used during pregnancy or diseases exposed to have been frequently blamed for the formation of cleft lip and palate. Close consanguineous marriages are also known to increase the incidence of cleft lip and palate. If one of the parents has a cleft lip and palate and one of their children has cleft lip and palate, the incidence of cleft lip and palate is usually higher in subsequent children In such cases, genetic consultations can be requested to investigate the possibility of left lip and palate in the future child

Both cleft lip and palate are referred to as complete and partial clefts. Complete clefts are when all the relevant structures are cleft, and partial clefts are when some of the tissues come together but some of them remain cleft. In some children, cleft palate is a small notch affecting the small tongue, while in others it extends from the small tongue to the lip area. Cleft palate repair can be performed between 3 and 12 months depending on the condition of the surgeon, anesthesiologist and the patient. This makes it easier for the child to tolerate the surgical procedure.

During surgical repair, incisions are made on both sides of the clef, bringing the tissues on the edges closer to the midline and ensuring the integrity of the palate. During this repair, the soft palate muscles are also repaired, thus providing the necessary basis for the child to speak and feed correctly. In addition, it' it is necessary to remove bone or tissue from elsewhere, it may be necessary to make another incision.

While the first repairs in infancy directly affect maxillofacial development, alveolar cleft repair applications are important in terms of ensuring alveolar integrity, providing bone support to the teeth adjacent to the cleft area and creating bone support for the teeth to erupt towards the cleft line. Adequate bone support is the main requirement for a stable bite that functions well with orthodontic treatment. The most commonly used and proven graft material is the patient's own iliac bone because it is easily accessible and sufficient bone can be obtained. In routine applications, the graft is applied when the patient is in the mixed dentition period, just before the eruption of the permanent canine tooth adjacent to the cleft area, following orthodontic expansion of the upper jaw. Alveolar grafting is an important part of the treatment of individuals with cleft lip and palate.

After cleft palate surgery, medications that relax the patient and give light sleep are used. Generally, the patient starts to be fed with clear, liquid foods after a few hours, but if your doctor deems it inappropriate, he/she may delay oral feeding for a while. In the first day or two, there may be complaints of restlessness and pain, which can be easily controlled with medication. During this period of time, atthough the patient starts to be fed by mouth, the necessary support is provided by intravenous fluids since the patient cannot be fed in normal amounts. At first, only clear liquids are

allowed, then milk is added and gradually more dense foods without grains are introduced. Drinking water after all meals prevents food accumulation in the operation area. Edema, mild bleeding and itching are expected findings in the first postoperative days

It takes several months for the palate to remodet. flowever, for the first 3 weeks after the repair, the patients fingers or food utensils (fork, spoon, straw) may damage the palate. Avoid puting Fingers or anything else into the mouth during the initial healing phase. Your patient's nutrition requires special care after surgery. It is generally not preferred for your patient to be breastfed for 2.3 weeks after surgery. Milk or grain-free liquid food and drinks should be carefully introduced drop by drop into the mouth with a teaspoon, cup or syringe. If the mixture is too thick, it can be diluted with warm water. After each meal, the palate is cleaned with water. The patient is discharged after he/she starts to feed adequately by mouth, if he/she does not have any additional problems such as fever. The sutures used in palate repair do not need to be removed because they can dissolve spontaneously over time. You will be informed by your doctor on which days you will come for follow-up visits after

surgery.

Repairing cleft palates is very important from a functional point of view. Cleft palate negatively affects speech as well as nutrition. During speech, the backward and upward movement of the soft palate is necessary for the air to be locked in the oral cavity and for some sounds to be made. In cleft palate, it is difficult to make some sounds because the soft palate movements cannot be fully performed. Restoring the soft palate muscles to their proper shape during the repair helps to reduce this speech disorder. However, surgery alone is often not enough; in addition, some speech exercises and therapies may be required. For this reason, the child needs both the support of the farily and speech herapa. which should be done at the age of 4-5 years. The fact that the cleft palate is very domed and the length of the soft palate is short does not allow cleft palate surgery alone to give good results. In this case, additional interventions called pharyngeal flap or posterior wall thickening are applied to prevent the air from escaping to the nose by locking it in the oral cavity and thus facilitating the patient to make more normat and healthy sounds

It is clear from all of this that there is no quick, single surgical treatment for cleft lip and palate. Undesirable consequences of surgical treatment of cleft palate include recurrent ear infections, hearing loss, excessive tooth space and displacement of teeth requiring orthodontic correction

Alveolar cleft repair operations are also required when necessary.

Although the patient's family usually emphasizes the scars and deformities left by the surgery, the elimination of speech impairment is one of the most important goals. In some children, speech defects may persist even after surgery due to inadequate functioning of the muscle in the palate Apart from this, there are many additional reasons that may cause speech defects (inadequate hearing, improper mouth closure, gaps between teeth, inadequate tongue movement, intelligence level, psychological status, etc.). All these reasons should be reviewed by a leam and a treatment plan should be made according to their importance

RISKS OF SURGERY

General Risks and Complications

Every surgical procedure has a certain amount of risk and it is important that you understand the risks involved. A person's choice of a surgical procedure is based on weighing the risks against the benefits. Although most patients do not experience these side effects, you should discuss each of

these with your surgeon to make sure you understand the risks, side effects and consequences of the surgery.

Bleeding Bleeding may occur during or after surgery and the patient may require blood transfusion.

Infection Infection after this type of surgery is rare. If infection develops, antibiotic treatment and surgical intervention may be required Breathing problems: Especially after eleft palate surgery, there may be mild leakage from the surgical field into the mouth and, in rare cases, it may escape into the trachea or breathing problems may occur due to swelling and a life threatening situation may occur.

Emergency surgical intervention may be required.

Pulmonary complications: Pulmonary complications can occur secondary to general anesthesia as a result of blood clots blocking the blood vessels of the lung (pulmonary embolism) or partial pulmonary collapse (part of the lung cannot ventilate). If any of these complications (adverse outcomes) occur, the child may require hospitalization and additional treatment. In some cases, pulmonary embolism can be life-threatening or fatal.

Opening of the sutures: After surgery, the sutures in the lip or mouth may open due to tissue quality, excessive tension, infection or the baby's hands separating the sutures. In such a case, secondary surgical interventions may be required

Fistula formation: In the late postoperative period, healing of the palate may not be complete. In the future, a hole forms between the nasal cavity and the oral cavity in these areas and especially liquid foods can pass from the mouth to the nasal cavity. A second surgical procedure is usually necessary in fistula development.

Surgical anesthesia: Both local and general anesthesia have risks. All forms of surgical anesthesia or sedation (calming the patient without putting them to sleep) can have the potential for complications, injury and even death

Allergy: In rare cases, allergies to the tapes, suture material or administered medications have been reported. More serious systemic allergies are caused by drugs used during surgery and prescribed medications. Allergic reactions require additional treatment.

ADDITIONAL SURGICAL PROCEDURES THAT MAY BE REQUIRED

In addition to the risks and complications (adverse outcomes) there trelother conditions that can affect the long-term outcome of cleft palate. Although they are rare, these risks are particularly relevant for cleft lip and palate. Although other risks and complications may also occur, they are even rarer. If complications develop, additional treatments or surgical intervention may be necessary. There is no certainty in medicine and surgery. Although good results are expected, there are no guarantees or assurances about the results that can be achieved. Additional surgical procedures range from the need to repair the palate/alveolus, to restoring bone continuity in the arch of the teeth, to many procedures on the back of the palate and throat to help correct speech impairment, as well as jaw surgery (orthognathic surgery) to correct the bite after puberty. You should never lose contact with vour doctor to ensure that these procedures are done on time and correctlv.

Special Cases: They can reach the doctors of SDU Faculty of Dentistry, Department of Surgery Clinic by calling 0246 2113348 or by coming to

the clinic.

Consent Verification:

I know that it is very important for me to follow the recommendations regarding nutrition, to take the recommended medication regularly, and to maintain oral hygiene and dressings in the post-operative period. I agree to follow all recommendations regarding nutrition, medication, dressings and the recovery period.

It was explained to me that my anamnesis information and radiological images, photographs, examination results (pathology report, laboratory results, etc.) can be used for diagnostic, scientific, educational or research purposes, keeping my identity information confidential

I was informed about the Implementation Communique published by the Social Security Institution (SST) for the relevant treatments. I was informed that the invoices for the items that the SSI does not pay for the material to be used during the stages of the treatment should be paid by me

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 stager 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 vou. to determine whether you consent to these practices and to obtain your consent. This consent form consists of 2 pages and is based on the Law No. 1219

Pursuant to Article 70 and Article 26 of the Turkish Criminal Code No. 5237, it was issued in 2 copies and one copy was given to the patient/patient's legal representative.

THE TREATMENT FOR MY ILLNESS HAS BEEN EXPLAINED TOMEAND 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)

PATIENT/RELATIVE/GUARDIAN

FULL NAME

DATE

TIME

SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION

FULL NAME:.

DATE:.....

CLOCK.

SIGNATURE/SIGNATURE