

CYST/TUMOR

It is the process of removing the embedded tissues that cyst/tumor diagnosis is made based on x-rays and clinical examination, with or without a biopsy before the surgery to be performed.

Transaction depending on the size of the lesion can be performed under local anesthesia, general anesthesia or sedation. During and after the operation bleeding and swelling may occur depending on the area of the lesion. Complaints such as numbness may occur. Failure of removing the lesion from the area where it is located may cause jaw fractures in the future and in the future consequences that may reach life-threatening levels. The duration of the surgery depending on the size of the lesion. Notified by the physician to the patient before the procedure. Süleyman Demirel University Faculty of Dentistry Surgery Department's patients can reach the doctors of the Department Clinic by calling 0246 2113348 or by coming. I know that my Cyst/Tumor operation will be performed under general anesthesia.

I know that one surgery may not be enough to clean it and other surgeries may be required.

Before these surgeries, various blood tests, chest x-ray, ECG (Electrocardiography) are performed in preparation for general anesthesia.

I know that I will be subjected to some evaluations. I know that if it seems to necessary I will be referred to other medical branches before or after surgery by the doctor who will administer the anesthesia.

In case of possible bleeding after the surgery, i know that i should supply how many units my own type of blood which is determined by my doctor when the supplied blood isn't used during the surgery i know the blood will be given to me. Even if everything is surgically fine during the surgery, i know that some undesirable consequences due to anesthesia may occur. Excessive bleeding during surgery may occur while stretching the tissues. I know that stretches, tears, nerve ruptures, injuries or burns to the lips, nose or palate may occur. After the surgery, depending on whether the lesion to be removed is in the lower or upper jaw (sometimes both must be operated on at the same time) bleeding from stitches, infection in soft tissues or bone, excessive swelling in my face, consequences such as perforation in the palate, sinusitis, rhinitis, nasal congestion, difficulty in breathing through the nose, openings at the seams, non-nutrition (necrosis) problems may occur in the tissues, appearance disorders, there may be asymmetries, and if these complications do not respond to other treatments, repeated surgeries may be required.

I know it can happen, in cases where it is not possible to work from inside the mouth, there are stitches on the skin and permanent scars due to them. During the surgery, nerve damage may occur. I know that loss of sensation or complete numbness may occur in my lower lip, tongue and palate.

I know and accept that I may need to have surgery again in cases of unresponsive medication or laser treatment numbness. I know that regular use of nutritional recommendations and recommended medications in the postoperative period, my oral hygiene and dressings are very important. Nutrition, medication use, dressings and I agree to comply with all recovery recommendations for the period by who will examine me and perform my surgery. I declare that I have been informed in detail about my cyst/tumor. Knowing all the above explanations, I accept to perform my surgeries, being aware of all the complications that may occur. My identity information will be kept confidential and my anamnesis information, radiological images, photographs and examination results will be kept confidential (pathology report, laboratory results, etc.) may be used for diagnostic, scientific, educational or research purposes, announced.

Dear Patient, you have the rights to know information about your health condition and the benefits/harms, risks and alternatives of the procedures for diagnosis or treatment recommended for you. You have the rights to know that you can; accept or partially/completely reject the treatment; you can stop the operations to be carried out at any stage. This document, which we want you to read and understand, is not intended to scare you or to deviate from medical practices but to inform you and determine whether you consent to these practices and to obtain your consent has been prepared. This approval form consists of 1 page and is in accordance with Article 70 of Law No. 1219 and Article 26 Türk Ceza Kanunu No. 5237. It was prepared in 2 copies and one copy was given to the patient/legal representative of the patient.