

File Number:

Patient Name Surname:

Esteemed Patient, Esteemed Guardian

In consequence of examinations it is resolved that you/your child/the person you guardian require(s) surgical intervention due to the defect in the maxilla and/or submaxilla. Your dentist is going to give you detailed information about the surgical interventions possible progress, different progress and risks, hereat you will be able to make your own decision with your free will to make the surgical intervention done or not. This written form is a informed consent form for explaining the surgical intervention to be held to you/your child/the person you guardian, complications of this intervention (adverse conditions which may happen during and after the intervention) and alternative treatment methods.

General Description

Diagnosis: Bone grafting is called to the bone which is taken from a part of the skeletal system and used to heal or strengthen the diseased area.

Method: The materials which is used as bone grafting may clip out of the person's own bones, also may be cadaver source or be produced as synthetic. All of this materials are used to fill the fosse comprise of oral pathology (exodontic, traumata, tumour, deformity etc.) and supply fusion. Autograft is called to the bone which is taken from the patients own skeletal system to be imposed as fusion to the mentum. Due to the size of the graft required to clip out or pathology the area that the graft is going to clipped out is identified as intraoral or extraoral/autogenetic, allograft, alloplast. Autograft is the most safe kind of graft because tissue compatibility is not a case and it doesn't has a risk to carry a disease from person to person. Tissue rejection possibility is low because it carries the patient's own bone cells and proteins. Also because it has it's own cells it has a great potential for fusion. The most important disadvantage of autograft that it is needed a second surgical opening on the same patient. Making a second section for clipping out the bone makes the duration of surgery longer as it may cause increase the complications due to surgery like infection, risk of blood loss. Another disadvantage is the ache that may happen after the surgery for a long term in the area the bone grafting clipped out. Allograft is the graft which is taken from another person. Allografts are usually been clipped out from cadavers. It cleans deeply with different methods and purified from microorganisms to prevent carrying disease from person to person. However, even if it is a low possibility, it may carry diseases from person to person. With the developing technological opportunities, for example HIV carrying possibility is decreased to one per million. Even if the allografts are as good bone structure as autografts for genesisising a new bone, fusion formation chances on allegrafts at patient's own cells and proteins are high as autografts. Using an allegrafts most important advantage is it doesn't need a second section so it doesn't have complications that may happen by extension. But it shouldn't be forgotten that producing allografts costs some money which increases the price of the surgery. Xenograft is a grafts taken from a kind being implemented to another which means the receiver and the transmitter are from different kinds. Bovine bone and and naturel coral are the most used materials. Though they both have different producing techniques, they both shows biocompatibility and similar to the human bone by their structure. Lately xenografts similar to pig welded has been described. Xenografts are riskliss for the risk of disease transmission. Alloplastic grafts are the graft materials which is used as synthetic and inorganic. Also they shows biocompatibility and they are bioactive bone grafting products. That's why it's thought they alert the bone recovery.

- These surgeries are being operated under the local or general anesthesia.
- After the area that the tissue will be clipped out; tissu pieces clip out by special knives and if it's necessary with the artery and venas.
- If it's necessary bone graftings may clip out as autogenetic from iliacal bone if defective area is wide.
- The areas tissue clipped out usually may be closed directly.

THE RISKS OF ANESTHESIA:

If you have any questions about anesthesia please talk to the anesthesiologist.

Those are the risks:

1. Difficult intubation and tracheostomy need: If the tube for anesthesia that needs to be placed to the air-tube through the mouth cannot be placed, this tube (tracheostomy) needs to be placed to the front side of the throat via section necessarily. This tube may need to stay in the throat after the surgery for a while and in time some problems may arise about this tube.
2. In some lung fields atelectasis may seen and in this areas infections (microbic disease) may occur. In this situation antibiotics and physical therapy may be needed.
3. Crassamentums that may cause ache and turgescency in the legs (deep venous thrombosis, deep veins fur up by crassamenrum-DVT). Rarely a piece of this crassamenrum breaks off and moves on throughout your lungs and other organs and this may be deadly.
4. Overload on the heart may cause heart attack or stroke.
5. Death may happen based on the methods.
6. In overweight people lung infection(microbic disease), thrombosis, complications (bad situations) about heart and lungs have more percentage.
7. In cigarette smokers lung infection (microbic disease), thrombosis, complications (bad situations) about heart and lungs have more percentage. Quitting smoking 6 weeks before procedure may help to reduce the risk.

Replacement Treatments:

It is not having the surgery. Methods except surgery are less helpful but cannot be fully ignored. You are going to be informed verbally by your doctor, after the clinical and radological exams.

Patients Initial Signature

Additional Surgical Operations That May Be Necessary:

Additional treatment and surgical operations may be required if and when complication (bad situation) happens. There is no certainty in medicine and surgery. Even if the good results expected, any guarantee and assurance cannot be given.

Financial Liability:

Definitely ask if the cost for surgery includes hospital and doctor fees and the patterns of payment. You will be responsible for the payment of unexpected situations and complications. Surgical complications may require additional expenses.

I have informed Sosyal Güvenlik Kurumu’s (SGK’s) Uygulama Tebliği about related treatments.

I have informed I need to pay the bills for the materials that will be using during the treatment phase which SGK doesn't pay.

INFORMED CONSENT FORM FOR GRAFT OPERATION

- I received detailed information about the medical diagnosis and current situation from the relevant doctor and I understood this situation.
- The 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 associated with 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 surgery, in addition to the preoperative findings, more important based on the findings of the surgery, a more extensive surgical intervention is may be required than what was explained in writing and verbally before the surgery and it was stated that it might have to be done and I might have more sequelae.
- I agree to blood donation when necessary during the surgery.
- I was informed that organs and tissues may be removed during the surgery, these will be stored for a while for analysis, and then they will be expelled by the hospital.
- I was informed by my doctor that life-threatening events may occur during the surgery.
- I know that my photographs and video images can be taken during surgery and these can be used later in the training of healthcare professionals.
- I understand that there is no guarantee that the surgerys condition will get better or worse.
- In case of unpredictable situations occurring during or after surgery or during anesthesia I understand that actions other than those described above may be required. In this case, I approve that the above-mentioned doctor and his/her assistants will decide and carry out the necessary procedures, and that experts in the relevant branches they deem appropriate will participate in the surgical intervention.
- I know that recommendations for health problems in the postoperative period and recommended care should be used regularly, and oral hygiene and dressings are very important. I agree to follow all recommendations regarding nutrition, medication use, dressings and healing policies.
- I have read all of the above information and was given a lot of verbal information other than this information.

Exceptions: They can reach the doctors of SDÜ Diş Hekimliği Cerrahi Anabilim Dalı Kliniği by 0246 2113348 phone number or by coming.

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

I declare that I am satisfied with the verbal and written explanations given to me. I consciously and voluntarily consent to the treatment or surgery to be performed, all treatments to be performed in cases that may arise later, the items listed above, as well as the verbal and written statements made to me, and I want this treatment.

Dear Patient, you have the rights to have information about your health condition and the benefits/harms, risks and alternatives of the procedures for the diagnosis or treatment recommended for you; accepting or partially/completely rejecting treatment; mlstop the transactions at any stage! This document, which we want you to read and understand, has not been prepared to scare you or keep you away from medical practices, but to inform you, determine whether you consent to these practices, and obtain your consent.

This consent form consists of 2 pages and is prepared in 2 copies in accordance with Article 70 of Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy is 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. (This sentences needs to be written by patient/patient's relative **with their own handwriting.**)

PATIENTS/RELATIVES/GUARDIANS	DOCTOR WHO PROVIDED THE
INFORMATION	
NAME SURNAME:.....	NAME SURNAME:.....
DATE:.....	DATE:.....
TIME:.....	TIME:.....
SIGNATURE:	SIGNATURE: